

# POST VIRAL RECOVERY PROGRAM

A Workshop Series for Health Care Professionals Seeking a Root Cause Approach



# Review: **Workshop 1**

- ❖ Post Viral Syndromes: Context & History
- ❖ Long COVID Prevalence and Epidemiology
- ❖ Risk Factors, Mechanisms, and Pathophysiology
- ❖ Assessing Long COVID Progression
- ❖ Introduction to a 90-Day Program for Post Viral Recovery
- ❖ Personalizing Treatment
- ❖ Further education: A4M, AIHM, IFM, PLMI & Resources
- ❖ Resources: <https://www.ovationlab.com/pvrresources>

# Workshop 1 Feedback

- ❖ *Thanks for an elegant presentation of such a complex topic*
- ❖ *What a great presentation and advancement in how to manage this emerging picture!*
- ❖ *Great Webinar. High quality, vast knowledge, vast impact.*
- ❖ *Thank you for this invaluable information. Looking forward to next week!*
- ❖ *Excellent. And thank you for the Resources page.*

# POST VIRAL RECOVERY

A 90-DAY PROGRAM  
AND PROTOCOL



# Workshop 2

## What we'll cover

- ❖ Program components
- ❖ Patient enrollment and journey
- ❖ Registry data and descriptive statistics
- ❖ Specialty and foundational supplements
- ❖ Implementing the protocol in your practice
- ❖ Questions and discussion



# Patient Journey

# PATIENT JOURNEY

1. Patient Enrollment and Completion of Intake Forms
2. Initial Visit and Review of History and Intake Forms
3. 2-week check-in with health coach
4. Visit 2: After completing 30-day surveys
5. Visit 3: After completing 90-day surveys followed by formulation of next steps and referrals

# Long COVID Protocol

## ENROLLMENT

- Health History
- Previous Testing (if available)
- Timeline & Progression of Symptoms
- Evaluation of Function (PROMIS-29\*)
- Post COVID Function Scale
- Recovery Goals

## PHASE 1: 90-Day Program

- Lifestyle Support
- Baseline Supplements

## LIFESTYLE:

- ❖ Food & Nutrition
- ❖ Movement & Exercise
- ❖ Sleep
- ❖ Stress Modification
- ❖ Social Connection
- ❖ Nutritional  
Supplementation



# TIMELINE & PROGRESSION OF SYMPTOMS

Please check your current symptoms and the time course of their expression:	CURRENT Symptoms (What's Going on Now?)	Timeline and Progression of Symptoms					
		Did you have these symptoms before COVID?	Symptoms developed during COVID, but are not worsening	Symptoms developed during COVID, and are worsening	Any symptoms developed after COVID, but are not worsening	Any symptoms developed after COVID, and are worsening	Any symptoms coming & going after COVID (e.g., highly variable)
- Tiredness or fatigue interferes with daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Symptoms worse after physical or mental effort (post-exertional malaise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Difficulty breathing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cough (persistent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Fast or pounding heartbeat or palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sinus/Nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Diarrhea OR Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Stomach pain or bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Nausea/ Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Joint swelling/ pain or muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Change in menstrual cycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Erectile dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Significant Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>							
<b>For Practitioner Reference Only</b>							
		Other ... NonCOVID conditions	Injury	Acute Inflammation	Chronic Inflammation Immune dysregulation	Chronic Inflammation Oxidative stress Mitochondrial Dysfunction	Re-Infection or Re-activation

# PROMIS-29

Please respond to each question or statement by marking one box per row.

Physical Function	Without any difficulty (5)	With a little difficulty (4)	With some difficulty (3)	With much difficulty (2)	Unable to do (1)
Are you able to do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go up and down stairs at a normal pace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go for a walk of at least 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

Anxiety In the past 7 days	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to focus on anything other than my anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worries overwhelmed me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sleep Disturbance In the past 7 days	Very Poor (5)	Poor (4)	Fair (3)	Good (2)	Very good (1)
My sleep quality was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

Sleep Disturbance In the past 7 days	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was refreshing	<input type="checkbox"/> <sub>(5)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>
I had problems with my sleep	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(5)</sub>
I had difficulty falling asleep	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(5)</sub>

  

Ability to Participate in Social Roles and Activities	Never (5)	Rarely (4)	Sometimes (3)	Often (2)	Always (1)
I have trouble doing all of my regular leisure activities with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble doing all of the family activities that I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble doing all of my usual work (include work at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble doing all of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatigue During the past 7 days	Not at all (1)	A little bit (2)	Somewhat (3)	Quite a bit (4)	Very much (5)
I feel fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble starting things because I am tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How run-down did you feel on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How fatigued were you on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# POST COVID FUNCTION SCALE (PCFS)

**Can you live alone without any assistance from another person? (e.g. independently being able to eat, walk, use the toilet and manage routine daily hygiene)**

Yes                       No → If No, stop the questionnaire.

