



Lets Talk Long COVID  
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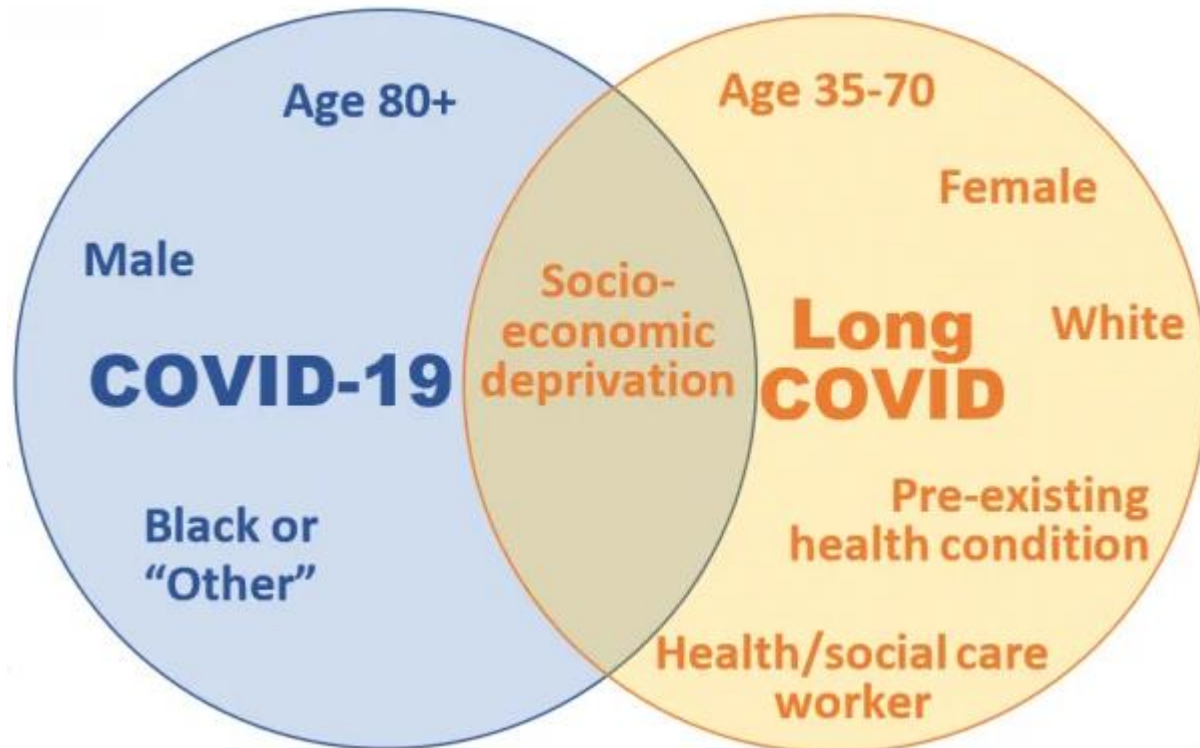
# WHO case definition of Long COVID 6<sup>th</sup> Oct

Post COVID-19 condition occurs in individuals with a history of **probable** or **confirmed** SARS CoV-2 infection, usually **3 months** from the onset of COVID-19 with symptoms and that last for at least **2 months** and cannot be explained by an **alternative diagnosis**. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be **new onset** following initial recovery from an acute COVID-19 episode or **persist** from the initial illness. Symptoms may also **fluctuate** or **relapse** over time.



