Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC.

Healthcare professionals are likely to encounter many questions about the safety of participation in school sports during the pandemic, as well as the need to clear athletes to return to play after COVID-19 infection. For detailed guidance, please refer to the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity.

Additionally, please find a chart below that summarizes the guidance regarding clearing athletes to return to play:

<table>
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<tr>
<th>Severity of symptoms</th>
<th>Asymptomatic or mild (&lt;4 days of fever &gt;100.4, &lt;1 week of myalgia, chills, or lethargy)</th>
<th>Moderate ≥4 days of fever &gt;100.4°F, ≥1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of MIS-C</th>
<th>Severe ICU stay and/or intubation, or MIS-C</th>
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<td>At least phone/telemetry assessment by PCP</td>
<td>In-person evaluation by PCP after symptom resolution and completion of isolation</td>
<td>Restrict from exercise for 3-6 months, obtain cardiology clearance prior to resuming training or competition</td>
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During assessment:
1. Guidance re: duration of isolation
2. Do not exercise while in isolation
3. AHA 14-element screening evaluation, with special emphasis on symptoms of myocarditis (incidence: 0.5-3%): chest pain, SOB out of proportion to URI symptoms, new-onset-palpitations, or syncope

No symptoms
Yes symptoms

In-office visit with complete PE, (post-isolation. In patients with symptoms that may involve the cardiac system, such as chest pain, shortness of breath with exercise (not related to pulmonary issues), syncope, the primary care physician should have EKG done and interpreted prior to clearance to return. Refer to pediatric cardiologist for abnormal EKG.

Normal evaluation
Positive symptom screen, abnormal exam, or abnormal EKG

Refer to cardiology, exclude from physical activity until cleared by cardiology

Gradual return to play (Box B) only after:
1. 10 days since positive test result
2. At least 10 days of symptom resolution off fever-reducing medications

Cleared to return to play for normal EKG (Refer to Box A)

Refer to cardiology, exclude from physical activity until cleared by cardiology then return to play (Box B)

Additional note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.

Abbreviations: PCP: primary care physician; SOB: shortness of breath; URI: upper respiratory infection; PE: physical exam; EKG: electrocardiogram; MIS-C: multisystem inflammatory syndrome in children.
Return to play after COVID-19 infection (continued)

**BOX A: Additional Guidance on Returning to Play**

**When should children and adolescents return to play?**
1) Completed isolation and minimum amount of symptom free time has passed  
2) Can perform all activities of daily living  
3) No concerning signs/symptoms

**At what pace should children and adolescents return to play?**
4) <12yo: progress according to own tolerance  
5) 12+: gradual return to physical activity (Box B); should be done over a 7-day minimum and may extend duration for children with moderate symptoms

**When should children and adolescents pause return to play?**
- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam

**BOX B: Gradual Return to Play**

(Adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020; copied from AAP Policy statement)

**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 (ie, contests/competitions).**