

LONG COVID: ASSESSING WORK ABILITY, ADAPTING THE WORKPLACE AND SUPPORTING REHABILITATION

A practical short guide for the workplace



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Identifying long COVID and its impact in the workplace

Long COVID is a condition that has affected many workers who have been infected with COVID-19 and has limited their physical, cognitive and mental health. This guidance document is intended for the workplace level, more concretely for employers. It provides information on long COVID, how to identify it, what rehabilitation methods may be relevant and how the workplace actors can work together to support workers undergoing rehabilitation and provide the necessary workplace adaptations. It complements the European Agency for Safety and Health at Work (EU-OSHA) review of long COVID and its impact on the workplace,¹ two guides for managers² and workers³ respectively that provide advice on how to cooperate to facilitate return to work for workers after COVID-19 or with long COVID, an OSHwiki article⁴ and a discussion paper⁵ on rehabilitation from long COVID as well as a guidance document for occupational physicians on the issue.⁶

From symptoms to a diagnosis

A diagnosis of long COVID is usually made by a physician, in most cases a general practitioner (GP). In the workplace, when a worker is affected, occupational physicians or occupational health services could help in further evaluation (for example, by a long COVID specialist service or their GP).

After a diagnosis of long COVID is made, there are several steps to be taken.

- A diagnosis of long COVID is usually accompanied by a doctor's notice that suggests further medical action and may result in a 'sick note' that justifies absence from work and defines its duration.
- Workers normally must notify their supervisors of an absence for health reasons. If a company has an occupational health service or occupational physician, they may facilitate this communication. For patients requiring rehabilitation in specialised services, this may mean total absence from work for a certain time.
- Awareness is key: knowing that long COVID may last weeks or more, especially if untreated, and that it may relapse will help employers/managers in planning for the worker's absence.
- As long COVID is a chronic condition that may last longer than other diseases and its symptoms may return even after a period where they seemed to be under control, workers and managers should agree upon regular communication. More advice about communication is provided in EU-OSHA's guidance for managers and workers.
- Long COVID may require rehabilitation depending on what symptoms workers experience. The final goal should be regaining prior work ability and skill level.
- Reasonable accommodations may be required at some point and workplace risk assessments will have to be revised.
- As long COVID may be fluctuating, regular revision, for example, every six months and when symptoms worsen, is recommended and adaptations may have to be reassessed.
- As a general principle, returning to work, whether from a first diagnosis or recurring symptoms of long COVID, should not be considered unless an affected worker is able to handle everyday life.

How long does long COVID last?

The duration of each symptom may range from several days to months, or in some cases, years. Long COVID resolve completely, result in residual disability or progress with relapses. Effective forecasting

¹ EU-OSHA – European Agency for Safety and Health at Work, *Impact of Long Covid on workers and workplaces and the role of OSH*, 2022. Available at: <https://osha.europa.eu/en/publications/impact-long-covid-workers-and-workplaces-and-role-osh>

² EU-OSHA – European Agency for Safety and Health at Work, *COVID-19 infection and long COVID – guide for managers*, 2021. Available at: <https://osha.europa.eu/en/publications/covid-19-infection-and-long-covid-guide-managers>

³ EU-OSHA – European Agency for Safety and Health at Work, *COVID-19 infection and long COVID – guide for workers*, 2021. Available at: <https://osha.europa.eu/en/publications/covid-19-infection-and-long-covid-guide-workers>

