LT. Zavera Brandon

Behind the Mask

June 1, 2021

Barr: Good afternoon. Today is June 1, 2021. My name is Gabrielle Barr, and I am the archivist with the Office of NIH History and Stetten Museum, and today I have the pleasure of speaking with Lieutenant Zavera Brandon [U.S. Public Health Service]. Lieutenant Brandon is a senior physical therapist at the NIH Clinical Center, and today she is going to speak about how she has been working with COVID-19 patients and those recovering from COVID-19. Thank you for being with me.

Brandon: Thank you for having me

Barr: I am excited to hear how did you and others whom you work with prepare to take care of those who have or have had COVID-19, and do you use certain diseases as models for how you went about caring for these patients?

Brandon: Here at the NIH, we had a very extensive training on how to properly and safely don and doff PPE equipment. It is a very strategic way to do that safely. We went through those trainings, and we also did some research and reading up on patients with COVID-19 and how they might present so we can be prepared and [know] what to expect.

Barr: Interesting. What are some common effects of the disease that require physical therapy?

Brandon: With COVID-19, and with a lot of disease processes, you are going to see a lot of deconditioning. You might have muscle weakness from prolonged bed rest, and that affects patients' balance, their ability to walk, their independence with their activities in their daily living. Those are the things we address. Also, it is very common to find patients with respiratory distress and shortness of breath that we address as well.

Barr: Are you and others who are physical therapists responsible for helping these patients resume doing some of the daily activities like sitting at a table and eating or things of that nature?

Brandon: Absolutely! That is exactly what we do. We prepare the patients for going back to living their life the way they used to. We try to work with them to regain what they have lost and regain their independence in their activities of daily living, whether it is just moving around in the bed, or sitting to standing, using the bathroom, putting their clothes on, all the things that they do during the day.

Barr: That leads to my next question. As a physical therapist, how do you help with rehabilitation of patients who are recovering from COVID-19? If you have any specific examples that would be appreciated.

Brandon: Right. So, we help to mobilize patients. Like I said before, patients get very deconditioned, and we help with mobilizing them, getting them out of bed, teaching them how to transfer, and if they have lost muscle strength, we work on strengthening exercises, we work on breathing exercises, we might work on positioning, patient education. We offer assistive devices that we could train the patients on

safe ambulation, or walking around. We might have to teach them how to use the stairs again, providing equipment like I mentioned, not just a walker, but it could be something different, maybe even a wheelchair, teaching them how to go about their daily activities safely. There is a lot of education involved. There might be family training and also discharge planning. There are lots of different things that we can offer.

Barr: That is great. What types of exercises and techniques have you found to work best with these patients?

Brandon: I have not found any specific exercises or techniques to be beneficial. Patients are so unique in how they present, so really, with each evaluation and each time we see the patients, we assess them, and whatever impairments they may present with we are going to address with interventions. It is really a case by case by case.

Barr: At what point do you get involved in a patient's treatment plan?

Brandon: It is very important to get involved as early as possible. Early mobility has shown great long-term effects on patients' independence. Our docs are really great, and to know when to refer a patient to physical therapy, they will ask for a consultation when the patient is medically stable and appropriate, and we can modify what we do, so our interventions might look different on day one than day five as the patient progresses. We can get involved very early, even if the patient does not have a lot of strength or ability even to get out of bed.

Barr: Has when you get involved evolved over the course of the pandemic?

Brandon: No, it is very unique, like I said, to each patient. We might get involved on day one with one patient and another patient might be here for a couple weeks before it is appropriate for us to intervene. Just depending on how they present.

Barr: Do you routinely collaborate with other health professionals at the Clinical Center about a patient?

Brandon: Absolutely. This is a very interdisciplinary team and approach that we take here at the NIH. We work with Nursing [Department] very closely; we work with the doc[tor]s; we work with Social Work [Department],and we collaborate with each other. As far as the Rehab Department goes, we all work together to help the patient improve.

Barr: Do you work with patients that have COVID or have had COVID at varying levels of severity?

Brandon: Yes. We have seen patients that have been ventilated and barely have any strength at all, unfortunately, unable to get out of bed, to patients that need higher level of balance training, or stair training, that have been ambulatory, or walking around quite nicely.

Barr: Are you seeing any patterns of lingering effects from COVID-19 amongst patients that you have been working with, some of the long-haul symptoms and syndromes?

Brandon: Unfortunately, I have not personally seen a patient long-term enough to notice any patterns of lingering effects. Of course, this is an acute care facility so they might not be here as long, but some do

stay a long time. I just have not had the opportunity to follow a certain patient long enough to see that pattern.

Barr: How long do COVID patients who have been hospitalized at the Clinical Center typically need therapy? I recognize this patient by patient [approach], but I am just wondering if there is an average stay.

Brandon: I would love to have a number for you, but it is very different [from patient to patient]. I might see a patient for a week for therapy, and then other patients might be medically stable enough to leave this facility but still need rehab, and then they go to a rehab facility. It really depends on their baseline. It depends on their comorbidities—maybe they have underlying disease processes going on—so it can vary.

Barr: What have been some obstacles that you and others in your division have encountered during the pandemic?

