Returning to physical activity after covid-19

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What you need to know

- Risk stratify patients before recommending a return to physical activity in people who have had covid-19. Patients with ongoing symptoms or who had severe covid-19 or a history suggestive of cardiac involvement need further clinical assessment
- Only return to exercise after at least seven days free of symptoms, and begin with at least two weeks of minimal exertion
- Use daily self monitoring to track progress, including when to seek further help

Our professional experience suggests that, after mild suspected covid-19, a proportion of people experience a prolonged recovery, particularly when trying to return to exercise. Moreover, there is increasing recognition of potential long term complications of covid-19, including enduring illness (“post-acute” or “long” covid), cardiopulmonary disease, and psychological sequelae in some people.1-4 This article offers a pragmatic approach to help patients safely return to physical activity after symptomatic SARS-CoV-2 infection, focusing on those who have lost fitness or had a prolonged period of inactivity but who do not have an enduring post-acute covid-19 illness. It is based on current evidence and consensus statements, and our own multidisciplinary experience in sports and exercise medicine, rehabilitation, and primary care.

The health benefits of being physically active, from cardiovascular to mental health, are well established.5-6 Conversely, the harms of physical inactivity mean it is a major risk factor for non-communicable disease worldwide, alongside others such as cigarette smoking or obesity.7 Before the covid-19 pandemic, over a third of people in the UK were not physically active enough for good health.8 There is evidence of a further decline in physical activity since the start of the pandemic for people with chronic conditions such as obesity and hypertension; conditions associated with worse outcomes from covid-19.9 Brief advice in primary care can help people to take up physical activity, with the associated lifelong positive health impacts, and help those recovering from illness to return to previous levels of physical activity or beyond.10 People may feel unsure of how and when to return to physical activity after covid-19, and whether it is safe. Some may have tried to return to their baseline exercise, and found they were unable to do so, causing concern (“When will I get back to normal”?).

Consensus statements published to date have focused on athletes, discussing how and when to return to sporting activity after covid-19.12,13 However, physical activity (any movement of the body where energy is expended) encompasses much more than sport, and is, or should be, part of everyday life. UK public health guidance is for 150 minutes of moderate intensity physical activity (where there is moderate effort, the rate of breathing increases but it is easy to talk) or 75 minutes of vigorous intensity physical activity (the rate of breathing increases and it is difficult to talk) per week, in addition to muscle strengthening activities on at least two days each week.9 Although this can include exercise (planned and structured physical activity done with the intention of improving physical fitness)11,16) and sport, it can include other activities not traditionally thought of as exercise, such as gardening, carrying heavy shopping bags, or walking. When discussing physical activity with patients, reflect together on their goals and how they might achieve them. Understanding that small modifications count (such as carrying shopping home rather than driving) can help reshape perceptions of what is realistic, practical, and achievable.

What are the risks of physical activity after covid-19?

Current understanding of recovery from covid-19 is limited, but preliminary research has highlighted several key concerns. The first is the potential for cardiac injury, including from viral myocarditis (see box 1). This is important, as taking exercise in the presence of myocarditis is associated with increased morbidity and mortality.15

Box 1: Myocarditis, covid-19, and exercise

Most data on cardiac injury after covid-19 illness is from patients who were hospitalised and cannot be extrapolated to those with mild illness.15 Indeed, the incidence of myocarditis in those who were asymptomatic or had mild to moderate disease is unknown.13 One study of serum troponin measurements and cardiovascular magnetic resonance imaging in unselected patients after a diagnosis of covid-19 demonstrated ongoing myocardial inflammation in 60% at a median time of 71 days from diagnosis.4 Although 33% of participants were classified as severely unwell and required hospitalisation, and 67% were recovering at home, it is unclear how the mildness or severity of illness in the latter group was established, and how the recruitment procedure avoided the potential risks of selection bias. It is also unclear as to whether the findings indicate myocarditis or cardiac injury from other causes, and how clinically important the findings are for long term health or morbidity.

Indeed, in an autopsy study of 21 patients who died from covid-19, only three (14%) were found to have...
lymphocytic infiltrates suggestive of myocarditis. Moreover, viral myocarditis can be a feature of many circulating viruses, including influenza. Thromboembolic complications, such as pulmonary emboli, are also associated with covid-19. Long term effects on pulmonary function are not currently known, but data from the 2003 severe acute respiratory syndrome coronavirus (SARS-CoV) epidemic suggest persistent impairments in pulmonary function and exercise capacity in survivors.