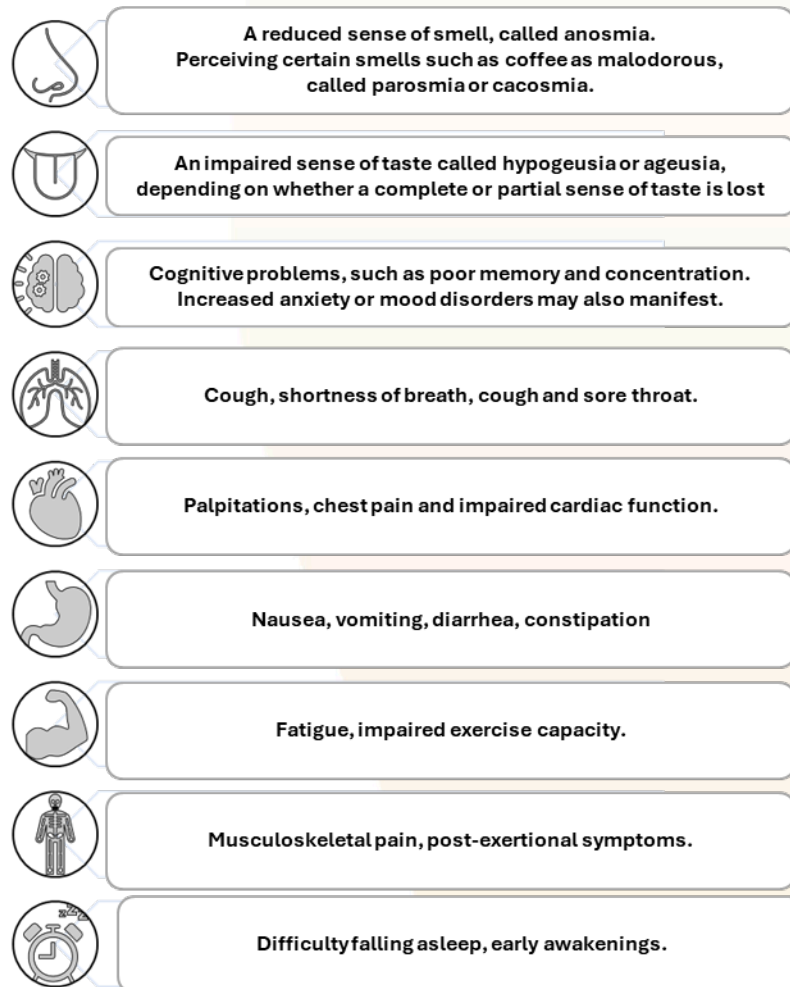
⁴ OSH wiki article available at: [Identification of long COVID, assessment of work ability, rehabilitation and workplace adaptations](#)

⁵ EU-OSHA – European Agency for Safety and Health at Work, *Long COVID: worker rehabilitation, assessment of work ability and return to work support*, 2025. Available at: <https://osha.europa.eu/en/publications/long-covid-worker-rehabilitation-assessment-work-ability-and-return-work-support>

⁶ EU-OSHA – European Agency for Safety and Health at Work, *Long COVID: identification and work ability assessment, workplace adaptation and rehabilitation: A practical short guide for occupational physicians*, 2025. Available at: [EU GUIDANCE - Long COVID: identification and work ability assessment, workplace adaptation and rehabilitation. A practical short guide for occupational physicians](#)

of who will experience what and for how long is not currently possible. Workers may experience long COVID as any combination of symptoms, with more than 200 reported in scientific literature, potentially affecting any organ in the human body. Figure 1 presents a list of commonly reported symptoms.

Figure 1. A non-exhaustive list of COVID-19's symptoms



Source: George D. Vavougiou

Demystifying rehabilitation: what it is and what it does

Rehabilitation is a collection of methods employed with the aim to restore physical and mental activity, and the specific rehabilitation is different for each patient. At the enterprise level, when a worker is affected by long COVID and has to undergo rehabilitation, all stakeholders (employers, workers and worker representatives, occupational safety and health (OSH) professionals) should familiarise themselves with rehabilitation concepts that may come up during discussions of a return-to-work plan or on how to adapt the workplace depending on the limitations the worker may experience. A discussion paper complementing this guidance provides additional information on rehabilitation. The role of occupational medicine is important. Occupational physicians and health services may contribute to diagnosing disabilities that limit workers and planning the treatment and return to work. Success relies on good communication between the worker, the employer, other involved health service providers and professionals, and other OSH experts. For a worker's safe return to work and for retaining a worker affected by long COVID in work, it is important to gently introduce exercise and physical and mental tasks into the daily routine, focusing on both strength and fitness-building exercises.

