

ACPOHE

PHYSIOS **FOR** WORK **AND** HEALTH

Paul Shawcross

Rob Kelly



@ACPOHE

Returning to work with Long Covid

Best Practice & Case Studies



- 1) To better understand best practice when supporting employees with long-covid in their return to work
- 2) To consider how both rehabilitation and return to work plans may need to be adapted for employees recovering from long-covid
- 3) To know what resources are available for use and signposting for employees, employers and clinicians benefit

“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 that last for at least 2 months and cannot be explained by an alternative diagnosis.”

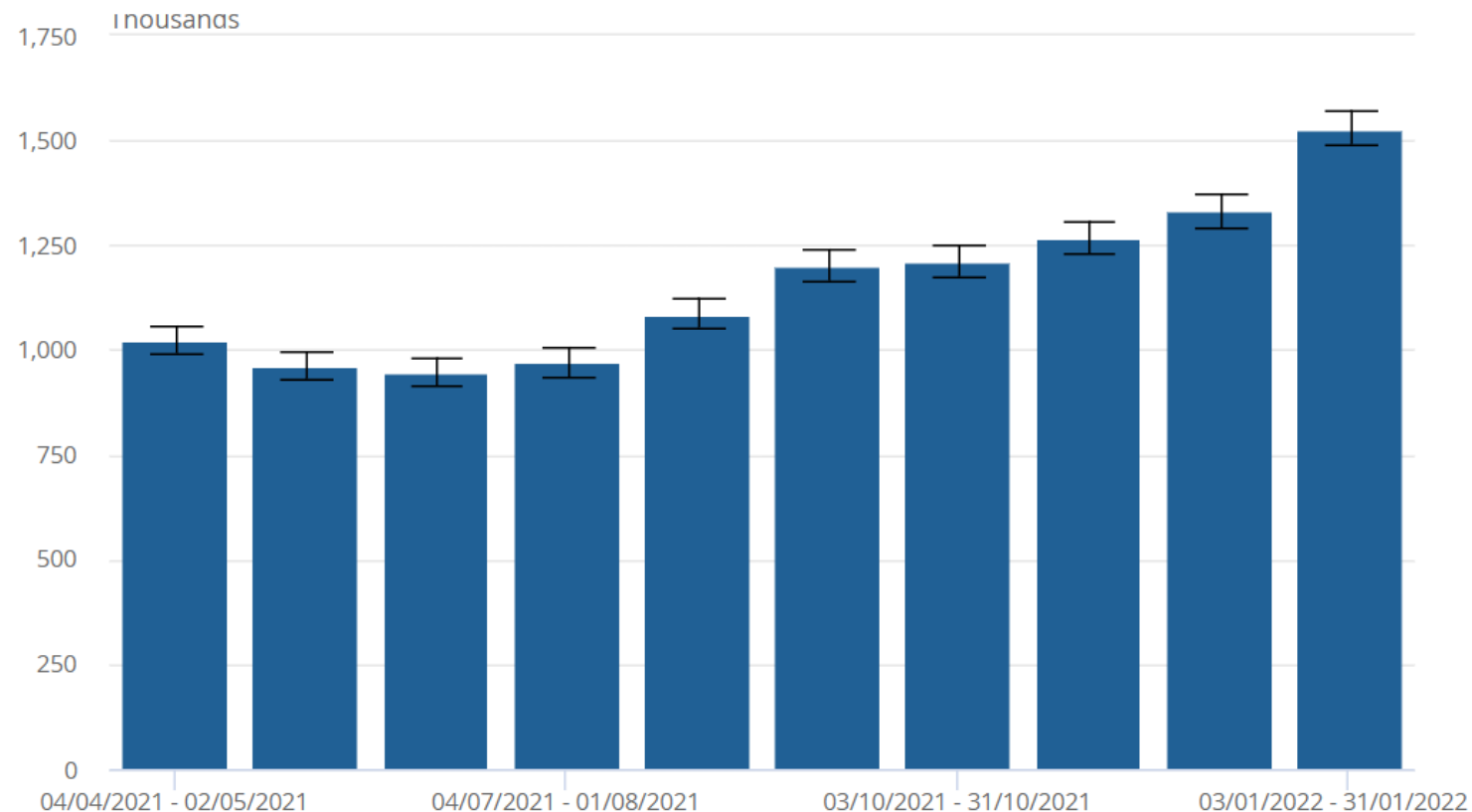
(WHO, 2021)





Figure 1: 1.5 million people were experiencing self-reported long COVID as of 31 January 2022

Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 31 January 2022





Clinical Microbiology and Infection

Available online 3 February 2022

In Press, Corrected Proof



Systematic review

Prevalence of post-acute COVID-19 syndrome symptoms at different follow-up periods: a systematic review and meta-analysis

Results: After screening 3209 studies, a total of 63 studies were eligible, with a total COVID-19 population of **257 348**. The most commonly reported symptoms were **fatigue, dyspnea, sleep disorder, and difficulty concentrating** (32%, 25%, 24%, and 22%, respectively, at 3- to <6-month follow-up); effort intolerance, fatigue, sleep disorder, and dyspnea (45%, 36%, 29%, and 25%, respectively, at 6- to <9-month follow-up); fatigue (37%) and dyspnea (21%) at 9 to <12 months; and **fatigue, dyspnea, sleep disorder, and myalgia** (41%, 31%, 30%, and 22%, respectively, at >12-month follow-up). There was substantial between-study

Post Exertional Malaise (PEM)

If individual is suffering on-going fatigue, they must be carefully assessed to prevent PEM

PEM includes marked physical or mental fatigue, flu like symptoms, pain (joint of muscles)

Exhaustion maybe felt immediately after the activity/exercise or delayed by hours or days

Recovery from PEM can take 24 hours or more

Can be quite debilitating and cause relapse

ACCEPTED MANUSCRIPT

Chronic Fatigue and Postexertional Malaise in People Living with Long COVID: An Observational Study

[Get access >](#)

Rosie Twomey, PhD ✉, Jessica DeMars, BScPT, MSc,
Kelli Franklin, BScPT, MSc, S Nicole Culos-Reed, PhD, Jason Weatherald, MD,
James G Wrightson, PhD

Physical Therapy, pzac005, <http://>

Published: 13 January 2022

Physical therapists working with people with long COVID should measure and validate the patient's experience. Postexertional symptom exacerbation must be considered, and rehabilitation needs to be carefully designed based on individual presentation. Beneficial interventions might first ensure symptom stabilization via pacing, a self-management strategy for the activity that helps minimize postexertional malaise.

How many struggle to return to work?

> [EClinicalMedicine](#). 2021 Aug;38:101019. doi: 10.1016/j.eclinm.2021.101019. Epub 2021 Jul 15.

Characterizing long COVID in an international cohort: 7 months of symptoms and their impact

Hannah E Davis¹, Gina S Assaf¹, Lisa McCorkell¹, Hannah Wei¹, Ryan J Low^{1 2},
Yochai Re'em^{1 3}, Signe Redfield¹, Jared P Austin^{1 4}, Athena Akrami^{1 2}

The largest global study of “Long Covid” to date has found that:

***Over 45% reported requiring a reduced work schedule compared with pre-illness
and
22.3% said they were not working at the time of the study due to their health
condition.***

- Understand how symptoms affect work
- Consider flexible and phased return
- Consider altered hours/duties
- Consider Reasonable Adjustments to manage symptoms
- Consider **physical** and **cognitive** (thinking, attention, problem solving, organisation) demands of job role.

Online survey of 3500 workers experiences of RTW with Long Covid:

- **52%** of workers experienced poor treatment at work due to ‘Long Covid’
- **19%** were asked by their employer about the impact of their symptoms
- **13%** were asked whether they had Long Covid at all
- **18%** were going through absence management/HR processes
- **5%** felt they were ‘forced’ out of their jobs
- **9%** had used all their sick leave due to Long Covid

(TUC, 2021)

5 tips for best practice in supporting return to work

1. Person-Led / Shared Decision Making

INDIVIDUALISED CARE



SUPPORTED SELF MANAGEMENT



EFFECTIVE COMMUNICATION

Allow them to initialise the plan for their own recovery and return to work as far as possible

Listen to the person, show compassion and offer support with their recovery

Involvement of person, occupational health and employer with regular and flexible communication