Finally, primary psychiatric phenomena, such as psychosis, have been identified as a potential presenting feature of covid-19, and psychological sequelae after infection can include post-traumatic stress disorder, anxiety, and depression.

Some of these potential risks, viral myocarditis in particular, understandably lead to caution when advising a return to physical activity or exercise after infection. Without evidence from robust studies to inform practice, all current guidance to date is based on consensus or expert opinion. A consensus statement from sports clinicians of the European Federation of Sports Medicine Associations from July 2020 recommends a review with a sports and exercise medicine physician after mild symptomatic infection, and investigations including echocardiography and lung function testing where cardiopulmonary symptoms were present. Guidance from the Netherlands Society of Cardiology states that, for those with systemic features including fever, electrocardiography testing should be considered before resumption of activity. However, the incidence of myocardial injury (box 1) or thromboembolic complications after mild or moderate covid-19 in the community is currently unknown but thought to be low. Therefore, a balance is needed between obstructing an already inactive population from undertaking physical activity at recommended levels beneficial for their health, and the potential risk of cardiac or other consequences for a small minority. There is no perfect solution given the current uncertainties and the varying availability of resources globally, such as cardiopulmonary investigations or dedicated sports and exercise medicine services. We advocate a pragmatic approach that enables a gradual return to physical activity while mitigating risks.

How do I know if my patient can safely return to physical activity?

A risk-stratification approach can help maximise safety and mitigate risks, and a number of factors need to be taken into account. First, is the person physically ready to return to activity? In the natural course of covid-19, deterioration signifying severe infection often occurs at around a week from symptom onset. Therefore, consensus agreement is that a return to exercise or sporting activity should only occur after an asymptomatic period of at least seven days, and it would be pragmatic to apply this to any strenuous physical activity. English and Scottish Institute of Sport guidance suggests that, before re-initiation of sport for athletes, activities of daily living should be easily achievable and the person able to walk 500 m on the flat without feeling excessive fatigue or breathlessness. However, we recommend considering the person’s pre-illness baseline, and tailoring guidance accordingly. Some may not have been able to walk 500 m without breathlessness before their covid-19 illness, and they should not be precluded from starting physical activity at a level tolerable for them (see fig 1, phases 1 to 3).
The second factor is that ongoing symptoms, regardless of system, may be indicative of a post-acute covid-19 illness. This will require assessment in primary care initially, and potentially liaison with local post-covid-19 rehabilitation services. Assessment and management of post-acute covid-19 illness is covered elsewhere. Whether there is a role for graded physical activity as a treatment for this condition is currently unclear.

People who had more severe covid-19 illness, such as those who were hospitalised, are thought to be at higher risk of cardiac complications and thromboembolic events. We recommend that their graduated rehabilitation be managed in conjunction, or after discussion and liaison, with local post-covid-19 services. People who did not require hospital treatment but who had symptoms during their illness suggestive of myocardial injury, such as chest pain, severe breathlessness, palpitations, symptoms...
Box 2: Key physical activity resources to guide patients

  - Infographics with physical activity guidance across the lifespan, including for older adults, children, and during pregnancy/postpartum period
- Moving Medicine (https://movingmedicine.ac.uk/)
  - Online resource for healthcare professionals to help facilitate discussions with patients regarding physical activity
- Couch to 5k (https://www.nhs.uk/live-well/exercise/couch-to-5k-week-by-week/)
  - A graded programme to help people gradually ease into running
- OneYou (https://www.nhs.uk/oneyou/)
  - Tools and support to help guide and advise on physical activity
- Sport England. Join the movement (https://www.sportengland.org/jointhemovement)
  - Physical activity advice and example workouts, including “Stay In Work Out” for exercise during lockdowns or when in isolation
  - Simple exercises to help people, in particular older adults, to stay active at home
- We are undefeatable (https://weareundefeatable.co.uk/)
  - Guidance on being active for those with chronic health conditions
- Your COVID Recovery (https://www.yourcovidrecovery.nhs.uk/)
  - Guidance on all steps on recovery from covid-19, including nutrition and physical activity
  - Developed by Lancashire Teaching Hospitals, a resource with all aspects of rehabilitation after covid-19
  - Guidance on graduated return to physical activity after covid-19
  - Advice for those who have been discharged from hospital with covid-19, including breathing exercises and physical activity
How to start