Self-rehabilitation of workers

Some long COVID patients may have either light or manageable symptoms, which will not require rehabilitation in a specialised centre. For these workers, specific self-rehabilitation exercises may be appropriate, using methods and techniques as part of their daily routine. With some workplace adaptations, exercises may be done at a dedicated place at work designed by an OSH professional, where they can exercise without being disturbed or interrupted. This can be part of an agreement on conditions for self-rehabilitation exercises on site between the worker and the employer with support from the occupational physician or occupational health service.

The World Health Organisation has published self-rehabilitation guidelines.⁷ Advice covers exercises to counter breathlessness, strengthen physical fitness, manage voice problems as well as problems with attention, memory and thinking, and to improve overall body strength, balance, coordination and energy levels as well as mood and cognition. Suggestions for self-rehabilitation are also available in the longer discussion paper published by EU-OSHA and separate guidance for occupational physicians. However, a long COVID patient should be able to manage home activities before returning to work. An affected worker should discuss symptoms with their doctor and where needed be able to consult the occupational physician.

Assessing work ability when workers return to work

Typically, long COVID is diagnosed by a physician based on symptoms and a history of COVID-19, disability is assessed and an individualised assessment of whether the patient is fit to work is made. The occupational physician or health service can help identify where a worker may be limited in the daily working tasks and what accommodations can be made to ease their return to work. Guidance for occupational physicians⁸ provides more detailed information on procedures, tools and instruments to assess work ability and limitations.

Steps may include the following:

- **a general estimation of long COVID symptoms and their severity;**
- **providing an overall estimate of work ability, physical activity, cognitive impairment and mood, using standardised scales;**
- where appropriate, other measurements may be relevant, for example, sleepiness in professional drivers;
- following these assessments, a physician (occupational physician, primary healthcare physician, specialist at a long COVID rehabilitation service) can **determine a worker's capacity to work and provide advice on workplace adaptations** and further needs, such as time needed for rehabilitation; and
- workers may require re-evaluation, especially in cases where long COVID may relapse or new symptoms arise.

Rehabilitation and workplace adaptations linked to long COVID

The following sections describe the most commonly reported physical complaints linked to long COVID and provide insight into what may be needed at the workplace. More information on rehabilitation is provided in the OSHwiki article and the discussion paper.

Fatigue

Fatigue is a frequently reported symptom of long COVID and refers to exhaustion, lack of energy and physical activity intolerance. This loss of energy is not proportional to physical activities and is not improved by rest or sleep. Education by a rehabilitation specialist and individualised training regimens

⁷ World Health Organisation (2021). *Support for rehabilitation: Self-management after COVID-19-related illness, second edition*. World Health Organisation Regional Office for Europe. <https://www.who.int/europe/publications/i/item/WHO-EURO-2021-855-40590-59892>

⁸ EU-OSHA – European Agency for Safety and Health at Work, *Long COVID: identification and work ability assessment, workplace adaptation and rehabilitation: A practical short guide for occupational physicians*, 2025. Available at: [EU GUIDANCE - Long COVID: identification and work ability assessment, workplace adaptation and rehabilitation. A practical short guide for occupational physicians](#)

can be provided and followed by patients at home or at work. A space to carry out such exercise would be helpful to workers. Phased return to work, workload review and workplace modifications should be provided to workers to make the transition easier.

Post-exertional symptom exacerbation

Post-exertional symptom exacerbation or post-exertional malaise (PEM) is the worsening of long COVID symptoms, typically 12 to 72 hours after carrying out mental or physical activities that were previously tolerated. PEM leads to symptom worsening that lasts for days or weeks and may be responsible for long COVID symptom relapse or fluctuation. Practically, this means that the more you attempt to do, the worse you get.

Workers should be able to determine their 'energy envelope' or energy limits for physical activity and adjust and plan work activity and rest to stay within these limits. Limitations may be different for each person affected by long COVID. Workers whose symptoms worsen with exercise may need help from healthcare specialists or occupational physicians in determining what works for them.