# What's all this fuss about Long COVID?

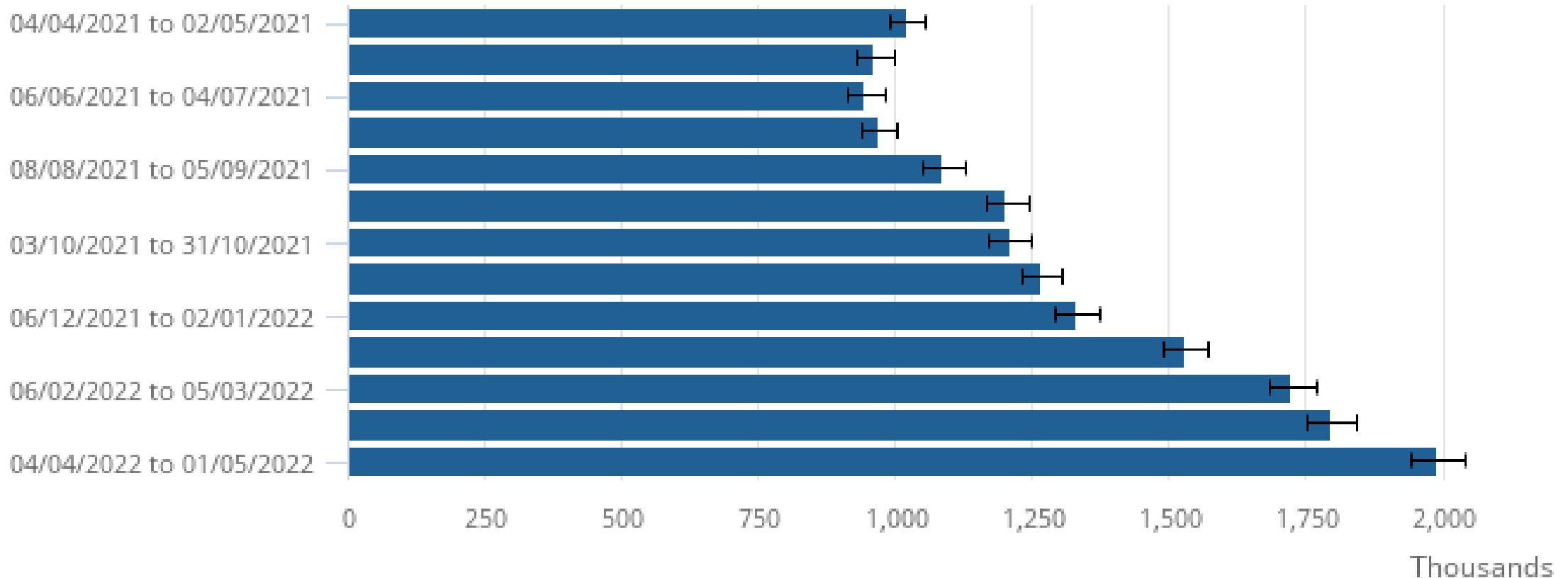
\* What does the data tell us.....



**Qu: Is Long COVID Rare?**

*Around 1 in 5 people with symptomatic COVID-19 are still unwell after 5 weeks, and around 1 in 10 are still unwell after 12 weeks*

# UK: 2 Million People with Long COVID



# How is Long COVID diagnosed?

Diagnosis of Exclusion

Does NOT require a positive test

Take a good history

Assess for serious complications

*“Eventually I saw a consultant who told me “Without a doubt you’ve got Long Covid”. It didn’t make much a difference to the management, but I felt so validated that I wasn’t just unfit. Its been easier to handle since then.”*

# Signs and Symptoms of Long COVID

## **Headaches,**

Cognitive Impairment, Dizziness,  
Sleep Disturbance, Peripheral Neuropathy,  
Paraesthesia, Neuralgic Amyotrophy,  
Guillain-Barré Syndrome

## **Chest Pain,**

VTE, Heart Failure, Myocardial Injury,  
Myo/Pericarditis, Arrhythmia, Palpitations

