

Athletes and COVID-19 Care Assessment:

ATHLETES OVER 12 YEARS OF AGE

Asymptomatic

(Positive test with zero symptoms)

- Athlete should be evaluated by their primary care physician prior to return to activity
 - If any cardiac concerns (by history or physical exam), obtain an ECG
- No exercise for at least 10 days from positive test, then may begin light activity
- If there are no concerning symptoms, past medical or family history or physical exam findings, may clear for activity
- The athlete should complete a gradual, 7-10 day return to play while observing for any concerning symptoms*

Mild Symptoms

(Less than 4 days of symptoms and/or no fever)

- Athlete should be evaluated by their primary care physician prior to return to activity
- Consider ECG if:
 - High school aged athlete OR
 - If any cardiac concerns (by history or physical exam)
- No exercise for at least 10 days from symptom onset OR positive test
- If there are no concerning symptoms, past medical or family history or physical exam findings AND any potential test results are normal, may clear for activity
- The athlete should complete a gradual, 7-10 day return to play while observing for any concerning symptoms*

Moderate Symptoms

(Fever and/or greater than or equal to 4 days of symptoms; requiring bed rest)

- Athlete should be evaluated by a pediatric cardiologist prior to return to activity
- No exercise until further evaluation by a pediatric cardiologist
- If cleared for activity by cardiology, the athlete should complete a gradual, 7-10 day return to play while observing for any concerning symptoms*

Severe Symptoms

(Hospitalization, MIS-C, ongoing symptoms for more than 14 days, any initiation of anti-platelet medication such as Aspirin or Plavix)

- Athlete should be evaluated by a pediatric cardiologist prior to return to activity
- No exercise until further evaluation by a pediatric cardiologist
- If cleared for activity by cardiology, the athlete should complete a gradual, 7-10 day return to play while observing for any concerning symptoms*

* Cardiac symptoms include: shortness of breath, shortness of breath with activity, chest pain, palpitations, fatigue, decreased exercise performance or tolerance

Cardiac Screening for High School/Middle School Athlete with Suspected or Confirmed COVID-19 Infection

Our knowledge of COVID-19 infections is rapidly changing and the effects in the pediatric population are largely unknown.

In the adult population, COVID-19 infections appear to affect the heart at a higher rate than other viruses, while in the pediatric population, the virus can cause multi-system inflammatory syndrome (MIS-C) involving the heart.

Due to the lack of evidence for cardiac injury from COVID-19 infections in the pediatric population and the low number of pediatric cases, recommendations are made from expert opinion from the sports medicine, infectious disease and cardiology departments and are subject to change.

The process in the right column is intended for COVID-19 positive patients and those who have presumed positive infections. Growing athletes must be asymptomatic (*no fever equal to or higher than 100.4 degrees for 24 hours without fever-reducing medications, resolution of symptoms such as cough, shortness of breath, sore throat, etc.*); AND be at least 10 days since the initial onset of their symptoms; OR have been asymptomatic throughout the entire 14 days of quarantine.

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References: Drezner et al. Cardiopulmonary Considerations for High School –Athletes During the COVID-19 Pandemic: NFHS-AMSSM Guidance Statement. Sports Health. DOI: 10.1177/1941738120941490 Dean, Peter et al. Return to Play After Coronavirus Infection: Pediatric Cardiologists' Perspective. American College of Cardiology July 14, 2020. Dores H, Cardim N. Return to play after COVID-19: a sport cardiologist's view British Journal of Sports Medicine Published Online First: 07 May 2020. doi: 10.1136/bjsports-2020-102482. Phelan D, Kim JH, Chung EH. A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection. JAMA Cardiol. Published online May 13, 2020. doi:10.1001/jamacardio.2020.2136