



## Evaluation of Psychological Well-Being, Lifestyle, Economic Status and its Association with Clinical Practice among Indian Physiotherapy Professionals Embarked as COVID-19: A Cross-sectional E-survey Study

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### ABSTRACT

The pandemic has generated major uncertainties at a personal and professional level among healthcare workers, resulting in experiencing enormous changes in their lives. Recent studies have established the great importance of physiotherapy in expediting recovery during active COVID-19 infection and recovery phase. Therefore, this study aimed to evaluate the psychological well-being, lifestyle, economic status and its association with clinical practice among Indian physiotherapy professionals embarked on COVID-19. A cross-sectional correlation survey study using an E-survey was shared to collect information about the impact of COVID-19 on clinical practice and its association with personal aspects. Data were analysed using the chi-square test and logistic regression analysis considering the pairwise interactions by the odd ratios (OR). The data has been gathered from a sample size of 391. Data suggested that COVID-19 has significantly impacted the clinical practice or economic activity of the physiotherapist i.e., decreased employment opportunities, excessive financial hardship, patient footfall during & after lockdown as well as number of referrals from other professionals ( $X^2 = 109.68$ ;  $p < 0.05$ ). In turn, at the time of lockdown, the therapists showed weight gain and high psychological pressure. 64.19% of therapists started shifting towards telerehabilitation instead of delaying the treatment during the pandemic used different platforms for telerehabilitation and planned innovative rehabilitation programs. The logistic regression model showed that there was a strong association between the place of the clinical practice (OR= .090,  $p = .002$ ) and a decrease in the patients' footfall (OR= .043,  $p = .029$ ) seen during COVID-19. Discontinuation of clinical practice was significantly associated with musculoskeletal pains or aches (OR= .270,  $p = .035$ ) and little pleasure in doing things (OR= .401,  $p = .037$ ) during COVID-19. The positive impact of the lockdown was seen in levels of physical activity which dramatically improved (OR= 4.457,  $p = .002$ ) among physiotherapy practitioners. The findings of this study have confirmed the significant impact of COVID-19 on the professional and personal lives, health and lifestyle of physiotherapy practitioners. On the other hand, clinical practice methods were modified and practitioners resorted to alternate methods like video and audio consultation. Study results encouraged the use of other alternatives during such situations.

Keywords: COVID-19, Physiotherapist, Tele-rehabilitation, Healthy lifestyle, healthcare professionals.

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### INTRODUCTION

The World Health Organization (WHO) declared a global pandemic due to COVID-19, on March 11, 2020 [1]. Globally, more than 1.2 million confirmed cases were estimated on 6th April 2020 with more than 66,000 deaths across 209 countries as per WHO [1]. WHO agreed that some nations had no alternatives other than to lock down to prevent widespread disease and improve hospital preparedness for the pandemic, such as India [2, 3]. In India, more than 30 million cases of COVID-19 have been recorded till the time of documenting this article. The total number of cases recorded until now is more than 30 millions of COVID-19 [4]. To date, the impact of coronavirus has been catastrophic, affecting people economically, mentally, and physically [5]. Not only does the virus have an impact at a personal level but it has also been

devastating for the global economy [5]. The multiple waves of the pandemic are showing even more disastrous impacts than before [6]. A second and third spike/surge has been reported in North America, Europe, and Asia especially after an ease in lockdown and allowance of activities [6]. The pandemic has generated major uncertainties in many professions as well. The frontline healthcare workers are experiencing enormous personal and professional changes in their lives [7]. Globally, physiotherapy is one of the stable healthcare professions and they work as a part of the primary team for managing coronavirus patients to clear the airways [8]. Recent studies have suggested the great importance of physiotherapy in expediting recovery during active COVID-19 infection and recovery phase [9]. Numerous studies have highlighted the importance of breathing exercises to increase lung capacity, proning technique for improving oxygen saturation, and chest physiotherapy techniques for removing secretions and clearing airways [9, 10]. COVID-19 has affected physiotherapy professionals as well both on personal and professional front. On a personal level, there has been a great toll on their mental and social lives [7], while professionally, over 20% of therapists experienced a decline in practice hours, and 44% were being furloughed from their jobs [11]. Studies on the impact of COVID-19 on the physical, mental, social, and economic well-being of physiotherapy professionals need to be conducted globally to understand how this pandemic has affected service delivery and overall health. Thus, the study aimed to evaluate the psychological well-being, lifestyle, economic status and its association with clinical practice among Indian physiotherapy professionals embarked on COVID-19.