Brandon: Personally, I found that just wearing the PPE equipment has really made it hard to have that connection with patients that I am used to having and building that rapport. It is not impossible; we can do it. I have just noticed a difference in that communication. I mean, it is hard to hear them, it is hard to be heard, and so just making that connection has been a little difficult.

Barr: Yes. What have been some opportunities for you, as growth, as a therapist?

Brandon: We have definitely learned a lot about this new disease that has come about. We have learned creative ways to intervene with patients who cannot leave their rooms, and to simulate things that we need to do for therapy, just thinking outside the box a little bit, which I mean, we do anyway but a little bit more now.

Barr: Do you have any particular examples of times when you have thought out of the box when working with COVID patients?

Brandon: I cannot think of anything specific at the moment but simulating things that might be special at home if they have a set up. We ask specific questions about "What side of the bed they get out on?" or "Do they have stairs with only maybe one rail?" or (and that is not specific to COVID patients, we are used to doing that) maybe bringing in a step stool to practice stairs instead of actually going to the stairs, simulating getting in and out of a car using the bed.

Barr: Wow, that must take a lot of practice for them to get used to that!

Brandon: Yes, it takes a lot of [practice]. We have to do it more than once so, that they can be prepared for whatever it is they need to do.

Barr: How do you simulate a patient getting into a car?

Brandon: That is a good question because there is a certain technique that makes it easier if someone is weak, like backing into the seat and then getting their legs in, and then they only have so much space because of the car door so sometimes we will just lower the bed, or if there is a chair with no arms, something like that, they can just practice kind of swinging their legs around, if that makes sense.

Barr: Yes, it makes sense because my mom was a physical therapist, so I find this very interesting. Another one of my questions for you as a person, what have been some personal challenges and opportunities during the pandemic?

Brandon: That is a good question. So, personally, having my kids in virtual school. It has been a challenge for them just not being able to see their friends, or do the sports activities that there used to be, that they used to do. They were very involved in sports and swimming and basketball, and them being stuck at home was challenging. But the upside of that is we spent a lot of time together, which has been a real blessing because it was always "go, go, go", before so I have enjoyed kind of slowing down and enjoying being with them.

Barr: Definitely. What is something that you enjoy that has helped you cope with some of the stresses of the pandemic?

Brandon: I really enjoy sticking to my health and wellness goals. Eating whole food nutrition and working out has really helped me cope with stress and have energy during this time. Of course, it is not perfect; it is a process, but that has really helped me deal with stress at this time, just trying to keep on those goals.

Barr: Is there anything that you have learned about yourself during the pandemic?

Brandon: I have learned that I am more resilient than I thought. There have been a lot of changes, and I think most people are more resilient than they think they are when they are faced with challenges. And also something that I have confirmed, that I already knew, is that I am a complete clean freak, and it is just worse now.

Barr: I remember what I was going to ask before. How do you educate the patients and the patients' families especially, when they are leaving the NIH to go home? How do you prepare them for their home routines?

Brandon: Sure. We educate patients from day one, and then specifically, if there are things that they need to do or remember at home, we try to just repeat with each training session, or with each follow-up session. We try to make sure that they remember what to do, if it is putting their hands in the right place for safety, or using the walker the right way. We just have to go over and over again, and one of the challenges, speaking of another question you asked me earlier, was with the restrictions we had on family coming to the hospital, that was a barrier in if we had to do any family training or specific training. We could always talk on the phone, but with family training, we like to have them practice so if a patient needs help walking, or if they need spotting going up and down the stairs, or help getting in and out of a car, we actually have the patient's family trained to do that. We show them how to do that, and we give the equipment they need to do that, and then they demonstrate how to do it, and we might have to correct them or not. So [it's] just a lot of hands-on work, or even just verbal, talking them through it, and just doing as much as we can.

Barr: Have you and others in your division done any telehealth with some of these patients you worked with who have gone home or with their families?

Brandon: Personally, I have not done any telehealth. I have not had the opportunity to do that.

Barr: Do you provide materials for the patients and their families to look at, to remind them of positions they should be in or exercises they should do?

Brandon: Yes, absolutely. We provide equipment. We also provide home exercise programs, which have usually pictures and instructions that go with them, and even if we have to personally write something down ourselves, if it is not in a printout, we will do that, but most often, it will be in a printout format.

Barr: What kind of equipment do you provide for the patients?

Brandon: It varies, mostly assistive devices. We have walkers, canes, and things that help them get around safely. We have a lot of protectors, now, I cannot even think of any. They might need ACE bandages, or a special post-op shoe, or they might need a shoe modification, they might need an ankle foot orthosis if they have a foot drop. There are just a lot of splints and knee braces, things like that.

Barr: Is there anything else that you would like to say as an NIH clinician but also as somebody who is living through the pandemic?

Brandon: I just feel really blessed that I was able to treat patients and learn from this experience and be a part of this process here at the NIH. We were really blessed in terms of having all the appropriate PPE that we needed, and the staff we needed to treat these patients safely and appropriately. I think we were very lucky to have all of the things we needed.

Barr: That is wonderful. Well, thank you very much for your service, and I wish you and your team continued success and safety in all that you do.

Brandon: Thank you so much. I wish you the same. Have a great afternoon.