


# Multidisciplinary collaborative guidance on the assessment and treatment of patients with Long COVID: A compendium statement

**TABLE 13:** Symptom-specific assessment and management considerations for neurologic sequelae of Long COVID

Assessment Element	Assessment Details
<b>History</b> 	<ul style="list-style-type: none"> <li>• Time course of neurologic symptoms</li> <li>• Acute versus chronic</li> <li>• Static versus progressive</li> <li>• Medication/supplement use that may impact signs, symptoms, or assessment parameters (e.g., anticholinergic medications)</li> </ul>
<b>Physical exam</b>	<ul style="list-style-type: none"> <li>• Thorough neurological examination to identify focal neurological deficits, as indicated based on the patient's reported symptoms and associated differential diagnosis               <ul style="list-style-type: none"> <li>◦ Cognition, attention/concentration, expressive and receptive speech</li> <li>◦ Cranial nerves, strength, sensation, reflexes, coordination, gait</li> </ul> </li> <li>• If concern for cognitive impairment, see Table 11 [Cognitive Table]</li> </ul>
Treatment Element	Treatment Details
<b>Non-pharmacologic management</b>	<ul style="list-style-type: none"> <li>• For patients who achieve a return to ADLs, see Figure 1 for return to activity guidance.</li> <li>• For patients with headaches, consider ergonomic optimization, gentle stretching, deep breathing exercises, and acupuncture</li> </ul>
<b>Pharmacologic management</b>	<ul style="list-style-type: none"> <li>• Consider weaning/de-prescribing antihistamine, anticholinergic, antidepressant/anxiolytic, and muscle relaxant medications</li> <li>• For rebound headaches due to regular overuse of abortive headache medications (including acetaminophen and NSAIDs), reduce use of these medications to &lt; 3 times weekly</li> <li>• See Table 5 for commonly used medications for Long COVID</li> </ul>
<b>Referral, as needed</b>	<ul style="list-style-type: none"> <li>• To emergency department, if new or worsening focal neurologic deficits</li> <li>• To physiatry or neurology, if chronic focal neurologic sequelae affecting gait, mobility, cognitive status, and/or activities of daily living</li> <li>• To neuroimmunology, if laboratory abnormalities concerning for neuroimmune dysregulation or paraneoplastic conditions (e.g. abnormal lymphocyte or immunoglobulin levels, paraneoplastic autoantibodies)<sup>8</sup></li> </ul>

Abbreviations: ADLs (activities of daily living), NSAIDs (non-steroidal anti-inflammatory drugs), MRI (magnetic resonance image).

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