

TABLE 6: The clinician’s role in facilitating return to work for a person with Long COVID

Task	Task Details
Evaluation	<ul style="list-style-type: none">• Ask about work requirements• Evaluate function via physical examination, diagnostic testing, and collaboration with a multidisciplinary team, as necessary (e.g., neuropsychology, physical therapy, occupational therapy, speech and language pathology, etc.)
Assessment	<ul style="list-style-type: none">• Identify work limitations• Identify appropriate accommodations, which may include:<ul style="list-style-type: none">◦ Remote work◦ Reduced hours◦ Flexible work schedule (e.g., alternating workdays)◦ Frequent/periodic rest breaks◦ Permission for self-pacing◦ Gradual return to work (e.g., progressively increased hours)◦ Limiting lifting, standing, and/or walking◦ Limiting tasks that divide attention◦ Limiting overstimulating environments◦ Quiet work environment◦ Seated or reclining workstation◦ Ability to have fluids at the workstation◦ Accessible parking
Action	<ul style="list-style-type: none">• Establish expectations with the patient• Complete relevant paperwork and document:<ul style="list-style-type: none">◦ Diagnosis/disability (Use ICD-10 code U09.9)◦ Major life activities affected◦ Work activities affected◦ Recommended accommodations◦ Follow-up plan• Re-evaluate and modify accordingly

Abbreviations: PEM (post-exertional malaise), PESE (post-exertional symptom exacerbation), IST (inappropriate sinus tachycardia), POTS (postural orthostatic tachycardia syndrome), OH (orthostatic hypotension), NCS (neurocardiogenic syncope), AN (autonomic neuropathy), QD (once daily), BID (twice daily), TID (three times daily), QID (four times daily), QHS (nightly).

