



Irish Society of
Chartered
Physiotherapists
The Voice of Physiotherapy in Ireland

A GUIDE TO Post COVID-19 Rehabilitation



It can be normal to feel tired, weak or short of breath after your acute COVID-19 infection whether you were hospitalised or managed your infection at home. The acute phase of COVID-19 infection is up to 4 weeks following diagnosis. This booklet is designed to give you simple advice to help you recover after your acute COVID-19 infection.

How much can I do?

We know that some patients will recover fully in 4 weeks following diagnosis whilst others will take up to 12 weeks to recover and more will take longer than 12 weeks to be fully recovered. Therefore your aim should be to increase your activity levels gradually and to always be mindful of your symptom levels - what causes and improves your symptoms. In order to achieve this, you will also need to pace yourself. Regular physical activity is good for general health but keep in mind that you are recovering from a COVID-19 infection and that it will take time to get back to your normal physical activity and exercise levels.

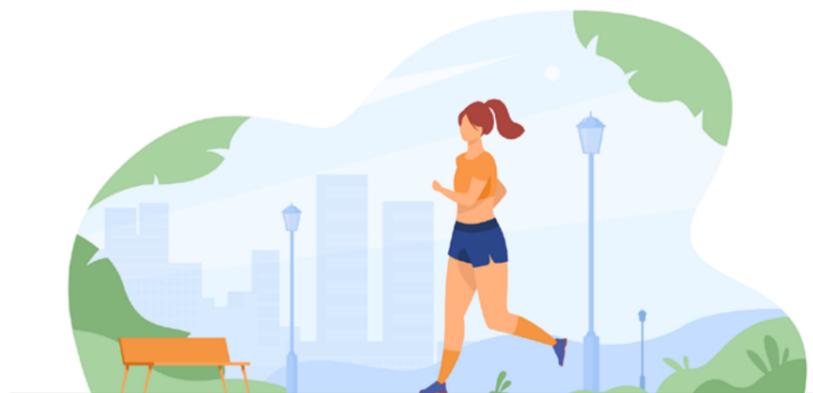
- Start slowly and introduce new activities gradually
- Set yourself realistic targets each week
- Rest when you feel tired
- Do not compare yourself to others

It is important to monitor your breathlessness when completing any activity or whilst exercising. When being physically active you should be able to continue a conversation at all times and not feel out of breath. If you are exercising, you should be at a level whereby you are slightly out of breath but still able to talk at all times.

Returning to Exercise

Physical activity and exercise interventions warrant caution as rehabilitation strategies among people with Long COVID. Exercise prescription in Long COVID should be approached with care to minimise risk and to ensure exercise programmes are restorative and do not make the individual's symptoms worse. A specialist respiratory physiotherapist may help where there are signs of hyperventilation and breathing pattern disorders. Long COVID rehabilitation should include educating people about resuming everyday activities and returning to exercise conservatively, at an appropriate pace that is safe and manageable for energy levels within the limits of current symptoms.

Graded exercise therapy should not be used, particularly when post exertional symptom exacerbation is present.



Energy Management

Use energy saving techniques like sitting on a stool to do the ironing/gardening or when preparing food. When you take some time out to rest, try to get into the prone position(if tolerated), this means lying on your front. You can use cushions and pillows to make yourself more comfortable.

Stress Management

Feeling anxious about having had COVID-19 is understandable. One way to manage your stress/anxiety is to stay in contact with people. Try to talk to a friend or family member daily or take time to read a book, do a crossword or watch a TV programme you enjoy. Contact your GP if you feel your anxiety and stress isn't manageable.

Post Exertional Symptom Exacerbation



Fatigue

Fatigue is a feeling of **extreme exhaustion** and is the **most common symptom** of Long COVID. It:

- **is not easily relieved by rest or sleep**
- is not the result of unusually difficult activity
- can limit functioning in day-to-day activities
- negatively impacts quality of life

PESE

Post-exertional symptom exacerbation (PESE) is a disabling and often delayed exhaustion disproportionate to the effort made. It is sometimes described as a "crash". The activity that can trigger this worsening of symptoms can be something that was easily tolerated before, such as:

- a daily activity (eg a shower)
- a social activity
- walking (or other exercise)
- reading, writing or working at a desk
- an emotionally charged conversation
- being in a sensory environment (eg loud music or flashing lights)

PESE is most often **triggered by physical activity** and exercise. Nearly **75% of people** living with Long COVID still experience PESE **after 6 months**.

