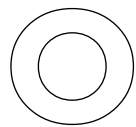




COVID-19 – what did/can we learn from this?

“Persistence and resilience only come from having been given the chance to work through difficult problems.”
Gever Tulley



Our country has only recently started to recover from the devastating effects of the global COVID-19 pandemic. These effects impacted every single sector in our society in different ways and in particular, our health and educational sectors. Whilst acute health services were focused on and over-burdened with battling the pandemic, other health sectors such as the care and treatment of chronic and long-term diagnoses and rehabilitation services, were temporarily either suspended or put on the back burner. Primary, secondary, and tertiary education sectors also faced extreme disruption during this time.

These events called for *resilience*: the process of adapting well in the face of tragedy, trauma, threats, or other significant sources of stress. It called for novel and innovative strategies and plans from the healthcare and education providers in an attempt to lessen this impact, not only on the recipients, but also on the providers of these services.

One innovation which has made it easier to adapt to the lifestyle changes thrust upon us by the pandemic, is the use of technology in the classroom and in the delivery of health care. *Telerehabilitation* and the *virtual classroom* are but two examples of the resilience and innovation shown by clinicians and educators respectively during this time.

In this edition, we feature two articles related to COVID-19 pandemic: one explores the possible effects of the COVID-19 lockdown on occupational therapy clients¹, and one comments on the experience of students² who, as part of their curriculum requirements, needed to complete a research project without having access to clinical areas due to lockdown. We also plan to publish more related articles in our future editions.

As an occupational therapy journal in Africa, we also know that when such crises come about, the most vulnerable persons in our communities suffer the most. As occupational therapists, our concern is for the most vulnerable persons: the children, persons with disabilities and older adults. This edition features articles on children: one that looks at the promotion of play engagement of children with autism³ and one that investigates the normative data of two standardised tests to the sensory integration function of South African children⁴. There is also an article on stroke rehabilitation and the therapeutic use of

constraint-induced movement therapy⁵. Death and dying is another element that the COVID pandemic has brought to the fore and Ramano et al's article⁶ explores the role of occupational therapy with bereaved individuals. The resilience of the human spirit is also described in the two books reviewed in this edition. The one on taking care of elderly loved one's within your own home⁷. The other shares how masculinity develops in South African townships⁸ and the value of mentors and stand-in parents that allow boys to take up non-conforming and non-hegemonic identities and achieve their personal long-term goals despite the circumstance they grow up in.

Many scholars have recently expressed doubt on whether the publication sector should, at this time, focus on disseminating information on strategies and approaches arising from this latest global crisis. They are of the opinion that it is now 'information after the fact' since globally, the pandemic has been largely under control for 6 months. We, at SAJOT, disagree. There are many threats facing our planet and humanity in general. For example, we know that in Africa, the announcement of life-threatening viruses, such as the current outbreak of Ebola in Uganda⁹, is an ever-present threat. We believe that access to information, resources, and innovations used and developed, especially during challenging times, helps ensure our resourcefulness and agility in our future responses. Such access could further identify gaps, challenges faced, and successes achieved, and can be integrated into future preparedness and responses when the next crisis hits. None of us can predict when it will occur, or what it will entail; but we have to ensure that we are prepared.

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