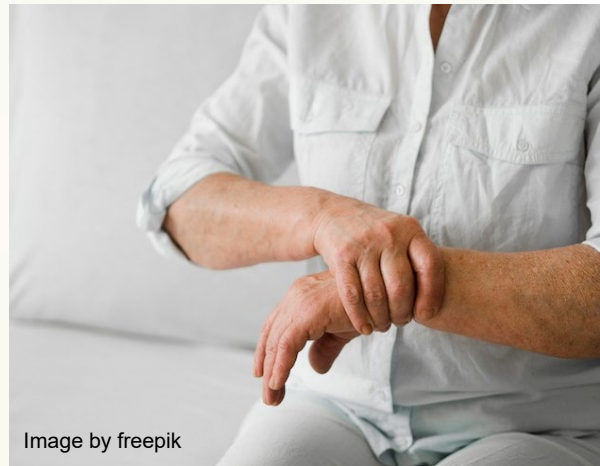


Image by freepik

Rehabilitation may include swimming, Pilates, yoga, functional training, and exercises for flexibility and mobility. Workers may need accommodations to be able to attend such training.

Increased physical burden, especially work-related, will prolong PEM in workers. A phased return-to-work plan, with self-adjustable burden, will be of immense help and support the worker's long-term recovery.

Orthostatic intolerance

Orthostatic intolerance refers to blood pressure and heart rate instability when standing upright. Other symptoms may be temperature dysregulation, excessive sweating, lightheadedness and chest pain. Orthostatic intolerance may also be accompanied by other symptoms such as gastrointestinal problems and heat intolerance.

Standing upright from a sitting or prone position, especially for prolonged periods of time, may be especially harmful, as orthostatic intolerance may result in dizziness or even loss of consciousness. Getting up slowly from a sitting or lying position is among the easiest to implement measures to deal with orthostatic intolerance.⁹ In cases of low blood pressure after standing up (known as orthostatic hypotension), additional measures can be effective:

- Hydration: this means that during days when orthostatic hypotension is worse, the worker should drink plenty of water. Access to drinking water at work is therefore essential.
- Tailored physical exercise and improving fitness will alleviate symptoms.

Workers working at heights and on uneven surfaces may be at an increased risk of falling. Workload and task modification to minimise time standing, breaks between long periods of standing and the possibility to telework should be considered.

Breathing impairment

Breathing impairment, or dyspnoea, is a subjective feeling of inadequate breathing that causes distress. Workers affected by long COVID can experience breathlessness in different situations (e.g. while resting, upon physical exertion) and it may be constant or fluctuating.

Self-rehabilitation for breathing impairment focuses on both physical and mental aspects, and it may include modifying lying and sitting positions and breathing exercises or physical exercise. As breathlessness may not be continuous, or enhanced by stress and anxiety, workload modification and psychological support should be available to workers. They should be regularly reassessed, for

⁹ See more techniques here: <https://www.mayoclinic.org/diseases-conditions/orthostatic-hypotension/diagnosis-treatment/drc-20352553>

instance, by the occupational physician or health service, to ensure their condition is not worsening. Work that requires the use of respiratory protection should be avoided.

Arthralgia

Arthralgia means inflammatory joint pain of any quality, onset and duration. Care must be taken not to strain a painful joint; 'pushing through' despite the pain, especially if it is increasing, will result in harm.

Pain and self-management strategies for chronic pain as well as physical exercise training and aquatic exercises may be effective and workers should be given time to do them. Pain and joint inflammation are important limiters of physical activity. Demanding physical work should be avoided until pain is manageable and post-exercise malaise is excluded.

Other symptoms

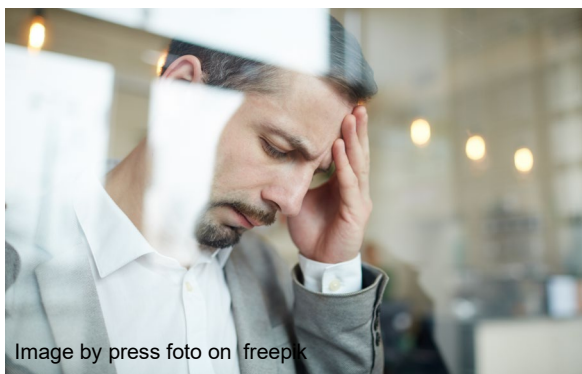
As mentioned above, over 200 symptoms of long COVID have been reported and may occur in combination.