**Are there any duties/activities at home or at work which you are no longer able to perform yourself?**

Yes → If Yes, stop the questionnaire.                       No

**Do you suffer from symptoms, pain, depression or anxiety?**

Yes                       No → If No, stop the questionnaire.

**Do you need to avoid or reduce duties/activities or spread these over time?**

Yes                       No

# Long COVID Protocol

## PHASE 1

### Specialty Nutritional Supplements

Selected to address the primary  
drivers of long COVID

### Foundational Supplements

Selected to support optimal  
health and wellbeing

# Long COVID Patient Journey

## Follow-Up: 30, 60, 90-day patient registry surveys

- ❖ Updated timeline and progression of symptoms at 30-day intervals
- ❖ Adherence to food plan, nutritional supplements, and lifestyle recommendations
- ❖ PROMIS-29
- ❖ Post COVID Function Scale (PCFS)

# Patient Registry Early Outcomes



# Benchmarking Our Success

Post COVID Function Scale (3-point scale adopted by the NIH RECOVER Initiative and translated into 25 languages)

- ❖ <0.5 point decline = insignificant
- ❖ 0.5 - 1.0 point decline = clinically significant
- ❖ >1.0 point decline = excellent

# Patient Outcomes

## 4.5 months after first patient enrollment

### Post COVID Function Scale

- ❖ Patients (n= 8) achieved an average decline of 1.5 points.
- ❖ 5 of 8 patients reported total resolution over the 90-day program.
- ❖ No significant adverse events to date. 2 reports Tollovid GI intolerance (upset stomach).

### PROMIS-29: 7 domains of function plus a global pain measure

- ❖ **Physical Function: increased from 15th to 42nd percentile**
- ❖ **Social Participation: increased from 17th percentile to 63rd percentile**
- ❖ Anxiety: decreased from 80th to 34th percentile
- ❖ Depression: decreased from 73rd to 46th percentile
- ❖ Fatigue: decreased from 82nd to 58th percentile
- ❖ Sleep Interference: decreased from 58th to 52nd percentile
- ❖ Pain Interference: decreased from 63rd to 41st percentile

*“My blood oxygen used to go down to 82% while doing PT at the hospital little effort. Now I stay over 90% O2 sat with a lot more movement in 2 weeks on the supplements.”*

*“The group visits tools give me power – I have agency when I have scary and dangerous symptoms, they no longer overwhelm me.”*

*“My body shape is changing, and I’m convinced it (the protocol) is helping everything.”*

## Early Patient Quotes

- ❖ “You have given me my life back.”
- ❖ “My chest pain was really bothering me, I almost went to the ER again but they never find anything. I took an Arterosil and my pain reduced enough to stay home. Now that I’m on it 2 weeks I don’t have those pains anymore.” (Patient cried with gratitude when sharing this).
- ❖ “My pain with exertion is less, and I can move more without being set back.”
- ❖ “I have much more mental clarity.”
- ❖ “I had been given up on by the healthcare system. You gave me hope.”
- ❖ “My muscle fatigue is much less since starting the program.”
- ❖ “I am done with the Tollovid. It helped my energy. On the Arterosil now for a month I continue to have a lot less pooling and swelling in my legs, and my POTS symptoms are less.”
- ❖ “I know more than my regular doctors about my condition. I wish more knew about mitochondria, vagal tone, cortisol and adrenal health, Ace-2 receptors and how it all affects long COVID symptoms.”
- ❖ “I no longer feel alone in what I am dealing with. Hearing everyone else’s stories heals me. Hearing everyone’s tools and ways of coping gives me hope and options.” (6 people emphasize this).



# Specialty Supplement Selections



# Q&A with Presenters



# Recommended Education Programs and Online Courses

The American Academy of Anti-Aging Medicine (A4M)



*Use the code **VIRAL200** for \$200 off your registration fee*

The Fire Inside 2023 – May 18-20, 2023

Longevity Fest 2023 – December 14-16, 2023

The Academy of Integrative Health & Medicine (AIHM)



*Use the code **OVATION100** for \$100 off your registration fee to the October Conference*

Annual Conference - October 5-8, 2023

The Institute of Functional Medicine (IFM)



*Use the code **OVATIONLAB10** for 10% off your registration fee*

Applying Functional Medicine in Clinical Practice™ May 2023 (AFMCP) - online

❖ Advancements in Clinical Research and Innovative Practices in Functional Medicine – June 1-3, 2023

Lifestyle: The Foundations of Functional Medicine – on-demand, online

Personalized Lifestyle Medicine Institute (PLMI)



Is COVID Long-Haul a disease of the gut – May 30, 2023, online

# Post Viral Recovery: Lifestyle Interventions, Case Studies, & Learnings

Workshop No. 3, Wed May 24, 7 pm ET/4 pm PT

## What we'll cover

- ❖ Personalizing lifestyle interventions to support post viral recovery
- ❖ Case studies: what are we learning
- ❖ Questions and Discussion
- ❖ What's next and how to get involved in our learning community

THANK

YOU

