



Long COVID Disability Documentation and Functional Impairment Assessments

A Practical Guide

Learning Objectives

1. Define Long COVID and recognize its functional impairments
2. Utilize validated assessment tools to document disability
3. Understand ADA, FMLA, and SSDI requirements for Long COVID
4. Provide effective documentation for work accommodations
5. Navigate the disability application process with patients

Long Covid

Definition

Symptoms or conditions persisting >12 wks after SARS-CoV-2 infection that last at least 2 months with no other identifiable cause

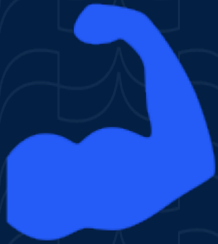
Key Features

- Affects 10-20% of infected individuals
- heterogenous, multisystem disorder
- can occur after mild, moderate, or severe infection
- symptoms may fluctuate, relapse, or be episodic



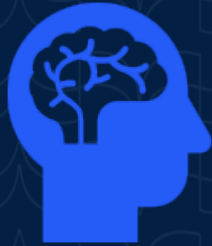
Core Symptoms of Long Covid

Most common symptoms (RECOVER Cohort)



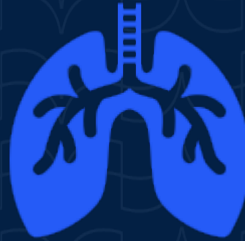
MSK

Post exertional
Malaise (28%)
Fatigue (38%)



Neuro

Brain fog (20%)
Dizziness



Pulm

Dyspnea on exertion
Chronic cough
Breathlessness



Cardiac

Palpitations
Chest pain



Other

GI symptoms (25%)
Loss of taste or smell

Critical Feature: symptoms worsen with physical or cognitive exertion

Validated Symptom Scoring System (2024 Update)

Documenting **symptom burden over time** is important for disability applications

Table. Model-Selected Symptoms and Associated Points^a

Symptom	2024 analysis ^b		2023 analysis ^c	
	Log odds ratio	Points ^d	Log odds ratio	Points ^d
Score contributors to the 2024 model				
Loss of smell or taste	0.734	7	0.776	8
Postexertional malaise	0.599	6	0.674	7
Chronic cough	0.436	4	0.438	4
Brain fog ^e	0.273	3	0.325	3
Thirst	0.062	1	0.255	3
Palpitations	0.234	2	0.238	2
Chest pain ^e	0.132	1	0.233	2
Fatigue ^e	0.138	1	0.148	1
Dizziness	0.168	2	0.121	1
Shortness of breath	0.182	2	0	0
Snoring or sleep apnea	0.060	1	0	0
Score contributors to the 2023 but not 2024 model				
Lack of sexual desire or capacity	0	0	0.126	1
Gastrointestinal symptoms	0	0	0.085	1
Abnormal movements	0.010	0	0.072	1
Hair loss	0	0	0.049	0
Sleep disturbance	0.038	0	0	0

Clinical Use:
Score ≥ 12 pts
suggest Long
Covid

Support for Disability & Work Accommodations

2nd most important thing we can do

- All patients need **time to recover**
- **Relapses** are COMMON
- Aggravating factors
 - *Social:* Work
 - *Emotional:* Stress
 - *Physical:*
 - Overexertion
 - Acute illness/re-infection
- Respite and/or reasonable re-entry back to work is crucial for quality-of-life and to promote faster recovery

Functional Impairments in Long Covid

~25% of Long Covid patients report **significant activity limitations**

Common Functional Deficits

1. Inability to work full 8-hour day
2. Difficulty with activities of daily living
3. Reduced exercise tolerance
 - a. peak Vo₂ decreased by ~5mL/kg/min
4. Cognitive impairment affecting multitasking, memory, complex judgements
5. Need for rest after basic activities

Key Challenge: “Invisible disability” - no obvious physical manifestations

Functional Assessment Tools- Overview

Why Use Validated Tools?