- **Problems with the sense of smell and taste:** Rehabilitation may be attempted by retraining the patient in identifying smells. The limitation may affect workers who need the sense of smell and/or taste in their work activity (e.g. cooks). Adaptations to their work should be considered, for example, support from co-workers in the activities where they rely on smell and/or taste.
- **Voice impairment:** Voice impairment typically affects those who had more severe disease and required admission to intensive care units. Voice rest, non-verbal communication methods (e.g. writing down something that would take too long to explain) and frequent breaks may be effective. In addition, any combination of respiratory exercises and vocal training may be considered. Workers with voice problems may have to rest more frequently, avoid speaking continuously or be advised to use alternative methods of communication, such as writing notes. They may need flexible approaches to communication and more frequent breaks.
- **Swallowing impairment:** Workers may also be affected by problems when swallowing, eating or drinking and a calm environment where they can eat meals at their required pace is recommended. Eating smaller meals throughout the day instead of full meals may be advisable and this may impact on the organisation of breaks, which may need to be more frequent. Dietary modifications, such as modifying food composition depending on whether swallowing is more difficult with solids or liquids, are recommended. Workers may need a space where they can prepare and warm up food and liquids.

Sleep disturbances

Sleep disturbances may occur on their own, or due to another symptom, for example, difficulty breathing that worsens at night, anxiety and depression resulting in insomnia and awakenings, or joint pain that does not improve, with the pain keeping the worker awake.

Sleep disturbances can drain a worker of their energy, both mental and physical. Daytime sleepiness because of sleep disturbances is a major OSH risk in certain professions, such as professional drivers and construction workers.



Workplace adjustments, including adjustable workload and working hours, may be needed. Shift work should also be reviewed by line managers, OSH professionals and human resources (HR) departments with affected workers and their representatives; for example, changing from alternating (morning–night) shifts to stable, daily working hours (e.g. 09.00 to 17.00) may be preferable and support the worker to regain their sleep routine. Workers should be able to communicate on sleep-related problems with a physician (e.g. occupational physician). Cognitive problems

Long COVID affects cognition in many ways, for instance, affecting memory and concentration in a manner that may make workers unable to perform complex tasks or demanding mental tasks. Long COVID patients have described these symptoms as ‘brain fog’. Cognitive complaints can affect manual workers too, however, and put their safety and health at risk in the workplace. In addition, poor sleep and fatigue can make cognitive problems worse.

Table 1 provides examples of symptoms and complaints related to cognition that may need to be considered when setting out rehabilitation and organising a return to work.

Table 1. Examples of symptoms and complaints that can be associated with a specific cognitive domain

Cognitive domain	Symptoms and complaints
Attention	<ul style="list-style-type: none"> ▪ Difficulty focusing on a particular subject or trail of thought ▪ Difficulty following conversations ▪ Difficulty adapting to and learning new skills ▪ Becoming easily distracted
Processing speed	<ul style="list-style-type: none"> ▪ Difficulty participating in conversations ▪ Difficulty adapting to new information ▪ Difficulty adapting and learning to new skills
Executive function	<ul style="list-style-type: none"> ▪ Increased frequency of errors during the performance of work- or daily routine-related tasks ▪ Difficulty planning ahead and organising daily or job-related routines (finance, home chores, workload) ▪ Difficulty switching between two tasks performed at the same time/multitasking
Language	<ul style="list-style-type: none"> ▪ Struggling to find the correct word to describe an object ▪ Less embellished language, poor grammar, syntax and fluency ▪ Difficulty in comprehending the meaning of words ▪ Difficulty repeating words ▪ Difficulty participating in conversations due to all of the above ▪ Difficulty with written language, expressing one’s thoughts and accurately describing a situation
Motor control	<ul style="list-style-type: none"> ▪ Slow and imprecise movements ▪ Diminished capacity to operate machinery, driving ▪ Difficulty performing activities that require complex movements, e.g. dancing
Visuo-spatial and visuo-construction skills	<ul style="list-style-type: none"> ▪ Difficulty driving ▪ Impaired depth perception ▪ Difficulty recognising faces and their characteristics ▪ Difficulty identifying objects ▪ Impaired orientation, especially in newly visited places
Mental fatigue	<ul style="list-style-type: none"> ▪ Diminished capacity to perform mental tasks
Memory	<ul style="list-style-type: none"> ▪ Difficulty learning and recalling new information ▪ Difficulty recalling old information, such as memories ▪ Difficulty keeping appointments