2. Be aware of all 3 types of energy

Physical

Cognitive

Emotional

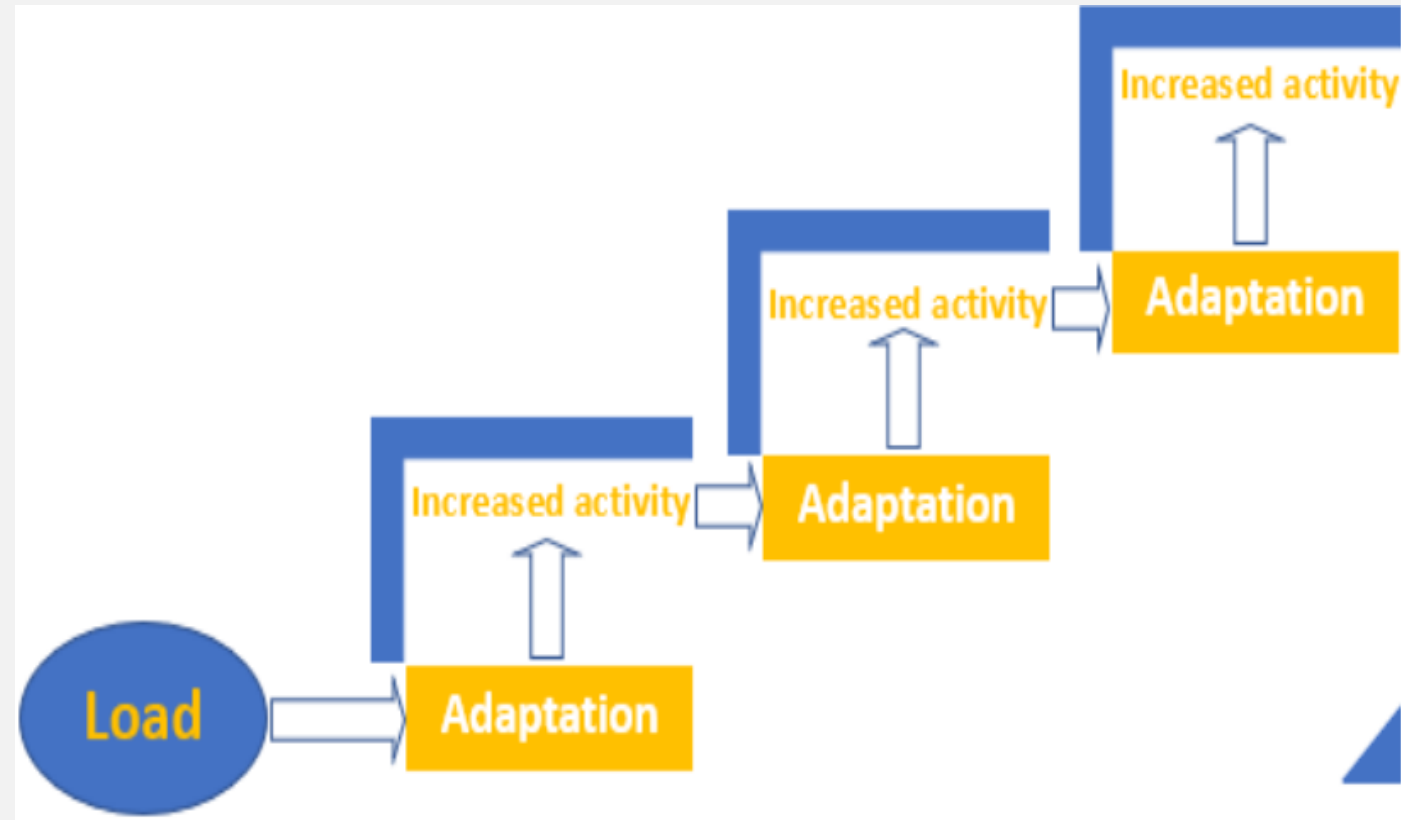
**MUST FIND OUT INDIVIDUAL
STRESSORS TO THEN TARGET
TREATMENT STRATEGIES**

3. Consider the 3 P's

Pace

Plan

Prioritise



Self managing Fatigue (PEM)

0	Rest
1	Really easy
2	Easy
3	Moderate
4	Sort of hard
5	Hard
6	
7	Really hard
8	
9	Really, really hard
10	Maximal, just like my hardest race



Exercise Programmes may not be suitable
Think **activity** rather than exercise

BUT exercise (or activity) is key to return to normal function and return to work

Work between **levels 4-5 (max)**

Keep your heart rate at less than **60%** of your maximal Heart Rate



4. Be conservative and flexible with RTW

Adaptive to symptoms - Consider hours, breaks, travel

Allow more time - likely a number of months

Allow for last minute changes - Be flexible

5. Offer wellbeing & lifestyle support



Case Study

Background

- 63yr old Male
- Print Machine Operative
- 30yrs + experience
- Printing company
- North West
- 250+ employees
- Established OH physio service

Employee

- Known to OH Physio
- Long-standing bilateral shoulder pain/stiffness/OA
- Intermittent neck and upper back MSDs
- Self-manages well with occasional self-referral into physio
- No episodes of LT absence