- Objective documentation of impairment
- Track changes over time
- Support disability claims
- Standardized across providers

Categories:

1. Functional status measures
2. Symptoms burden scales
3. Quality of life instruments
4. Exercise capacity tests

Functional Status

Post-COVID-19 Functional Status
Scale (PCFS)

COVID-19 Yorkshire Rehabilitation
Scale (C19-YRS/C19-YRSm)

Functional Impairment Checklist (FIC)

Symptoms Burden

Long COVID Symptom Tool
(LCST)

Long COVID Impact Tool (LCIT)
Fatigue Severity Scale

Cognitive Assessment

Montreal Cognitive Assessment
(MoCA)

Recommended Functional Assessment Tools



Exercise Capacity Testing

Practical Office-Based Tests

Documentation Value: Objective evidence of exercise tolerance and desaturation

- 1-min sit-to-stand test
- 2-min step test
- 10-meter walk test
- 6-min walk test (6MWT)
- Modified Medical Research Council (mMRC) dyspnea scale

Americans with Disabilities Act (ADA)

Section 504 & 507

Long COVID can be a disability if it **substantially limits one or more major life activities**

- A person with long COVID who has lung damage that causes shortness of breath, fatigue, and related effects is substantially limited in respiratory function, among other major life activities.
- A person with long COVID who has symptoms of intestinal pain, vomiting, and nausea that have lingered for months is substantially limited in gastrointestinal function, among other major life activities.
- A person with long COVID who experiences memory lapses and “brain fog” is substantially limited in brain function, concentrating, and/or thinking.

Examples of Workplace Accommodations

- Flexible work schedule (alternating work days)
- Progressive increase in working hours
- Remote work/telework options
- Frequent breaks
- Modified duties to reduce physical/cognitive demands
 - a. Avoid standing/positional changes
 - b. Written deadlines/communication
 - c. Extended time to learn new skills
- Ergonomic workspace modifications
- limit tasks with divided attention
- Reduce sensory stimulation (quiet workspace)

Must be individualized

Leave, Disability, and Social Security...Oh My!

FMLA	STD	LTD	SSDI
<p>Family & Medical Leave Act</p> <ul style="list-style-type: none">● Up to 3 mths● Unpaid, job-protected● Intermittent vs reduced schedule● Keep health insurance	<p>Short Term Disability</p> <ul style="list-style-type: none">● 3-6 mths● Income replacement● Employer or private plan● Must document inability to perform job duties	<p>Long Term Disability</p> <ul style="list-style-type: none">● After STD ends or >6 mths● Income replacement● Employer or private plan● May transition to SSDI application	<p>Social Security Disability Insurance</p> <ul style="list-style-type: none">● ≥12 mths● Income replacement● Federal program● Unable to engage in substantial gainful activity● Can't do previous work or adjust to other work

What to Document in Medical Record

History

- Long Covid dx
 - Date of acute COVID-19 infection
- Symptoms
 - Timeline, severity, and persistence
- Functional limitations (pre/post infxn)
 - Work, ADLs, social functioning

Physical Exam

- Vitals +/- Orthostatics
- Cardiopulmonary exam
- Neuromuskuloskeletal +/- cognitive

Objective testing

- Lab/imaging abnormalities
- PFTs, Tilt table testing
- Exercise test (6MWT, CPET)
- Cog testing (MoCA, Neuropsych)

Treatment/ Prognosis

- Expected duration of recovery
- Treatment attempts and response
 - Activity modifications, medications, therapy (PT/OT/SLP), referrals, etc
- Need for leave/ accommodations
 - Highlight environmental barriers

Documentation Best Practices

❌: “Patient has fatigue”

✅: “Patient reports severe fatigue (Fatigue Severity Scale score 6/7) that prevents completion of 8-hr workday. Requires 2-3 rest periods of 60 minutes during the day. Unable to perform household tasks without next day symptom exacerbation”

Serial Documentation:

- Use same validated tools at each visit
- Document symptoms persistence over months
- Note treatment attempts and responses
- Track functional trajectory

Common Documentation Pitfalls

Avoid these mistakes!

Vague Description

“Patient can’t work”

vs

“Patient unable to stand >15 min or concentrate >30 min without symptom exacerbation

Lack of objective data

Always include validated scales, test results

Prior treatments and response

Missing symptom timeline

Missing duration, triggers, and expected course

Single visit is insufficient for disability claims

Ignoring comorbidities

Address how Long COVID interacts with pre-existing conditions

Key Takeaways

1. Long COVID is a **recognized disability** under ADA, FMLA, and SSDI
2. Use **validated assessment tools** to document functional impairment
3. Provide **specific, objective documentation** of limitations
4. Accommodations must be **individualized** and **flexible**
5. **Serial documentation** over time is essential for disability claims

THANK YOU!

Questions?

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