Cognitive rehabilitation

The first step to cognitive rehabilitation is identifying how one’s mental abilities have been affected. There are tools to help physicians, including occupational physicians, identify cognitive complaints,

depression and anxiety.¹⁰ Based on this, tailored approaches can be developed by cognitive rehabilitation specialists, typically psychologists and neurologists. Cognitive and physical rehabilitation may need to be combined, as both can help a worker to return to work and time should be given to workers to attend. Examples of rehabilitation techniques that could be supported in the workplace include: being allowed to review information at one's own pace; use of organisational aids, for example, digital calendars; breaking down activities into easier and/or smaller steps; training a discussion partner (e.g. a co-worker) on supportive communication with people with language impairments; retraining the control of finer movements, coordination and balance; and so on. Adjustable work hours, adjustable workload and phased return to work may facilitate return to work, especially regarding demanding mental tasks that may need time to readjust.

Mental health issues

Mental health issues may arise as part of long COVID. To safely diagnose and manage them, a mental health professional has to be involved early on.

Table 2 provides an overview of symptoms, in particular for depression and anxiety.

Table 2. Symptoms that are indicative of mental health issues

Depressive symptoms	Anxiety symptoms
<ul style="list-style-type: none"> ▪ Persistent low mood and sadness ▪ Markedly diminished participation in formerly pleasurable activities ▪ Sleep disturbances ▪ Changes in cognition ▪ Changes in appetite ▪ Mental and physical fatigue ▪ Altered, negative perception of oneself, abilities and self-worth ▪ Thoughts of self-harm or even suicide 	<ul style="list-style-type: none"> ▪ Restlessness, uncontrollable, invasive or 'racing' thoughts ▪ Reduced attention/difficulty concentrating ▪ Feelings of dread ▪ Sleep disruption¹¹ ▪ Changes in appetite ▪ Irritability/confrontational attitudes

Clinical rehabilitation may be needed by workers with long COVID suffering anxiety and depression. Combining clinical care with vocational rehabilitation and phased return to work can help workers deal with the burden of psychological distress. A positive workplace culture with awareness and empathy for mental health issues can help workers. Work schedule adaptations such as flexible working hours, extra time to complete tasks, modified assignments to reduce stress and leaves of absence for health appointments are some measures that can be taken.

The return-to-work plan and rehabilitation

There is general agreement that the return to work for those affected by long COVID should be in phases. Based on an assessment of the limitations, the tasks that workers will have to carry out and the required energy level, a plan should be set out, with appropriate times for rest. It is recommended to start with lighter activities before moving on to more demanding ones. Breaking down activities into easier and/or smaller steps can help and reorganisation of work may therefore be needed. Energy conservation and pacing are important; performing tasks or daily activities from a comfortable position (e.g. sitting down rather than standing) and resting between tasks are examples of measures that the worker may need to take.

¹⁰ EU-OSHA – European Agency for Safety and Health at Work, *Long COVID: identification and work ability assessment, workplace adaptation and rehabilitation: A practical short guide for occupational physicians*, 2025. Available at: [EU GUIDANCE - Long COVID: identification and work ability assessment, workplace adaptation and rehabilitation. A practical short guide for occupational physicians](#)

¹¹ Sleep disruption in anxiety disorders may manifest as difficulty falling asleep, early or sequential awakenings during a night's sleep, lessened total sleep time or non-restorative sleep.