The symptoms worsened by exertion can include:

- disabling fatigue/exhaustion
- cognitive dysfunction or “brain fog”
- pain
- breathlessness
- heart palpitations
- fever
- sleep-disturbance
- exercise intolerance



Symptoms typically worsen 12 to 48 hours after activity and can last for days, weeks or even months.

Your physiotherapist can guide you in pacing as an activity management tool that is also used successfully for people with ME/CFS to prevent triggering PESE.



STOP trying to push your limits. Overexertion may harm your recovery.



REST is your most important management strategy. Do not wait until you feel symptoms to rest.



PACE your daily activities and cognitive activities. This is a safe approach to navigate triggers to symptoms.

How to use pacing with your physiotherapist

Pacing is a self-management strategy during activity to avoid post-exertional symptom exacerbation (PESE). When pacing you do less activity than you have energy for, keeping activities short, and resting often.

1

Learn about your energy reserve/reservoir

- Your energy reserve is how much energy you have each day – this will vary so it is best to find your baseline by using an activity and symptom diary. Your “baseline” is what you can do fairly easily on a good day and only just do on a bad day.
- You should always aim to leave some energy at the end of the exercise – don’t keep going until you feel tired.

2

Learn how much energy you have

Your activity and symptom diary should start to show some patterns. You can now reduce or modify your activity levels so that you don’t trigger PESE or “crash”. This will help you find a level of activity you can maintain on both good and bad days, unless you have a relapse. Learn to recognise early signs of PESE and immediately initiate stop, rest, pace to avoid a crash.

3

Learn how to use the 4 Ps to help you plan your activities

- **Prioritise** what you really need to do in a day or week. Question whether all activities are necessary. Can someone else do it? Can I change the activity so it is easier for me?
- **Plan** in your main prioritised tasks for the day. Plan in your rest time so the day is paced.
- **Pacing** – break up your activity into smaller, more manageable tasks with rest breaks.
- **Pleasure** – spend some energy on things you enjoy to help improve your quality of life.

4

Learn how to save energy

- Learn to say no.
- Avoid the temptation to “do just a little more”.
- Modify your activities to use less energy.
- Take short cuts and ask for help.

5

Learn to rest between activities

- Rest means absolutely minimal activity and little or no mental stimulation.
- During rests avoid activities that can be stimulating, such as TV and social media.
- Try some meditation and/or breathing exercises instead

Can I ever do more?

- When your symptoms improve you will experience less weakness and fatigue. Work with your physiotherapist to find out how to increase your activity levels very gradually, such as carrying out some core strengthening exercise or increasing the amount you can walk by 10%.
- Be realistic and stay flexible – try to create a weekly routine, but accept that some days you will need more rest than others and avoid your triggers.
- Focus on your accomplishments instead of symptoms or what you have not achieved

Physiotherapy advice for breathlessness in patients with COVID-19

How to manage your breathlessness?

Breathlessness is a common symptom of COVID-19. Some people describe it as feeling 'puffed', 'short of breath' or 'winded'.

In the early stages of COVID-19 you may experience breathlessness when doing what you would consider to be minimal activity e.g. getting dressed, walking or showering. During this time it is important to slow down and pace yourself. The feeling of shortness of breath may continue for a period of time after your illness. You may have lost strength and fitness as you won't have been as active. This should improve as you recover from your illness and get fitter. Feeling breathless can make you feel panicked or anxious. This can make your breathlessness worse. The exercises in this leaflet are designed to help you control and monitor your breathing.

What positions can I use to help my breathing?

The following positions support the muscles of the body that help with breathing and can help to ease shortness of breath. Choose a position from the ones below which suits what you are doing. It is important to try and relax in these positions. A good way of doing this is by focusing on relaxing the muscles in your neck and shoulders.



Lying Prone

Lying flat on your stomach, or prone, can help breathlessness. It's not comfortable for everyone, but is a position to consider.



Paced breathing

This is useful to practise when carrying out activities that might take more effort or make you breathless, like climbing the stairs or walking up a hill. It's important to remember that there is no need to rush, and you can take rests.

- Think about breaking the activity down into smaller parts to make it easier to carry out without getting so tired or breathless at the end.
- Breathe in before you make the effort of the activity, such as before you climb up a step.
- Breathe out while making the effort, such as climbing up a step.
- You may find it helpful to breathe in through your nose and out through your mouth.



Sitting leaning forward

Sit leaning forward resting your elbows on your knees or the arms of the chair.