Job Role

- 3 shift pattern (E, L, N)
- Majority of shift on feet
- 10 - 15,000 steps per shift
- Intermittent heavier manual handling
- Tasks 'Naturally Variant'
- Regular use of steps up/down machine



Covid episode

- Contracted Covid Jan 2021
- Unwell, off work
- Hospitalised for 3 days
- Referred to physio in March due to a flare-up in MSDs...
NOT due to Covid

Symptoms

- Shortness of breath on exertion
 - “worsening” = ? Deconditioning
- Muscular aches and pains
- “Weakness” in legs
- Flare-up of MSDs
 - ? Due to rest and reduced/avoidance of physical activity
- Fatigue/lethargy +

Rehabilitation

- Home:
 - Start small and basic
 - Education and advice around what we know about the recovery process
 - Reassurance!
 - Employee anxious
 - Believed “rest is best”
 - Walking + Stairs
 - Activity diary
 - Fatigue score
- Individualised progression:
 - Had to keep it basic
 - Different walks
 - Shopping
 - Garden
 - Pacing
 - Avoid “boom and bust”
 - Staying positive
 - Low mood
 - “fed up”
 - Very keen to RTW

Return to Work

- Phased RTW agreed rather than alternative role
- Reduced hours with gradual build up
- Target driven progressions
- Support from colleagues
- Support the apprentice
- Regular short 'check-ins'
- No night shifts

Progressions

- 8 weeks of gradually increasing hours from 3 to 8 per shift
- 'Doubled-up' for 10 weeks
- Weeks 11-16 independent, but no night shifts.
- Nights shifts re-introduced at week 17 (10hr shifts)
 - First week on nights supported
- Modify physical activity / rehab exercises accordingly

The Set Back

- 7 weeks in
- Swapped shift
- More hours, without the planned colleague support
- Caused flare-up of MSD
- Physically struggled
- Didn't highlight issues

- Why!?!?!?



Outcome

- Successful return to full duties, hours and shifts
- 4 month period of phased RTW
- No absence since
- Maintaining physical activity
- No plans to retire
- ...yet!
- Still married!



Learning Points

- Support and flexibility of Operations Manager, Lime Manager and HR key to successful RTW
- Educating the employee, managers and HR about the challenges of Long-Covid rehab, and that physio can help!
- Early intervention key
- Prompt and honest communication from the employee to manager and physio
- Gradual progressions throughout the progress
- Highlighting the positives and 'wins'

325 referrals in the past year & 105 patients been through virtual rehab programme

Quality of Life (EQ5D)
72% improved

Mood (PHQ-9/HADS)
100% improved

Anxiety (GAD-7/HADS)
100% improved

Fatigue (Chalder Fatigue Scale)
92% improved

Breathlessness (Nijmegen Questionnaire)
63% improved

**Allied
Health
Professions**
Health and Work
Report



University of
Salford
MANCHESTER



Northern Care Alliance
NHS Group

Salford | Oldham | Bury | Rochdale | North Manchester

Resources: For employees

Your Covid Recovery <https://www.yourcovidrecovery.nhs.uk/your-road-to-recovery/returning-to-work/>

The Society of Occupational Medicine <https://www.som.org.uk/work-and-health> and <https://www.som.org.uk/covid-19-return-work-guide-recovering-workers>

Vocational Rehabilitation Association - Return to Work after COVID - Support for individuals - [Return To Work after COVID – Support for Individuals](#)

Chartered Institute of Personnel and Development: [Returning to the workplace | CIPD](#)

NHS Health at Work <https://www.nhshealthatwork.co.uk>

MIND: [Coronavirus and work | Mind, the mental health charity - help for mental](#)

ACPOHE: [ACPOHE Recovering From COVID-19 RTW Guidance 0.pdf \(csp.org.uk\)](#)

Resources: For Employers

Link	Resource	Author/Organisation
Teaching videos on guidance for return to work with ongoing COVID-19 symptoms	Returning to work with ongoing COVID-19 symptoms: Guidance for employee and managers	University Hospitals of Derby and Burton NHS Foundation Trust
Employee Assistance Programme Association: Advice for employers	Advice for employers including a list of providers for workplaces with no access to EAP	EAPA
Vocational Rehabilitation Association – Advice for employers	Advice for employers including a list of practitioners for workplaces with no access to OH departments	VRA
https://www.som.org.uk/sites/som.org.uk/files/COVID-19_return_to_work_guide_for_managers.pdf	Return to Work Guide for Managers	Society of Occupational Medicine
https://www.fom.ac.uk/wp-content/uploads/longCOVID_guidance_managers_04_small.pdf	Guidance for Managers and Employers on facilitating return to work of employees with Long Covid	Faculty of Occupational Medicine of the Royal College of Physicians
https://www.longcovid.org/resources/employers	Peer support and campaigning in the UK for recognition, rehabilitation and research into treatments since May 2020.	Long Covid.Org Charity