## **Myalgia, Arthralgia**

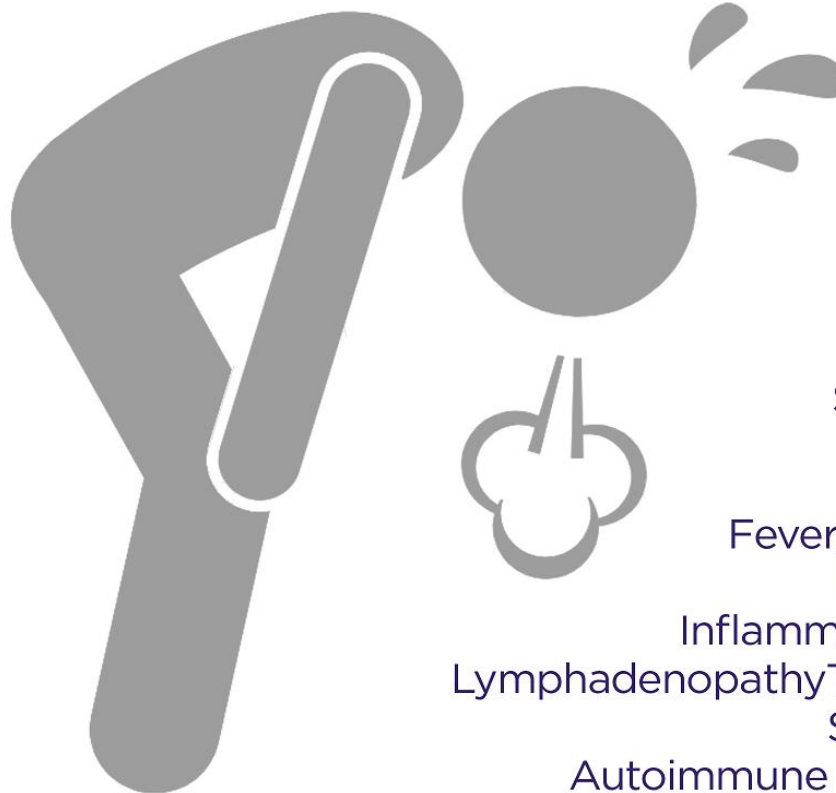
## **Gross Fatigue**

## **Breathlessness, Chronic Cough,**

Lung Fibrosis, Pulmonary Vascular Disease,  
Continued need for oxygen

## **Rashes**

## **Depression, Anxiety, PTSD**



## **PESE/PEM Increased disability,**

Decreased independence,  
Negative economic impact,  
Reduced QOL

Abdominal Pain,  
Nausea/Vomiting,  
Diarrhoea, Anorexia

**Anosmia,** Aguesia,  
Sore Throat, Tinnitus, Earache

## **Other complications**

Fever, Kidney Failure, Liver disease,  
Pancreatic Injury, Multisystem  
Inflammatory Syndrome (in children),  
Lymphadenopathy, Thrombosis, Cytokine Release  
Syndrome, Clotting Disorders,  
Autoimmune haemolytic anaemia, Immune  
Thrombocytopenia.

# Screening for Significant Dysfunction

Post Exertional  
Symptom  
Exacerbation

Cardiac  
Impairment

Exertional  
Desaturation

Autonomic  
Dysfunction &  
Orthostatic  
Intolerance

*“The consultant told me I was just unfit. Because he said that, I tried to power walk for about a minute at a time, but my chest hurt so much and I would go a horrid purple colour. I checked myself with a pulse oximeter, my pulse was sky high and my sats were 85.”*

## The Red Flags *of* Long COVID

*The things to look out for that would warrant urgent referral*

### *Think Lungs...*

1. **Severe hypoxemia**
2. **De saturation on exercise**
3. **Signs of severe lung disease**



### *Think Heart...*

4. **Cardiac chest pain**
5. **Irregular heart rhythm**



### *Think Nervous System...*

6. **Signs of dysautonomia**





# The 6 step Rehabilitation Approach

1. Progress cautiously
2. Monitor appropriately
3. Education to prevent exacerbation
4. Safety net patients
5. Aim for symptom stability
6. Physical activity is not the same exercise therapy



