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Vocational rehabilitation for long covid: a roadmap for recovery

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Long Covid continues to impact many people's workability; some have lived with it for years, experiencing return-to-work attempts followed by redeployment, contractual changes – even capability proceedings. For those in low paid work or self-employment, contractual and/or financial insecurity work retention options are likely to be reduced even further. New cases of Long Covid continue, and the need to support workers earlier in their trajectory, with return to work as a key outcome remains crucial. Support for people with Long Covid has been lacking to date; here we introduce a practical tool that can be utilised by healthcare professionals.

Editorial

Long Covid is a long-term health condition that continues to have extensive implications for workers, employers, organisations and occupational health (OH) services, four years on from the outbreak of the COVID-19 pandemic. Despite vaccination reducing the likelihood of acute COVID-19 infection developing into Long Covid (1), and 85% of the UK population aged over 12 being fully vaccinated (2), an estimated 2.9% of the UK population believe they are living with Long Covid, with 381,000 people, most of working age, reporting that their ability to undertake daily activities has been 'limited a lot' (3). Rising economic inactivity during the pandemic also reflects the functional impacts of long-term health conditions, with half a million more adults of working age out of work in mid-2022 compared to 2019 (4). The economic value associated with productivity losses due to Long Covid in the UK has recently been estimated at £278 million *per month*, whilst the economic impact associated with informal care provision was estimated at £218 million per month (5).

Long Covid has substantial impacts on productivity, predominantly in the working-age population. For the most severely affected workers, it has reduced their capacity, resulting in fewer contractual hours, redeployment or premature exit from the workforce (6), especially for employees on insecure contracts without access to employment support. Large employers are likely to have many workers on long-term sickness absence, especially in sectors disproportionately affected during the earlier stages of the pandemic, such as retail, transport, food, education and health (4). It is estimated that 20% of workers with Long Covid are on long-term sickness absence, and 48% have reduced their working hours (7).

OH services in affected sectors have absorbed an unprecedented increase in demand for fitness for work assessments, advice on adjustments, and ill-health retirement applications. While OH professionals are familiar with completing fitness to work and workplace needs assessments for patients with other relapsing-remitting conditions such as rheumatoid arthritis and multiple sclerosis, Long Covid's trajectory may differ, being nonlinear or flat for some, yet improving for others, with few common prognostic factors. This makes predictions of work recovery challenging as well as planning how long temporary adjustments are likely to be required. The severity of the effects on day-to-day activities may also mean that the patient is covered under the Equality Act 2010.

Qualitative data gathered by the LOCOMOTION consortium (8), indicated that organisations wish to support employees to remain in work, but find this difficult because of the uncertainty of recovery, the less visible symptoms of Long Covid, such as fatigue and dysautonomia, their own lack of knowledge, and the absence of advice for employers. Recurrent attempts to return to work, or sudden reduction or loss of employment were common experiences for the workers we interviewed, resulting in loss of confidence, increased work anxiety and financial insecurity which, unsurprisingly, exacerbated symptoms, stalled recovery, and reduced optimism for the future. At the same time, healthcare professionals delivering work support in Long Covid clinics were found to have mixed skillsets, with most reporting that they did not feel confident supporting their patients to return to work.

In response to this widespread finding of uncertainty, a vocational rehabilitation resource was developed based on themes from commonly identified barriers and enablers to returning to work in Long Covid, with stakeholder consultation from our patient advisory group, employers, clinicians, and inequality experts. The Long Covid vocational rehabilitation roadmap offers a framework for professionals working in Long Covid clinics and others involved in supporting people living with Long Covid to return to work, and promotes early identification of areas needing immediate support. The toolkit guides professionals through six 'touchpoints', from identifying early vocational red flags, to assessing for work-specific Long Covid symptoms, and key areas of functional mismatch pertinent to work roles. This information builds a treatment plan, with work preparation as the medium and goal of therapy [insert link to roadmap here].