## MATERIAL AND METHODS

A cross-sectional correlation survey study was conducted. E-survey (Google survey form) was used for the study to collect the data from 3rd April to 12th May 2021. This study was ethically approved by the Institutional Ethical Committee, Amity University, Uttar Pradesh, India (Ethical approval number: NTCC/MPT-Neuro/21-22/Jul2021/01).

**Questionnaire** An online self-designed E-survey form comprising of information regarding: *Personal data* (age, gender, marital status, duration of professional experience, the scenario of COVID-19 in the geographical area of their practice), *Profession & clinical practice* (patients footfall during and post lockdown, referral by other health professionals, treatment of COVID-19 patients with and without alternate measures of consultation mode along with understanding of preventive measures and practice of physiotherapy management guidelines during COVID-19), *lifestyle and health* (weight, physical activity, alcohol intake, sexual activity, sleep quality, musculoskeletal pains and aches, other health issues, vaccination), *psychological impact* (source of Covid infection to the family, fear, anxiety, hopelessness, pleasure in doing things, feeling of quitting or resigning from professional duties, employment opportunities, and self-esteem being a front line worker), *economic impact* (income, asked to be laid off and furloughed from the job). **Sample Selection** The sample included physiotherapy practitioners (both males and females) in an age group of 22-60 years, and practising in India. The physiotherapists were selected based on the inclusion and exclusion criteria of the study shown in Figure. The sample size was calculated using the g power 3.1 software (version 3.1.9.7). **Survey Administration** The survey was introduced on 3rd April 2021 and closed for participants on 12th May 2021. E-survey form was shared via WhatsApp, social networking websites, and emails. The participants were informed about the study objective and informed consent was obtained from all the participants individually. The respondents took 10 to 15 minutes to complete the form. No monetary benefits were offered to the participants.

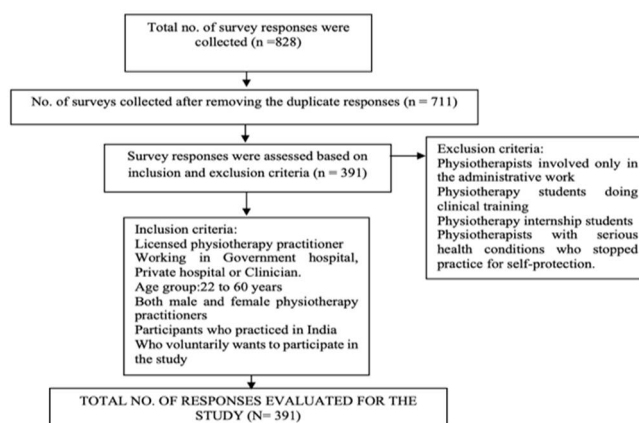


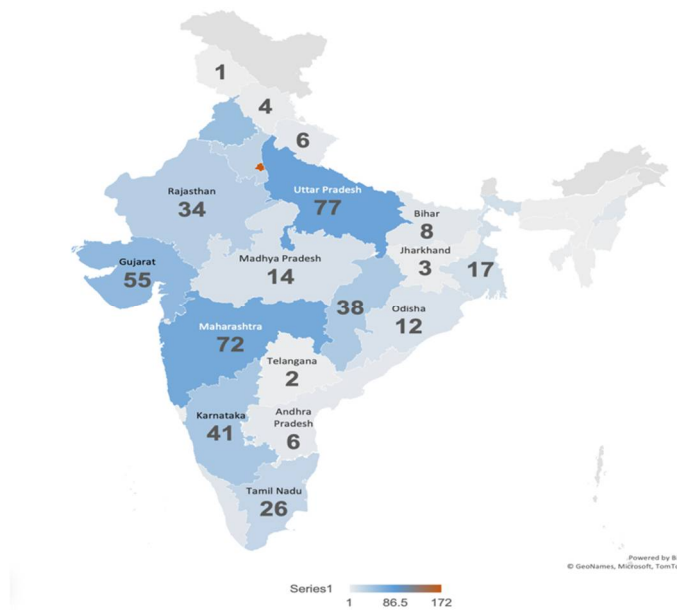
Figure 1: Flow diagram of participants' enrollment