# Physical Activity Dilemma

Physical activity: helpful for most, harmful for some

Post exertional Malaise / Post Exertional Symptom Exacerbation

→ Stop, Rest, Pace

Consider Heart rate monitoring as a rehab strategy

**Rehabilitation  $\neq$  Exercise**

[http://www.phsa.ca/health-info-site/Documents/post\\_covid-19\\_Post-Exertional\\_Malaise.pdf](http://www.phsa.ca/health-info-site/Documents/post_covid-19_Post-Exertional_Malaise.pdf)

<https://longcovid.physio/heart-rate-monitoring>



# Foundations of Long COVID Rehabilitation

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Education

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Pacing

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Symptom control

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Individualised approaches

*“I consider myself very lucky to be back working in healthcare, even though its not how it used to be. I’m just thankful to be here really.”*

# What's out there to help?

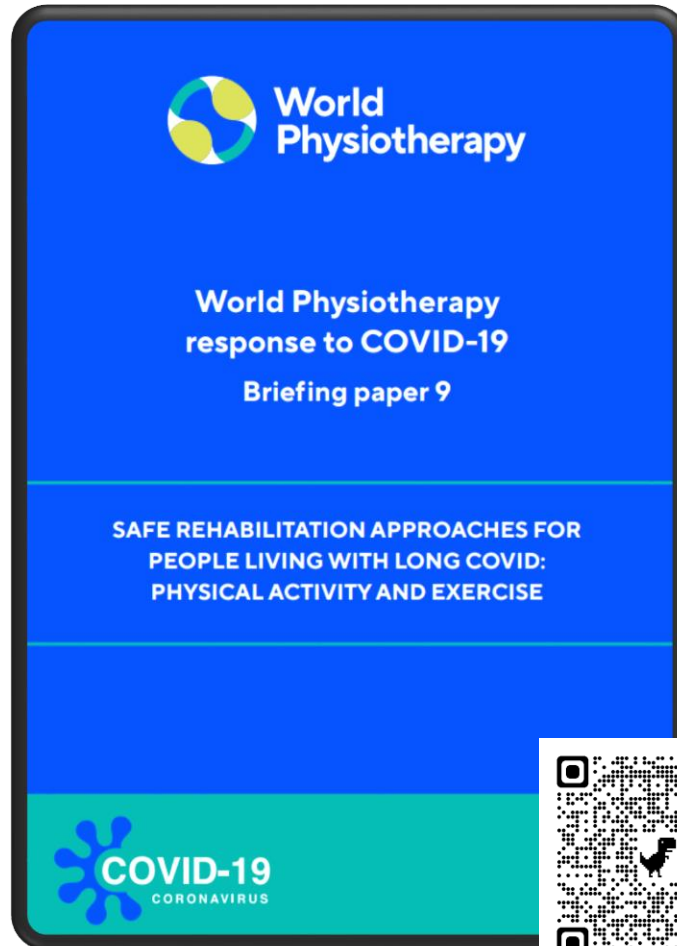


CHARTERED SOCIETY OF PHYSIOTHERAPY

## CSP COVID-19 Rehabilitation Standards

Community rehabilitation: physiotherapy service delivery

CSP STANDARD [RS3] Version 2




World Physiotherapy

### World Physiotherapy response to COVID-19 Briefing paper 9

SAFE REHABILITATION APPROACHES FOR PEOPLE LIVING WITH LONG COVID: PHYSICAL ACTIVITY AND EXERCISE

COVID-19 CORONAVIRUS



# Lets Talk Long COVID Network

- To bring CSP and RCOT members together from across the UK to develop a community of practice
- To share practice, challenges and innovations across the NHS and PIVo sector
- To gain insights and examples of what 'good' looks like
- To explore the various workforce, finance and organisational models and structures that contribute to the delivery of 'good' Long COVID rehabilitation
- To influence and shape national work streams for Long COVID rehabilitation in all 4 nations