Everyone involved should be part of a team that designs these interventions. By communicating openly and positively, the strengths of each actor (employer, line manager, worker, worker representative, occupational physician or health service, OSH professional) can be forged into an effective team.

All actors in the workplace should collaborate and make sure that adequate time and space is given to rehabilitation and that there are spaces designed by OSH professionals for breaks and self-rehabilitation.

Avoiding discrimination

Awareness of how long COVID can affect work ability and the workplace is key to reducing its impact and support those experiencing it. Awareness and education should be aimed at making the workplace a positive space to return to that is both safe and welcoming. There are several worker groups that may need particular attention:



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- Any long COVID manifestation can lead to significant disability and introduce OSH risks. Job simplification, workload redistribution, modifying work schedules and other reasonable adjustments such as teleworking may help those with problems. OSH experts could carry out individual risk assessments among workers who have been particularly affected or suffer from chronic conditions. HR and line managers can help with redesigning job-related tasks and routines to prevent conditions that may worsen symptoms (e.g. prolonged standing, exposure to continuous heat, alternating shifts, etc.). A higher percentage of women of working age are affected by long COVID. Their rehabilitation may also conflict with their responsibilities beyond work, such as child or elderly care. This should be acknowledged and considered when determining an individual return-to-work plan, as well as when rearranging workloads and schedules. Larger organisations and companies could consider offering childcare services to support women to attend rehabilitation.
- Workers experiencing cognitive or mental health issues due to long COVID may face discrimination, feel isolated or perceive the

workplace as a hostile environment. Awareness is key, both of how cognitive and mental health issues can manifest, and on how people who experience them can be approached. There are effective actions that may help raise awareness:

- Manager training for mental health may help managers to recognise emotional distress in their workers. Furthermore, it allows them to develop skills such as open communication and active listening. Managers with this skill set can identify workplace-related stressors to mental health and actively contribute to remedy them.
- Training for workers in mental health literacy and awareness may improve knowledge on mental health conditions and on cognitive symptoms of long COVID and their recognition, and reduce stigma.
- Employers should work together with HR managers, line managers, worker supervisors, and OSH services and physicians to establish an open communication policy about cognitive and mental health complaints and ensure that workers who are affected and their co-workers are informed.

- Workers suffering from long COVID should be actively encouraged to express their concerns. Furthermore, female workers and those who experienced severe COVID-19 resulting in intensive care are more frequently affected and may need particular support from occupational physicians and from the enterprise to communicate their limitations.

EU-OSHA has previously published a guide for managers that provides advice for employers on how to organise a phased return, with particular care taken not to impose modifications but to implement a participatory and adaptable approach in close collaboration with concerned workers and the occupational health service or physician. EU-OSHA has also published guidance on how workers and managers can work together on keeping workers experiencing mental health problems at work.¹²

Making full use of the national social security system and government provisions

Employers should also inform themselves about government or social security provisions, such as financial support for part-time return to work or workplace adaptations. Many national social security systems across Europe have set up plans to remediate long COVID and provide support that keeps those affected by it employed. Employers should seek information about how they can best use government-issued provisions at the national level. Furthermore, an overview of social security rights per EU Member State can be viewed on the MISSOC pages.¹³ More information on how managers, employers and OSH experts can deal with COVID-19 and long COVID in the workplace can be found in EU-OSHA publications.

¹² EU-OSHA – European Agency for Safety and Health at Work, *Guidance for workplaces on how to support individuals experiencing mental health problems*, 2024. Available at: <https://osha.europa.eu/en/publications/guidance-workplaces-how-support-individuals-experiencing-mental-health-problems>

¹³ MISSOC, the 'Mutual Information System on Social Protection', was established in 1990 to promote a continuous exchange of information on social protection among the EU Member States. The database includes information on social protection systems and their organisation in the 27 EU Member States, three countries of the European Economic Area (Iceland, Liechtenstein and Norway), and Switzerland. Available at: <https://www.missoc.org/missoc-database/>