It should be known that patients with or after COVID-19 exhibit various symptomatology and mainly respiratory complications
Their treatment and rehabilitation include medication and physiotherapy. Physiotherapy in these patients is based on breathing techniques and physical exercises.
Purpose: The main objective of this study is to identify the role of physiotherapy in COVID-19. The specific objectives that were achieved are:
• Effects of physiotherapy in hospitalized patients with COVID-19
• The role of respiratory techniques in patients with or after COVID-19
Methodology: This is a review-type meta-analytic study, a literature review of 6 studies involving 380 patients aged 20-80 years. All studies are from 2020, conducted in China, Spain and USA and focus on physiotherapy at COVID-19. The treatment includes mental activation techniques, physical exercises in the hospital or at home as well as telerehabilitation, supervised online by the therapist.
Results: It can be said that respiratory physiotherapy techniques increase vital capacity, reduce cough and aspirate secretions. After 3-6 weeks of physiotherapy over 70% of patients improve daily life activities, reduce stress and improve dyspnea by up to 50%. Exercise helps with torso movement, gait and overall condition of patients ($p < 0.05$).
Conclusions: Several weeks of physiotherapy helps the patients who pass COVID-19, improving respi-ratory function, quality of life and general condition. Breathing and mental activation techniques reduce anxiety.
Keywords: COVID-19, Coronavirus, Physiotherapy.

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Politrauma Challenges in Management

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Abstract:

Introduction:

The University Hospital of Trauma, Tirana, Albania, is the only National reference center for trauma in Albania.
As the primary care center it is for trauma, often operating over capacity of trauma patient, limiting access to Emergency surgical care for non-trauma patients.For non-traumatic surgical emer-gencies are instructions to inform the patient selection for transfer to another institution such as a University Hospital Center "Mother Theresa" in Tirana, Albania. Such decisions can be particularly difficult for severely ill patients when transferring benefits are uncertain.
Material and Methods:
To point out the exact role of surgeons in different hospital levels, for transfer, we took a qualitative analysis of cases that are transferred from a regional or municipal hospital to the University Hospital of Trauma.
Results: Surgeons in regional or municipal hospital require transfer when the ability to care for the trauma-tized patient is limited by the lack of necessary staff or equipment, and when the needs of surgical treatment of patients or comorbid conditions are not available at the level local. Surgeons (non-primary centers) sometimes transfer patients who can be selected at home (second or third level hospitals ...) or with a fatal safety progress, in order to try all treatment options or to satisfy families by thus reducing the possibility of benefiting from the treatment of other patients.
Conclusion: Decisions on the transfer of surgical patients are complex and require good recognition of traumatized patient assessment protocols, knowledge and capacity coordination both local and central as well as in logistics, personnel and scientific andpro-fessional levels.
Keywords: Primary care center, Trauma score, decision-making strategies.