**Data Analysis**

Data was analyzed using SPSS version 21.0. The association between the categorical variables was analyzed using a chi-square test and the level of significance was  $p < 0.05$ . The association of discontinuation of clinical practice with mental health, lifestyle, area of clinical practice, and patients' footfall was analyzed using logistic regression analysis considering the pairwise interactions. The effect of the different covariates was quantified by the odd ratios (OR) and level of significant  $p$  values  $< 0.05$ .

**RESULTS**

391 physiotherapists met the inclusion criteria out of 711 who filled out survey forms as shown in in fig 2. Physiotherapists lie between the ages of 22-60 years. Most of the therapists worked in private and government organizations (90.79%) and only (9.20%) were self-employed. The demographic details and area of practice distribution of physiotherapists are depicted in Table 1.



**Figure 2: PT Practitioners of Different States**

**Table 1: Demographic details of total respondents (N=711)**

Demographic Data (N=711)	N
<b>Age Distribution:</b>	
21 yrs or under 21 yrs	27
22 - 30 yrs	364
31 - 40 yrs	256
41 - 50 yrs	56
51 - 60 yrs	7
61 years and above	01
<b>Gender Distribution:</b>	
Female	516
Male	195
<b>Marital Status Distribution:</b>	
Married	360
Single	351
<b>Years of Experience:</b>	
Less than two years	255
More than two years	456

COVID-19 has significantly impacted the clinical practice of physiotherapists i.e., patient footfall during & after lockdown as well as many referrals from physicians, surgeons, and other professionals ( $\chi^2 = 109.68$ ;  $p < 0.05$ ) as shown in Table 2. 16.62% (n = 65) physiotherapists have reported being asked to lay off or

furloughed from job, thus suggesting that Covid - 19 significantly affected employment opportunities during this phase.

**Table 2:** Impact of COVID-19 on Indian Physiotherapists' clinical practice

Descriptors of Clinical Practice	N(%)
Patient Footfall (During Lockdown January 2020 to December 2020)	
Decreased 25-50%	244(62.40)
Increased by 25-50%	82(20.97)
Remained Same	65(16.63)
Patient Footfall (After Lockdown)	
Decreased 25-50%	145(37.08)
Increased by 50% or more	171(43.73)
Remained Same	75(19.18)
Patients referred for physiotherapy by physicians/Surgeons/Other professionals	
Decreased 25-50%	240(61.38)
Increased by 25-50%	54(13.81)
Remained Same	97(24.80)
Have you ever been asked to lay off or furloughed your job during COVID-19?	
No	326(83.37)
Yes	65(16.62)

p <0.05

Interestingly, 90.02% of practising clinicians kept themselves updated with the guidelines of COVID-19 management as per WCPT and the National Association of Physical Therapy [12] but only 29.15% of therapists treated patients in OPD/Wards/ICUs while 64.19% instead of delaying the treatment during the pandemic used different platforms for telerehabilitation and planned innovative rehabilitation programs. Therapists reported that one-fourth of the patients had trouble accepting the online consultation mode while few were unwilling to pay fees. On a positive note, 54.47% of clinicians reported being vaccinated. A chi-square test of independence showed that there was a significant association between updates on clinical practice guidelines on COVID-19 by physiotherapists and their preferences regarding patient care with  $\chi^2(3) = 333.73$ ;  $p = <0.05$  as shown in Table 3.

**Table 3:** Updation of clinical practice guidelines on COVID-19

Update in practice during the pandemic	N(%)
Updation of Physiotherapy Management on COVID -19Guidelines	
Yes	352 (90.02)
No	39 (9.97)
Treated COVID patients in OPD/Wards/ICUs	
Yes	114(29.15)
No	277(70.84)
Alternate methods of consultation and treatment during COVID 19	
Yes	251(64.19)
No	140(35.80)
Status of Vaccination	
Yes	213(54.47%)
No	178(45.52%)

$\chi^2(3) = 333.73$ ;  $p = <0.05$

Physiotherapists took measures to limit the influence of COVID-19 on professional as well as personal aspects during the pandemic. For infection control purposes out of 391, 282 therapists halted their practice due to the COVID-19 pandemic, however, 109 (27.87%) continued with their ongoing practices and most

of them (59.58%) halted their practice for more than a month. Unfortunately, only 34% of physiotherapists were able to access complete personal protective equipment as shown in Table 4.