Sitting leaning forward at a table

Sit leaning forward with your elbows resting on a table. You may wish to put some pillows or cushions on the table for comfort.



Standing leaning forward

Lean forwards resting your elbows onto a chair, a wall or a railing. You could use a walking stick or a frame if you use one for walking.

Breathing Control

Relaxed Tummy Breathing

This breathing technique can help if you are breathless after doing activity. It may also help you feel more relaxed if you are feeling anxious or panicky.

Breathing from the tummy often does not come naturally. You should therefore practice relaxed tummy breathing when you are not breathless. This will help you master the technique. Before practising, make sure you are in a comfortable position, with your head and back supported and shoulders and upper chest relaxed. Place one hand on your tummy. Feel the tummy rise and expand as you breathe in and relax down as you breathe out. Breathe gently when practising; there should only be a slight movement of your tummy at rest.

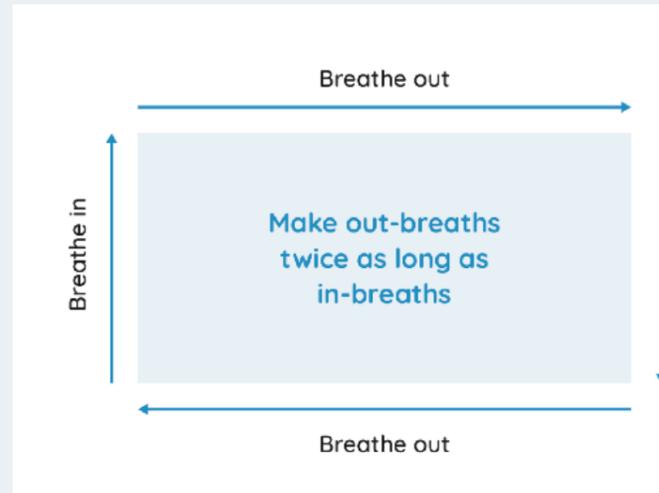
'Breathe low and slow, relax, let go'

If you have a tendency to breathe with small, fast breaths from the top of our chest, you may find taking slower, deeper breaths from your tummy helps to ease breathlessness.

Breathing Control

'Breathe a rectangle'

When practising relaxed tummy breathing some people like to picture a rectangle, like shown below. Wherever you are, there is often a rectangle to be seen, whether this is a book, a TV, computer or tablet screen, door, window, table top, or even a picture on the wall.



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askthephysio.ie/find-a-physio/

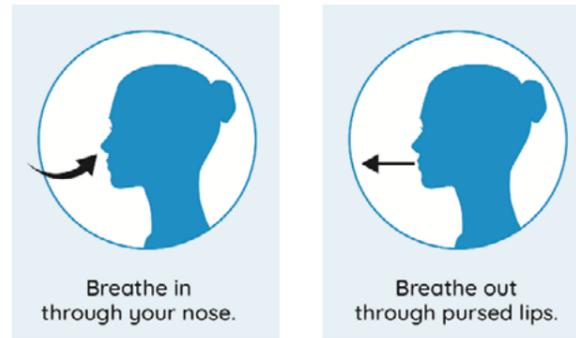


Breathing Control

Pursed Lip Breathing

You may find this helpful if you are very breathless, become anxious or if you find tummy breathing difficult.

This type of breathing allows more time for the air to leave your lungs, making it easier to take the next breath in.



Find a comfortable position. You could choose one of the positions of ease as shown previously. Relax your shoulders. Breathe in through your nose then breathe out in a relaxed fashion through pursed lips. Continue until you feel your breathing is under control.

General Advice

- Avoid breath holding during activities e.g. stair climbing, housekeeping etc.
- Avoid rushing. Try to pace activities. This might mean allowing more time to do activities e.g. getting out of bed, showering, dressing etc.
- Try to 'blow as you go'. This means breathing out on effort e.g. blow out when lifting or when standing up from a chair.

If you feel as though your symptoms are worsening or that you need further treatment, please cease any exercise or activity and contact your GP.

This is a document that will be continuously updated as evidence and guidelines emerge. Information was correct at time of going to print. Please visit our website for the most up to date information. Date Published: 31/08/2021

The Irish Society of Chartered Physiotherapists acknowledges and thanks its Interest Group in Respiratory Care (CPRC) for developing this leaflet and also thanks its Interest Group in Neurology and Gerontology (CPNG) for endorsing the leaflet.

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