



CLINICAL GUIDANCE: Long COVID Point-of-Care Resource

Long COVID is a complex and variable condition that can persist for weeks, months or longer following the acute phase of COVID-19 infection.¹ Symptoms of long COVID range from mild to debilitating and often fluctuate over time. Family physicians play a critical role in diagnosis, management and care coordination for the millions of people in the United States who experience ongoing symptoms long after a COVID-19 infection.^{2,3}

DIAGNOSIS

Definition	
Long COVID is “an infection-associated chronic condition...that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.” ⁴	
Common Presenting Symptoms	
Fatigue	Muscle and joint pain
Post-exertional malaise	Sleep disturbance
Cognitive issues such as difficulty thinking and concentrating (“brain fog”) and memory problems	Gastrointestinal issues such as diarrhea, constipation and abdominal pain
Shortness of breath, chest pain, palpitations	Loss of taste or smell, dizziness, mood changes
Key Diagnostic Challenges	
Diagnosis relies on clinical history because there is no definitive diagnostic test for long COVID.	
Long COVID symptoms may overlap with symptoms of other chronic conditions (e.g., ME/CFS, POTS).	
Fluctuating or relapsing-remitting symptom patterns complicate evaluation.	

ME/CFS = myalgic encephalomyelitis/chronic fatigue syndrome; POTS = postural orthostatic tachycardia syndrome.

Information from references 1, 2 and 4-6.

INITIAL EVALUATION

Comprehensive Patient History	Assess symptom onset, severity, duration and functional impact.
Physical Examination	Conduct a focused exam based on presenting symptoms.
Screening Tools	Use validated tools to assess specific issues (e.g., PHQ-9 for depression, cognitive function tests).
Tests (if indicated)	Consider lab tests such as CBC, CMP, thyroid function, vitamin B12 and ferritin. Imaging may be indicated if cardiopulmonary symptoms are present.

CBC = complete blood count; CMP = comprehensive metabolic panel; PHQ = Patient Health Questionnaire.

Information from references 1, 2, 4, 7 and 8.

A thorough history of symptom onset following COVID-19 infection can help differentiate long COVID from other possible causes. Long COVID often presents with a combination of fatigue, post-exertional malaise and cognitive dysfunction.^{4,6} Symptom exacerbation following physical or mental exertion (i.e., PEM) is more characteristic of long COVID and myalgic encephalomyelitis/chronic fatigue syndrome than of other chronic conditions.

General Principles of Long COVID Management^{1,2,9}

- **Individualized care:** Ensure that your patient’s management plan is tailored to their specific symptoms and aligned with their values, goals and preferences.
- **Patient engagement and shared decision making:** Improve adherence and outcomes by working with your patient to create a personalized plan. Collaborate with them to set SMART (Specific, Measurable, Achievable, Realistic and Time-bound) goals.
- **Continuous monitoring and adjustment:** Revisit your patient’s management plan regularly to monitor progress and address changes in their condition.

SYMPTOM-SPECIFIC MANAGEMENT STRATEGIES

Fatigue and PEM	<ul style="list-style-type: none"> • Educate on pacing, planning and prioritizing activities (e.g., start with low-intensity activity) to conserve energy and avoid overexertion. • Consider referral to a physical therapist specializing in post-viral fatigue management.
Cognitive Symptoms	<ul style="list-style-type: none"> • Recommend memory aids and structured routines. Cognitive rehabilitation programs may be beneficial for some patients. • Consider neuropsychological evaluation if symptoms are severe.
Respiratory Symptoms	<ul style="list-style-type: none"> • Encourage use of diaphragmatic and pursed-lip breathing exercises. • Consider pulmonary rehabilitation to address persistent symptoms.
Mental Health	<ul style="list-style-type: none"> • Screen regularly for anxiety, depression and PTSD. Offer counseling, CBT or medication as needed. • Engage behavioral health services early if symptoms persist.
Sleep Disturbance	<ul style="list-style-type: none"> • Recommend sleep hygiene practices (e.g., establishing a regular sleep schedule, limiting caffeine). • Screen for OSA and initiate CPAP therapy if indicated.
Cardiovascular Symptoms	<ul style="list-style-type: none"> • Recommend heart rate and blood pressure monitoring. • Educate patients with POTS on appropriate fluid and salt intake. • Recommend graded return to activity while monitoring symptoms. Consider CPET to help tailor rehabilitation strategies.

CBT = cognitive behavioral therapy; CPAP = continuous positive airway pressure; CPET = cardiopulmonary exercise testing; OSA = obstructive sleep apnea; PEM = post-exertional malaise; POTS = postural orthostatic tachycardia syndrome; PTSD = post-traumatic stress disorder.

Information from references 2, 8 and 10-19.

Effective management of long COVID often requires a multidisciplinary approach, with family physicians serving as the central coordinators of care. When appropriate, you can ensure timely referrals to other specialists (e.g., pulmonologists, neurologists, cardiologists, behavioral health specialists, rehabilitation specialists) and integrate their input into your patient’s management plan.

INTEGRATED CARE AND REFERRAL GUIDANCE

Reasons to consider referral include the following:
Persistent or worsening symptoms despite initial management
Significant functional impairment that impacts daily life or work
Need for specialized diagnostic tests (e.g., pulmonary function testing, neuroimaging) or interventions
Severe mental health symptoms that require specialized expertise (e.g., psychiatry, psychology)
Symptoms suggestive of a specific syndrome (e.g., ME/CFS, POTS) that requires specialized expertise

ME/CFS = myalgic encephalomyelitis/chronic fatigue syndrome; POTS = postural orthostatic tachycardia syndrome.

Information from references 2, 9 and 20.

The American Academy of Family Physicians’ [Long COVID webpage \(aafp.org/longcovid\)](https://www.aafp.org/longcovid) offers guidance on talking with patients about long COVID and other useful resources for family physicians.

PATIENT EDUCATION AND COMMUNICATION

Vaccination	Emphasize that staying up to date on COVID-19 vaccination is the best way to reduce the risk of long COVID.
Symptom Tracking	Encourage symptom tracking using a diary/journal, calendar or app.
Lifestyle Modifications	Encourage balanced nutrition, adequate hydration, stress management and physical activity tailored to the patient's tolerance level. Advise pacing activities to prevent symptom exacerbation.
Safety	Provide education on red flags that require urgent care (e.g., severe chest pain, difficulty breathing, intense confusion, signs of a stroke).
Follow Up	Encourage regular follow-up visits to reassess symptoms and adjust the management plan if necessary.

Information from references 1, 2, 10, 20 and 21.

Additional Long COVID Resources

- American Academy of Family Physicians – aafp.org/longcovid
- Centers for Disease Control and Prevention – www.cdc.gov/covid/long-term-effects
- Department of Health and Human Services – www.covid.gov/be-informed/longcovid
- RECOVER Initiative from the National Institutes of Health – recovercovid.org

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