

## Return to Play Guidelines Following COVID-19 Diagnosis (Athletes over the age of 12)

There are separate paths for athletes to return to sport after a positive COVID-19 test based on whether they had mild to no symptoms, or whether they had moderate to severe disease. The primary goal of this plan is to catch the athlete who could have had cardiac damage from their COVID-19 infection. Athletes who have had a COVID-19 infection may sustain cardiac damage without any identifiable symptoms. Recommendations for return to play in athletes can change rapidly; every effort will be made to maintain compliance with local and national guidelines. Current guidelines follow the “Return to Play After COVID-19 Infection in Pediatric Patients” algorithm from the American Academy of Cardiology.

<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

Athletes who are **without symptoms** can return 14 days after their positive test and will be gradually acclimated back into practice, with the expectation that they will notify the athletic trainer if they have exercise intolerance. Athletes who have **mild** symptoms for fewer than 3 days may follow the same path once they are 14 days from when the symptoms are resolved. **Mild** symptoms, as defined by the American Academy of Cardiology, include no fever and symptoms for fewer than three days. If they have exercise intolerance with a gradual return to play, then they will be referred to their primary care provider for clearance before return to play.

If the athlete had **moderate** symptoms with their COVID-19 infection, defined as prolonged fevers and bed rest, they should be seen by their primary care physician prior to return to play. When they have been cleared by their pediatrician and are 14 days after their last symptoms, they can be acclimated back into practice, with the expectation that the athlete will report any exercise intolerance to the ATC. For those athletes who had **severe** symptoms, including hospitalization, abnormal cardiac testing, or Multisystem Inflammatory Disease in children (MIS-C) will need to be cleared by their primary care provider and their pediatric cardiologist, and may have exercise restrictions for 3-6 months.

### **Plan A (asymptomatic or mild symptoms):**

Requirements:

- Complete 10 day isolation
- Symptom free for 14 days
- Gradual return to play based on athlete’s tolerance / ATC discretion

### **Plan B (moderate symptoms):**

Requirements:

- Complete 10 day isolation
- Symptom free for 14 days
- Clearance from Primary Care Provider
- Gradual return to play based on athlete’s tolerance / ATC discretion

A graduated return to play protocol is below. The athletic trainer will determine the most appropriate steps of the return to play based on his or her previous knowledge of the athlete's conditioning prior to infection, rate of perceived exertion, and heart rate. The athletic trainer will also consider the athlete's psychological readiness to play.

## GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

|                             | STAGE 1<br>10 DAYS<br>MINIMUM                          | STAGE 2<br>2 DAYS<br>MINIMUM                                     | STAGE 3A<br>1 DAY<br>MINIMUM                                    | STAGE 3B<br>1 DAY<br>MINIMUM                    | STAGE 4<br>2 DAYS<br>MINIMUM                    | STAGE 5<br>EARLIEST<br>DAY 17                | STAGE 6   |
|-----------------------------|--|--|---|---|---|--|---|
| <b>ACTIVITY DESCRIPTION</b> | MINIMUM REST PERIOD                                    | LIGHT ACTIVITY   | FREQUENCY OF TRAINING INCREASES                                 | DURATION OF TRAINING INCREASES                  | INTENSITY OF TRAINING INCREASES                 | RESUME NORMAL TRAINING PROGRESSIONS          | <b>RETURN TO COMPETITION</b><br>IN SPORT SPECIFIC TIMELINES |
| <b>EXERCISE ALLOWED</b>     | WALKING, ACTIVITIES OF DAILY LIVING                    | WALKING, LIGHT JOGGING, STATIONARY CYCLE, NO RESISTANCE TRAINING | SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS                  | PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES | NORMAL TRAINING ACTIVITIES                      | RESUME NORMAL TRAINING PROGRESSIONS          |   |
| <b>% HEART RATE MAX</b>     |  | <70%   | <80%  | <80%  | <80%  | RESUME NORMAL TRAINING PROGRESSIONS          |   |
| <b>DURATION</b>             | 10 DAYS  | <15 MINS   | <30 MINS  | <45 MINS  | <60 MINS  | RESUME NORMAL TRAINING PROGRESSIONS          |   |
| <b>OBJECTIVE</b>            | ALLOW RECOVERY TIME, PROTECT CARDIO-RESPIRATORY SYSTEM | INCREASE HEART RATE  | INCREASE LOAD GRADUALLY, MANAGE ANY POST VIRAL FATIGUE SYMPTOMS | EXERCISE COORDINATION AND SKILLS/TACTICS        | RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS | RESUME NORMAL TRAINING PROGRESSIONS          |   |
| <b>MONITORING</b>           | SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS                | SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE                     | SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE                    | SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE    | SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE    | SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE |   |

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)

NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT