Athletes and COVID-19 Care Assessment:

ATHLETES UNDER 12 YEARS OF AGE

Asymptomatic Symptoms

(Postive test with no symptoms)

- Consider medical evaluation for any concerns (i.e. past medical history, family history of
 - concerning symptoms) 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
- Should complete a gradual, 7-10 day return to play while observing for any concerning symptoms*

Mild Symptoms

(Less than 4 days of symptoms)

- Athlete should be evaluated by their primary care physician prior to return to activities
 - If any cardiac concerns (by history or physical exam) obtain an ECG
- 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, may clear for activity
- 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)

- Should be evaluated by their primary care physician prior to return to activity
- No exercise or sport until evaluated by primary care physician
- Consider ECG with any cardiac concerns (by history of physical exam) OR if the athlete participates in sports more than 2 days per week
 - If abnormal or any concern, recommend
 - referral to pediatric cardiology prior to return to physical activity or sport
- If there are no concerning symptoms, past medical history or physical exam findings, may clear for activity
- 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)

- 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 Pediatric 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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