

Returning to play after COVID positive test:

COVID 19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID 19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis, and also increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID 19 should follow the guideline noted below to decrease risk of developing complications from COVID 19 infection.

What to do if a participant had COVID-19 or has it during the season?

In a covid19 positive child who is either asymptomatic or mildly symptomatic (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy) should not exercise until they are cleared by a licensed medical provider. The licensed medical provider will perform a history with emphasis on cardiopulmonary symptoms and complete physical examination. If this evaluation is normal, no further testing is warranted. The patient may then begin a gradual return to play after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications. If the licensed medical provider identifies any new or concerning history or physical examination findings at this visit, appropriate further testing or consultation should be ordered and participation will not be allowed until that testing is completed and found to be normal. Written documentation of medical clearance for return to sport should be provided by the medical provider.

Children with moderate symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or were in a hospital not an intensive care unit), should not exercise until they are cleared by a licensed medical provider. In addition to a history and complete physical exam appropriate additional testing should be ordered as determined by examination. Consultation or referral to a cardiologist is recommended and they may request further, more extensive, testing. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. Written documentation of medical clearance for return to sport should be provided by the medical provider.

For patients with severe COVID-19 symptoms (ICU stay and/or on a ventilator) or multisystem inflammatory syndrome in children (MIS-C), it is recommended they be restricted from exercise for a minimum of 3 months. The student athlete should be evaluated by a licensed medical provider for a history and complete physical examination. In addition, they should be referred to a cardiologist prior to resuming training or competition. In addition to the initial evaluation and work-up student athletes should have a coordinated evaluation at the time of returning to play for final clearance. Written documentation of medical clearance for return to sport should be provided by the medical provider.

A graduated return-to-play protocol can begin once an athlete has been cleared by a licensed medical provider (cardiologist for moderate to severe COVID-19 symptoms) and feels well when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to student athletes who experienced moderate COVID-19 symptoms as outlined above. If the student athlete experiences any symptoms of chest pain, palpitations, syncope, shortness of breath or exercise intolerance, during this return to play protocol, they should stop exercise and inform their medical provider. The following progression was adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020:

Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less- Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes -Normal training activity - intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 - Return to full activity/participation (i.e., - Contests/competitions).