Resources: for Healthcare Professionals

Guidance for healthcare professionals on return to work for patients with long-COVID

General occupational health principles

- Work is generally good for health
- Work provides purpose, boosts self-esteem and enables financial independence (10)
- Worklessness is associated with poor physical and mental health and increased risk of self-harm (11)
- The risk of falling out of work increases steeply with the length of time someone has been on sick leave
- After six months of sick leave, the probability of a person not being able to return to work is approximately 50% (12)
- Return to work is an effective part of rehabilitation from many illnesses and is important to patients (12)

Symptoms of long-COVID which commonly impact on function and may impede return to work

- Fatigue, shortness of breath, chest pain and neurocognitive impairment (3)
- These symptoms may also impede travel to work



- An individual does not need to be 100% fit to return to work (12)
- If a person has ongoing symptoms which are impairing their function, they might not be able to return to their work without workplace adjustments or adjustments to their travel to work (12)
- Many people work effectively despite significant illness or disability, mainly if they are provided with suitable support in the workplace (12)

Practical steps for healthcare professionals

Current health

- Establish the level of current care and ongoing symptoms
- Assess the need for investigation of the person's symptoms to exclude underlying organ damage, as per national guidance (2)
- Ensure that the person is aware of local NHS resources for post-COVID-19 syndrome
- As with any long-term condition, identify and manage co-morbid depression or anxiety which may become more of a concern the longer someone is away from work
- Enquire about sleep patterns and give sleep hygiene advice if required (see resource list)

Work

- Ask the person what their occupation is
- How many hours per week do they work?
- What does a normal workday involve?
- Concentrate on the aspect of the patient's job that might be affected by their functional impairment. For example, if they are suffering from shortness of breath, does their job involve physical exertion? If they are suffering from fatigue, does their role involve working long shifts?
- Establish if their work is 'safety critical', for example, working with machinery, driving or frontline emergency services

Work and health

- Ask the person what they believe are the main factors impeding their return to work
- Ask them if they can identify solutions to their return to work obstacles
- Tailor and adapt the person's return to work with their symptoms
- Give reassurance that an increase in symptoms on return to work is unlikely to mean harm in most people
- Do they need adjustments to their work to enable them to return (e.g. flexible hours/working from home/special equipment)?
- Encourage them to liaise with their employer to see if the adjustments could be facilitated
- If they need assistance with paying for any adjustments, they or their employer may be eligible for financial assistance from Access to Work (<https://www.gov.uk/access-to-work>)
- Ask if they have access to occupational health advice via their work; if they do, encourage them to make contact with their occupational health department

FOM - Guidance for Healthcare Professionals on Return to Work for Patients with Long Covid
[longCOVID_guidance_03](https://www.fom.ac.uk/longCOVID_guidance_03)
([fom.ac.uk](https://www.fom.ac.uk))

- **Managing Covid related symptoms during sickness absence:**
<https://youtu.be/3fHeLbDo40U>
- **Return to work rehabilitation:**
<https://youtu.be/29KcxHJb4qU>
- **Managing ongoing covid related symptoms in the workplace:**
<https://youtu.be/JNUBmWJgFms>
- **AHP Leader: Vocational Rehabilitation and Return to Work Planning**
<https://www.youtube.com/watch?v=YIBMLlvf4Tc>
- **Return to Work Podcast**
<https://longcovid.physio/podcast>

1. Person-Led / Shared Decision Making
2. Be aware of all 3 types of energy
3. Consider the 3 P's
4. Be conservative and flexible with RTW
5. Offer wellbeing & lifestyle support
6. Use the resources available!

Thank you for Listening!

paul.shawcross@acpohe.org.uk

@paulshawcrossPT



University of
Salford
MANCHESTER

rob@acpohe.org.uk

@robkellyphysio



ACPOHE
PHYSIOS FOR WORK AND HEALTH



acpohe.csp.org.uk/



admin@acpohe.org.uk



@ACPOHE



@acpohe



linkedin.com/company/acpohe/

- ACPOHE Courses

<https://acpohe.csp.org.uk/content/acpohe-courses>

- Technical Membership Details

<https://acpohe.csp.org.uk/content/technical-membership>

- Registered Membership Details

<https://acpohe.csp.org.uk/content/registered-membership>

- Work and Health Learning and Development Hub Coming Soon