SINGING AND LONG-COVID

Who am I?

I’m a voice teacher with a lot of background and experience in this area. I work collaboratively with a multidisciplinary team.
WHAT IS LONG-COVID?

Long COVID has been preliminarily defined by The National Institute for Health and Care Excellence (NICE) as the presence of signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for 12-weeks or more and are not explained by an alternative diagnosis.

This includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and long term consequences of COVID-19 (12-weeks or more).
WHAT IS LONG-COVID?

Stigma/Disbelief

Pre-existing conditions

Access to Services

Anxiety
WHAT IS LONG-COVID?

**Acute Phase: 2 weeks**
- Initial Positive Test

**Subacute Phase: 6-12 weeks**
- Cough
- Fatigue
- Mucus

**Chronic Phase: 12+ weeks**
- Ongoing symptoms
- Dysautonomia
- Breath Pattern Disorders
- Post-Exertional Malaise
- Fatigue
- Sensory Disturbance
- Sleep Disturbance
- Inability to Return to “Baseline”
- Cognitive Difficulties
WHAT IS LONG-COVID?

ME/CFS & Long-COVID
(chronic fatigue syndrome)

Fatigue that is beyond what is expected.
Autonomic Nervous System

Unconsciously regulates bodily functions…

Parasympathetic Nervous System

- Rest, Digest, Repair
- Calm, Relaxed
- Decreased breathing rate
  - heart rate
  - blood pressure

Sympathetic Nervous System

- Fight or Flight
- Alert, Tense, Panic
- Increased breathing rate
  - heart rate
  - blood pressure
DYSAUTONOMIA

Inappropriate responses from the autonomic nervous system…

Racing heart rate when resting

Increased blood pressure at rest

Breathlessness
Dysfunctional breathing…

“Regular life”

Chest breathing that leads to over breathing

Image source: http://www.therapywise.co.uk/toptip/do-you-have-a-breathing-pattern-disorder/
BREATHING PATTERN DISORDERS

Common Symptoms:
- Sighing/Yawning
- Disturbed Sleep
- Anxiety
- Nausea
- Clammy Hands
- Fatigue
- Muscle Aches
- Irritability
- Air Hunger

Red Flags:
- Breathing discomfort
- Erratic heartbeat
- Chest pains
- Dizzy spells
- Extreme hoarseness that doesn’t improve
- Rapid, shallow breathing that doesn’t improve

When in doubt, defer to a medical professional
BREATH MANAGEMENT

Diaphragmatic vs. Chest movement
BREATHING MANAGEMENT

Longer exhale than inhale.

Pause before inhale.

8-12 breaths per minute.
PACING AND MANAGEMENT

Post-Exertional Malaise (PEM)

...a flare of symptoms and/or the appearance of new symptoms after exertion, often presenting 24 hours or more after the triggering event.

Physical activity, cognitive overexertion and sensory overload can all trigger PEM.

Source: www.meaction.net
### PACING AND MANAGEMENT

**Singing is inherently athletic!**

<table>
<thead>
<tr>
<th>Physicality:</th>
<th>Sophisticated cognitive tasks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathe to larger lung volumes</td>
<td>Foreign Languages</td>
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<td>Characters</td>
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<td>Coordinate our breath, voice, articulators…</td>
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Graded Exercise

A gradual increase in activity over time as directed by a clinician, until the patient returns to a healthy activity level.

While grade exercise may be useful in patients who are deconditioned after surgery or severe illness, graded exercise does not address the metabolic changes and atypical reactions to activity that lead to symptoms in people with ME/CFS.

Because post-exertional malaise is the hallmark symptom of ME/CFS, programs that gradually increase exercise may do more harm than good.

Source: www.meaction.net
PACING AND MANAGEMENT

Pacing

A self-management strategy for activity
…active when able
…rest when tired
PACING AND MANAGEMENT

**Rest**
Rest as much as possible before a triggering event.

**Doing less is doing more**
Whatever you think you can do, do much less until you know it’s OK.
Set smaller, manageable, obtainable goals
Prioritize goals

**Journal**
What works and what doesn’t work?

**Wearables**
In consultation with healthcare provider to keep heart rate lower.

Source: www.meaction.net
How to Support

Listen
Believe
Advocate

Reinforce and support the treatment plans from the health professionals.

Go slowly and be prepared for ups and downs.
## YOU AND YOUR STUDENT

### Strategies:

<table>
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<tr>
<th>Strategy</th>
<th>Details</th>
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<tr>
<td>Shorter lessons</td>
<td>Easy repertoire to begin with</td>
</tr>
<tr>
<td>Have the student sit down while singing</td>
<td>Be aware of sensory overload</td>
</tr>
<tr>
<td>Double warm up time</td>
<td>Vocal hygiene strategies</td>
</tr>
<tr>
<td>Adjust breaths so the volumes are not so extreme</td>
<td>Check in about the last session</td>
</tr>
<tr>
<td>Reduce ranges</td>
<td>Inquire about crashes</td>
</tr>
<tr>
<td>Slower tempos</td>
<td>Continue to check in about energy levels throughout lesson</td>
</tr>
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</table>

Cool down and return to quiet breathing
YOU AND YOUR STUDENT

Go slowly

Give yourself and your student permission to be flexible in setting your goals.

When in doubt, refer out!

Look for support within the medical and allied health community or from other singing teachers.

Teach the person in front of you!
RESOURCES

www.breathewellphysio.com

www.themusicalbreath.com

https://www.physiosforme.com/covid-19

https://www.wearebodypolitic.com/covid19

https://longcovid.physio/