FITNESS & EXERCISE

Can You Exercise Safely With Long COVID?

Exercise may help some people with long COVID, but the evidence supports supervised, personalised rehabilitation-not pushing through unpredictable symptoms alone.

Your old rules may not work

You set out to do something that once felt ordinary. A walk. A few familiar exercises. Then fatigue, breathlessness, chest discomfort or a racing heart changes the calculation. With long COVID, "getting back into shape" may no longer be a simple matter of rebuilding fitness. Your symptoms can persist, disappear and return, or change over time.

That unpredictability matters. Long COVID can affect one or more organ systems, and its effects vary widely between people. Reported problems include fatigue, trouble breathing, cough, chest pain, palpitations, headaches, disrupted sleep and difficulty thinking or concentrating. Some people improve slowly. Others have symptoms severe enough to limit daily life or cause disability.

So the question is not whether exercise is good in the abstract. It is whether a particular form of activity is appropriate for you, with the symptoms and health conditions you have now. That distinction is easy to lose when exercise is presented as either a cure or a threat. The available research supports neither extreme.

What the trials really tested

A 2024 living systematic review included 24 randomised trials involving 3,695 adults with long COVID. Eight trials studied physical activity or rehabilitation, while another tested a programme combining physical exercise with mental health rehabilitation. This is a meaningful body of research, but it does not show that any workout, performed by anyone with long COVID, will help.

The clearest result came from an online, supervised programme that combined physical and mental health rehabilitation. Compared with usual care, it probably improved overall health and quality of life and reduced symptoms of depression. The reviewers estimated that 161 more people in every 1,000 experienced meaningful improvement or recovery. The evidence was rated moderate certainty-not definitive, but stronger than a hopeful anecdote.

Another finding favoured intermittent aerobic exercise over continuous exercise for improving

physical function. Yet this was a comparison between two exercise approaches, not proof that unsupervised aerobic exercise is right for every person with long COVID. The study programme also had defined boundaries. It cannot answer how someone with chest pain, palpitations or severe fatigue should begin on their own.

This is the central limit of the evidence: the encouraging results belong to structured interventions studied in selected participants. They do not turn "exercise more" into universal advice. Supervision and the combination of physical and mental health support were part of the intervention, not decorative extras that can automatically be stripped away.

The evidence does not support turning recovery into a test of character.

Rehabilitation is not a pep talk

Long COVID has no single specific treatment. Care is built around your symptoms, health history and quality of life, ideally through a personal plan made with a healthcare professional. Exercise may sit inside that plan. It should not replace the plan, and it should not be used to dismiss symptoms that are difficult to measure or explain.

Tests can be normal even when symptoms remain disabling. There is also no single test that confirms long COVID. A clinician may need to consider your COVID-19 history, examine you and order blood or imaging tests. Because long COVID can resemble other conditions and may involve several body systems, unexplained exercise difficulty deserves more than an instruction to try harder.

The 2024 review also found moderate-certainty evidence that online cognitive behavioural therapy (CBT) probably reduced fatigue and improved concentration. That does not mean fatigue is imaginary or that CBT fixes every physical limitation. It means a behavioural intervention improved particular outcomes in trials. The same discipline should apply to exercise: say what changed, for whom, and under what kind of programme.

The evidence does not support turning recovery into a test of character. A programme can be active and still be cautious, supervised and responsive to symptoms. If an activity plan makes no room for your fluctuating condition, it is not the intervention that produced the review's encouraging results.

Some evidence does not transfer

You may encounter broader claims based on exercise research in other illnesses. For example, a separate 2024 review of 60 trials found that exercise-based cardiac rehabilitation probably

reduced hospital admissions and improved some measures of quality of life in adults with heart failure. Home-based and digitally supported programmes also appeared useful in that population.

That evidence is relevant if a clinician is treating heart failure, but it cannot simply be pasted onto long COVID. The participants had a different condition, the programmes were designed for that condition, and many trials under-represented women, older adults and people with one major type of heart failure. Strong evidence in one group is not automatic permission for another group to follow the same approach.

Long COVID itself is heterogeneous: different people may have different underlying processes and different organs affected. Researchers are studying possibilities including organ damage after acute infection, altered inflammatory responses, small-blood-vessel dysfunction, ongoing viral activity and autoimmunity. These are possible explanations, not a settled mechanism that tells you which exercise will be safe or useful.

The point where this stops being a lifestyle experiment is when exercise meets significant symptoms or major functional limits. Trouble breathing, chest pain, palpitations or disabling fatigue belong in a medical conversation. They should not be treated as proof that you need more motivation, and the supplied evidence does not justify prescribing your own rehabilitation programme around them.

Make one useful appointment

This week, do not begin by choosing a workout. Begin by asking for a personal care plan. Tell your healthcare professional what activity you can manage, what happens during or after it, whether symptoms fluctuate, and which ordinary tasks have become difficult. Include your COVID-19 history, even if the original illness was mild; mild and severe infections can both be followed by long-lasting problems.

Ask a direct question: "Would supervised rehabilitation be appropriate for my symptoms, and what should make me stop or seek further assessment?" That wording matters. It points towards the kind of combined, supervised care supported by the strongest exercise-related evidence here, while leaving room to investigate symptoms that may involve your lungs, heart, nervous system or another part of your health.

If you already have a long COVID plan, ask whether it still fits your current symptoms. Long COVID can be continuous, relapsing and remitting, or progressive. A plan made during a better spell may not answer what is happening now. Equally, one difficult attempt does not settle what you will eventually be able to do.

This step takes an honest conversation, not new exercise equipment. Write down three things before the appointment: the activity you attempted, the symptoms that followed, and the daily task you most want help returning to. That gives you and your clinician a concrete place to start on Monday-without pretending that determination alone is a treatment.

Where this comes from

- Post- COVID Conditions (Long COVID)

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/postcovidconditionslongcovid.html
- COVID -19 (Coronavirus Disease 2019)

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/covid19coronavirusdisease2019.html
- Long COVID | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/long-covid/index.html
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  Centers for Disease Control and Prevention · https://www.cdc.gov/long-covid/hcp/clinical-overview/index.html
- Long COVID | NHLBI, NIH

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/covid/long-covid
- Interventions for the management of long covid (post-covid condition): living systematic review.

  BMJ (Clinical research ed.), 2024 · https://pubmed.ncbi.nlm.nih.gov/39603702/
- Exercise-based cardiac rehabilitation for adults with heart failure.

  The Cochrane database of systematic reviews, 2024 · https://pubmed.ncbi.nlm.nih.gov/38451843/