Return to Play/Activity COVID-19

Asymptomatic or Mild Symptoms (Positive test with zero symptoms; or less than 4 days of fever above 100.4, less than 1 week of myalgia, chills and/or lethargy)

- Athlete should contact (phone or telemedicine) their primary care physician prior to return to activity
 - If any respiratory/cardiac concerns (by history) the athlete should have an in-office evaluation and physical
 - Consider ECG for any abnormalities on history or 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, may clear for activity
- The athlete should complete a gradual, 7-10 day return to play while observing for any concerning symptoms*

Moderate Symptoms

(Greater than or equal to 4 days of fever (100.4 or above); greater than or equal to one week of chills, lethargy and/or myalgia or a non-ICU hospital stay with no evidence of MIS-C)

- Athlete should be evaluated by their primary care physician prior to return to activity with review of the AHA 14-point cardiac screen
- Obtain ECG
- Refer to cardiology
 - If ECG abnormal
 - Abnormal 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*

Severe Symptoms

(Hospitalization requiring ICU stay or intubation or MIS-C)

- AAP recommends no exercise for a minimum of 3 to 6 months
- 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 Return to Play/Activity for Pediatric Patients with COVID-19

135/82

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. In recent studies of the infected athletic population, infection of the heart seems to be lower than originally thought at approximately 0.5-3%.

There is still lack of evidence of the true incidence 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.

This article has been clinically reviewed by **Brian Harvey**, DO, Sports Medicine Physician; **Dan Forsha**, MD, MHS, Cardiology Physician; **Amol Purandare**, MD, Infectious Diseases Physician; **Natalie Stork**, MD, Sports Medicine Physician and **Lindsey Malloy Walton**, DO, MPH, Cardiology Physician.

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