Since the start of COVID-19, lifestyle, health, and mental well-being have been tremendously affected as highlighted in Tables 5 & 6. 31.2% of therapists reported weight gain during this phase. This could be attributed to reduced physical activity (42.96%); poor sleep quality (27.36%); incidence of musculoskeletal pain (27.62%) and increased alcohol intake (4.85%). Most of the physiotherapists reported no changes in sexual activity. A chi-square test of independence showed that there was a significant association between health and lifestyle parameters during COVID-19  $\chi^2(3) = 333.73$ ;  $p < 0.05$  as shown in Table 5.

Practitioners when questioned about the stress and anxiety during COVID-19, 76.72% reported high psychological pressure during COVID-19 while only 23.27% reported a negligible amount of stress. Depression, hopelessness (58.05%), or the fear of spreading the infection to their family members (28.13%), could be a contributing factor to a lack of pleasure in daily activities (58.56%). Further 17.39% of therapists expressed the feeling to quit or resign from professional duties due to stress. A significant association was seen between levels of involvement and descriptors of mental well-being of physiotherapists during COVID-19 ( $\chi^2(8) = 200.17$ ,  $p < 0.05$ ) as shown in Table 6.

**Table 4:** Description of measures taken by Physiotherapists to control COVID-19 infection

Measures	N(%)
Stopping physiotherapy services during COVID-19 for infection control purposes	
No	109(27.87)
Yes	282(72.12)
Stopped practice for days/months	
8 days	1(0.25)
Had to leave my job due to COVID	1(0.25)
Less than a month	48(12.27)
More than a month	235(60.10)
Access to PPE kits	
Complete PPE	136 (34.78)
Gloves, Face masks	334(85.42)
Sanitizers	363(92.83)

$p < 0.05$

In terms of economic impact, 67.5% of therapists reported decreased employment opportunities and 75.7% have decreased income during this period. A significant association was seen between changes in levels of employment opportunities as well income generated during Covid- 19 phase ( $\chi^2(2) = 14.99$ ,  $p < 0.05$ ) as depicted in Table 7.

### Logistic Regression Analysis

Logistic Regression considering pairwise interactions analysis is used to observe the association between discontinuation of clinical practice with mental health, lifestyle, area of clinical practice, and patients' footfall during COVID-19. As a result, the logistic regression model showed that there was a strong association between the place of the clinical practice (OR= .090,  $p = .002$ ) and the decrease in the patients' footfall (OR= .043,  $p = .029$ ) seen during COVID-19. Employment opportunities (OR= .553,  $p = .534$ ), patients referred by doctors, surgeons, and other professionals (OR= .235,  $p = .201$ ), and the use of any alternative methods of consultation and treatment during COVID-19: including tele-rehabilitation, video calls, audio calls, and social media (OR= .564,  $p = .158$ ) – showed non-significant results as showed in Table 8.

Moreover, during COVID-19, physiotherapy practitioners' levels of physical activity dramatically improved (OR= 4.457,  $p = .002$ ), although their musculoskeletal pains and aches significantly increased (OR= .270,  $p = .035$ ). The associations with sleep (OR= .656,  $p = .451$ ), weight (OR= 1.118,  $p = .829$ ) and medical issues (OR= 2.058,  $p = .254$ ), however, were not statistically significant as shown in Table 9.

In addition, Stress, anxiety, feeling down or hopeless, depression (OR= .208,  $p = .065$ ), and psychological pressure (OR= 1.602,  $p = .308$ ) had a negative association with discontinuation of clinical practice for physiotherapy practitioners during COVID-19. However, having little interest or pleasure in doing things had a significant association with the discontinuation of clinical practice (OR= .401,  $p = .037$ ) as shown in Table 10.