Phases 1-2

Begin with light intensity activity for at least two weeks. The Borg Rating of Perceived Exertion (RPE) scale is a subjective assessment of how hard someone feels they are working and can be helpful to guide people in choosing what activities to do as they progress through the phases of increasing physical activity. They rate their complete subjective feeling of exertion, including shortness of breath and fatigue, on a scale from 6 (no exertion at all) to 20 (maximal exertion). Light intensity exercise is equivalent to an RPE of under 11, when a person feels minimal to light exertion. They should be able to hold a full conversation without difficulty at this level. Activities might include household and light garden tasks, gentle walking, and balance or yoga exercises. Breathing, stretching, and light strengthening activities can also be incorporated. Examples of these can be found on the NHS website.

How this article was created

We performed a literature search using Ovid, and searched the Medline, Embase, and Global Health databases using the search terms (physical activity OR exercise OR sport OR rehab) AND (coronavirus OR covid 19 OR post-covid$)). Articles from 2019-20 were screened. We also searched the Societies of Cardiology, and American College of Sports Medicine (ACSM). The person should not feel that the exercise is very hard and in the resources inbox 2.

Progress to more challenging movement activities depending on pre-illness capacity. These might include intervals of two 5-minute blocks of activity such as brisk walking, going up and down stairs, jogging, swimming, or cycling separated by a block of recovery. The person should not feel that the exercise is “hard,” and we would suggest working to an RPE of 12-14 (moderate intensity, not out of breath and could hold a conversation). Progress by adding an interval per day as tolerated.

Phases 3-4

Progress to more challenging movement activities depending on pre-illness capacity. These might include intervals of two 5-minute blocks of activity such as brisk walking, going up and down stairs, jogging, swimming, or cycling separated by a block of recovery. The person should not feel that the exercise is “hard,” and we would suggest working to an RPE of 12-14 (moderate intensity, not out of breath and could hold a conversation). Progress by adding an interval per day as tolerated.

Phase 4 would involve more complex movement that challenges coordination, strength, and balance, such as running but with changes in direction, side-steps, shuffles, and circuits of body weight exercises, but again without it feeling hard. After completing phase 4, people should then feel able to return to their baseline (pre-covid) level of activity or more.

We propose a minimum of seven days at each phase to prevent sudden increases in training load (see fig 1). However, people should stay at the phase they feel comfortable with for as long as necessary. They should monitor for any inability to feel recovered at 1 hour after exercise and on the day after, abnormal breathlessness, abnormal heart rate, excessive fatigue or lethargy, and markers of mental ill health. If these occur, or the person fails to progress as expected, they should step back to an earlier phase of activity and seek medical advice when unsure. Keeping a diary of exercise progression, along with RPE, any changes in mood, and, for those who are used to measuring it, objective fitness data such as heart rate, can be helpful for monitoring progress.

A patient’s perspective

I work as a healthcare assistant and had my first symptoms of covid-19 in April, including shortness of breath, cough, and high heart-rate. Once the fever had ended, I felt extremely fatigued when doing the smallest amount of exercise. I was used to being able to walk and swim for at least an hour and a half, so this was debilitating for me.

Using techniques from physiotherapy and the NHS covid patient support website, I slowly started to be able to do more. The exercise I found most helpful was stretching. This helped to expand my chest and lungs, so the more intense exercises got easier. It helped to be able to do these stretches prior to a more intense exercise such as walking, as my lungs felt they could hold more air.

The breathing techniques were particularly helpful and something I do regularly. I found walking to also be most beneficial as it was an exercise I could control. I could walk at a speed and for a distance that was manageable for me and gradually increase this while using a “fitbit” to check my heart rate and recovery time. It has now been about 10 weeks since my first symptoms, and I would say I am at around 70% of my pre-covid fitness. I am aware of my own limitations and am still working to improve these every day.
Education into practice

- How often do you feel able to recommend physical activity guidance in clinical practice?
- How do you account for social inequalities when discussing lifestyle factors, such as physical activity or diet, in your practice?

How patients were involved in the creation of this article

We thank the patient who provided their personal story of their illness and recovery, and how this affected their return to physical activity. Their recollection, together with those of several other patients, created the impetus for writing this guidance, emphasised the importance of this work, and guided its development.

Contributors: DS, DV, and AHM conceived the article and are guarantors. All authors wrote and reviewed the article, created the boxes, and helped with the figures. PLF was the contact for patient involvement.

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