

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

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 requirementsEvaluate 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 limitationsIdentify appropriate accommodations, which may include:<ul style="list-style-type: none">Remote workReduced hoursFlexible work schedule (e.g., alternating workdays)Frequent/periodic rest breaksPermission for self-pacingGradual return to work (e.g., progressively increased hours)Limiting lifting, standing, and/or walkingLimiting tasks that divide attentionLimiting overstimulating environmentsQuiet work environmentSeated or reclining workstationAbility to have fluids at the workstationAccessible parking
Action	<ul style="list-style-type: none">Establish expectations with the patientComplete relevant paperwork and document:<ul style="list-style-type: none">Diagnosis/disability (Use ICD-10 code U09.9)Major life activities affectedWork activities affectedRecommended accommodationsFollow-up planRe-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).