**Table 5:** Impact of COVID-19 on the lifestyle and health of physiotherapists'

Lifestyle & health parameters	N (%)
Weight	
Increased	122(31.20)
Remained same	171(44.50)
Reduced	91(23.27)
Not applicable	7(1.79)
Physical Activity	
Increased	112(28.64)
Remained same	107(27.36)
Reduced	168(42.96)
Not applicable	4(1.02)
Alcohol Intake	
Increased	19(4.85)
Remained same	57(14.57)
Reduced	72(18.41)
Not applicable	243(62.1)
Sexual Activity	
Increased	27(6.90)
Remained same	173(44.24)
Reduced	73(18.67)
Not applicable	118(30.17)
Sleep Quality	
Increased	93(23.78)
Remained same	176(45.01)
Reduced	107(27.36)
Not applicable	15(3.83)
Musculoskeletal Pain & Aches	
Increased	108(27.62)
Remained same	132(33.75)
Reduced	68(17.39)
Not applicable	83(21.22)

$$\chi^2 (15) = 804.30, p = <0.05$$

**Table 6:** Mental well-being of Physiotherapists during COVID - 19

Descriptors of Mental well - being	N(%)
Fear of Infection to family	
Never	109(27.9)
Almost Never	17(4.35)
Sometimes	100(25.5)
Fairly Often	55(14)
Always	110(28)
Experienced stress/anxiety/psychological pressure during COVID	
Never	61(15.6)
Almost Never	30(7.6)
Sometimes	136(34.7)
Fairly Often	87(22.3)
Always	77(19.6)
Feeling to quit or resign from professional duties	
Never	227(58)
Almost Never	26(6.6)
Sometimes	70(17.9)
Fairly Often	37(9.5)
Always	31(7.9)

$$\chi^2 (8) = 200.17, p = < 0.05$$

**Table 7: Economic impact of COVID-19 among Physiotherapist**

Descriptors of Economic Impact	N(%)
Employment opportunities	
Decreased	264(67.5)
Increased	61(15.6)
Remained Same	66(16.8)
Income	
Decreased	296(75.7)
Increased	27(6.9)
Remained Same	68(17.3)

$$\chi^2 (2) = 14.99, p < 0.05$$

**Table 8: On Clinical Practice**

Variable	Unstandardized co-efficient		Odd ratio	95% CI for EXP (B)		p
	B	Std. Error		Exp (B)	Lower	
1. What is your place of practice? (Private practitioners and clinicians)	-2.407	.795	.090	.019	.427	.002
2. (Constant) What was the effect of patients' footfall in your clinicals (Decreased 25-50%)	-3.157	1.450	.043	.002	.730	.029
3. What was the impact of COVID-19 on number of patients referred for physiotherapy by physicians/Surgeons/Other professionals?	-1.447	1.132	.235	.026	2.162	.201
4. Did you use any alternate method of consultation and treatment during COVID 19 like tele-physiotherapy, video calls, audio calls, social media, etc.	.573	.406	.564	.254	1.249	.158
5. Effect on physiotherapy employment opportunities due to the COVID-19?	-.592	.953	.553	.085	3.582	.534

p < 0.05

**Table 9: On Lifestyle**

Variable	Unstandardized co-efficient		Odd ratio	95% CI for EXP (B)		p
	B	Std. Error		Exp (B)	Lower	
1. What was the impact of COVID-19 and lockdown on your following health parameters? [Physical Activity] (Increased)	1.495	.477	4.457	1.751	11.343	.002
2. What was the impact of COVID-19 and lockdown on your following health parameters? [Musculoskeletal Pains and Aches] (Increased)	-1.308	.620	.270	.080	.912	.035
3. What was the impact of COVID-19 and lockdown on your following health parameters? [Weight] (Increased)	.112	.518	1.118	.405	3.087	.829
4. What was the impact of COVID-19 and lockdown on your following health parameters? [Sleep]	-.421	.558	.656	.220	1.961	.451
5. Were you diagnosed with any new medical condition/ health issue between January 2020 to December 2020?	.722	.632	2.058	.596	7.101	.254