It is anticipated that aspects of the roadmap will also be of interest to OH professionals, and the increasing numbers of occupational therapists working in OH:

- Touchpoint 2 Assessing readiness for work: Identification of the cognitive, physical, and emotional demands of work duties (including travel) for comparison with workers' current functional profiles. Key areas of (mis)match identify whether a patient is ready to return to work, based on local return-to-work support pathways. If medically appropriate, the functional profile tool can be used with patients to identify symptoms which most impact on workability and support independent short-term goal setting. Embedded links within the roadmap provide information on symptom management, adapted, with permission, from the LOCOMOTION Long Covid clinics.
- Touchpoint 5 Planning a graded return to work: Extended graded returns are
 necessary with Long Covid, and need to be individualised to patients and their abilities.
 For this patient group, successfully getting back to work without symptom relapse is the
 goal, therefore maintenance of workability over time is crucial. This allows patients to
 sustain balance across all areas of their lives, including self-care, sleep, leisure and
 productivity. To avoid unrealistic expectations, it can be helpful to devise an initial twoweek timetable (resource provided within Touchpoint 5) of hours and permitted duties as
 part of a completed risk assessment for weekly line-manager review and modification.
 Traditional perspectives of 25% increments per week are unlikely to be successful in
 supporting a patient back to work with Long Covid, especially into a physical role, where

the patient has post-exertional symptom exacerbation (PESE). Instead, a cautious approach is recommended, increasing physical and cognitive activity using weekly reviews to guide increments, or maintenance of work tasks into the following week. The aim is to support patients to remain within their 'energy envelope' and not expend more energy than they perceive they have. If PESE is experienced, work duties or hours for the following week may need to be reduced accordingly. A phased pacing protocol such as the World Health Organisation (WHO) Borg CR-10 may help to guide graded increases in work tasks whilst reducing the risk of PESE. In a Long Covid-specific evaluation, the WHO Borg CR-10 pacing protocol was found to significantly reduce episodes of PESE, with improvements in activity levels over 6 weeks (9).

Touchpoint 6 – "Preventing U-turns" Work role retention and relapse prevention: what promotes a 'sustainable' return-to-work? Extended graded returns to work in Long Covid can take months rather than weeks. The trajectory can be impacted by diverse factors such as extreme weather, reinfection, or personal life stressors, all of which can cause setbacks in workability and further absence. The graded return-to-work plan may need revisions and scaling back at times to support the patient back to work without relapses into sickness absence. Further role modifications may be indicated at the end of a graded return to work period dependent on a patient's symptoms and whether work adjustments are possible. Where redeployment is an option, a clear understanding of the cognitive demands of a new role can be supported by the tool within Touchpoint 2. Where new learning is required, a comprehensive and graded learning package is advised, based on the cognitive capacity of the patient. Once a person is trained in their new role, regular review by a work buddy can help, as can agreeing a fixed-term redeployment length to avoid setbacks caused by being moved across departments and roles. Within the toolkit, we advocate for the use of regularly reviewed 'Stay in Work' plans to advise managers which working conditions are optimal

for supporting an employee's health and work participation. The plan can also be utilised to prepare for fluctuations in condition or instances of PESE that may cause temporary alterations to work ability, by identifying which short term modifications are likely to be feasible and most supportive. This may include altered duties, hours or productivity outputs, or enabling time away from work exempt from usual sickness policies.

In conclusion, Long Covid causes a range of health problems which result in longterm sickness absence and long-term unemployment in an era of workforce shortage. The variability of the condition, severity of impact on daily life and work, and the fluctuating nature of the condition, poses the question of how to manage a *sustained* return to work. Through extensive observation and understanding of the nature of the condition from one of the first Long Covid clinics in UK, we have produced a toolkit which focuses on the mismatch between Long Covid symptoms and work. Long Covid poses a unique challenge to OH professionals and employers because, despite similarities with other long-term conditions, there is more uncertainty around on-going work support needs. Advisory tools for employees with Long Covid are required that advocate adequate rest in the acute phase and work preparation during early recovery, leading to safe and sustainable returns to work with extended individualised plans that are regularly reviewed.

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