p < 0.05

**Table 10: On Mental Health**

Variable	Unstandardized co-efficient		Odd ratio	95% CI for EXP (B)	p	
	B	Std. Error	Exp (B)	Lower	Upper	
1. During the last year, have you often been bothered by having little interest or pleasure in doing things? (yes)	-.913	.437	.401	.170	.946	.037
2. Did you ever experience stress/anxiety/psychological pressure while performing your duty due to COVID-19?	-1.569	.850	.208	.039	1.103	.065
3. During the last year, have you often been bothered by feeling down, depressed or hopeless?	.471	.463	1.602	.647	3.970	.308

p &lt;0.05

**DISCUSSION**

The present study aims to evaluate the psychological well-being, lifestyle, economic status and its association with clinical practice among Indian physiotherapy professionals embarked as COVID-19. The final results reflected significant insights into COVID-19 and its unpredictable and disastrous aftermath on practising professionals. Globally, more than 1.2 million confirmed cases with more than 60,000 deaths were reported as per WHO and hence lockdown was implemented as a preventive measure in many countries, including India [1]. In India, to date, the total cases reported are more than 30,000,000 and it's the second leading country with the highest number of cases reported [4]. The entire world population is facing immeasurable challenges posed by the coronavirus in various sectors such as medical professionals, social, environmental, economic, education and health (both physical and mental) [7]. In India, we found that there was a negative impact on health, economy, and social aspects; however, a positive impact has been reported on the environment [13]. Reports suggested a negative impact on health, economy, and social aspects; however, a significant positive impact was seen on the environment during this phase [13]. Consequently, the responses from physiotherapists revealed a significant impact of COVID-19 on mental well-being as well as various struggles with their budget [7, 14]. Hence, these changes are of concern and should pose an alert for the future preparedness of any such pandemic for medical professionals. There is a lot to decipher regarding the impact of COVID-19 on physiotherapy professionals in this era of a pandemic. We found that the impact of COVID-19 infections was associated with changes in the practitioners' personal and professional life duties. Mental health has been majorly affected and is a concern regarding the quality of life of the HCPs. Shreffler and colleagues concluded that HCPs are vulnerable to burnout, emotional stress, and anxiety, poor sleep during the pandemic [15, 16, 17]. Furthermore, Physiotherapy professionals experienced an increment in weight and musculoskeletal pain, which could be directly proportional to high psychological pressure, stress, anxiety, lack of pleasure in daily activities, and feeling to quit professional duties. In addition, they showed fear of spreading the infection to their families. Therefore, the importance of incorporating lifestyle modification in daily life which is beneficial for physical and mental well-being has been highlighted. The survey also highlighted the situation of COVID-19 has affected patients' footfall and patients' referrals to other healthcare professionals. Hence, there was a decrease in income and employment opportunities for Indian physiotherapy practitioners. Due to a sudden outbreak, many physiotherapists are unable to adopt face-to-face methods of patient consultation and treatment and thereby switch to different methods of rehabilitation such as tele-physiotherapy. Health safety also concerned physiotherapists as out of a total, less than 50% could access complete PPE kits and thus restricted themselves to distance monitoring of patients. Encouragingly more than 50% got vaccinated enabling them to adopt a face-to-face mode of patient management with proper safety measures. The study reflected that during this jeopardized situation physiotherapy practitioners tried to update themselves with new rehabilitation guidelines to cope with this COVID-19. These findings were well supported by other studies conducted globally such as APTA, the Australian Physiotherapy Association, and physiotherapists working in Portugal [11, 18]. Limitations of the study include that the survey was administered only in the English language and an online method was used to get responses. Internet connectivity issues, no response bias and inability to understand & respond to questions due to a lack of skilled interviewers were other constraints.



**CONCLUSION**

This challenging situation of coronavirus infection including phases of lockdown and post-lockdown impacted the overall mode of service delivery of the physiotherapy practitioners in India. However, many therapists introduced telehealth programs (teleconsultation, making explanatory videos for exercise prescription) in their clinical settings to continue treating their patients. These restrictions disturbed their professional lives and had a negative effect on their health, lifestyle and economic stability. Hence the importance of the quality of life of HCPs during such tough situations needs to be taken care of. The present study has included only practicing physiotherapists but these findings can pertain to other allied healthcare workers, students and interns of healthcare programs. Innovation and encouraging the use of other alternatives used for patient care and management during such situations for instance telerehabilitation is important.

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Conflict of Interest: None

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