



Oregon School Activities Association

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RETURN TO PARTICIPATION FOLLOWING INFECTION WITH COVID-19

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The OSAA SMAC has reviewed recommendations from multiple medical and sporting societies and national and local medical centers, including AAP, ACC, AMSSM, NFHS, Providence, OHSU, and Children's Hospital of Philadelphia. The guidance below has been revised to reflect updates from the NFHS and American Academy of Pediatrics released in January 2022. Please note that this guidance combines elements of the most recent NFHS and AAP statements.

We propose the following revised guidance to assist in the evaluation of middle school, high school and school-age club sport athletes wishing to return to sports activity following a COVID-19 infection. **The earlier recommendations were more conservative at a time when less was known about COVID-19 effects on the hearts of athletic individuals.**

Of greatest concern are cardiac-related symptoms including but not limited to chest pain, shortness of breath (either at rest or with exertion), fatigue, palpitations, syncope (passing out) or near-syncope. Symptoms such as loss of taste or smell are not the focus of this guidance.

Mild illness: fever of >100.4 degrees for 2 days or less; chills, lethargy, or muscle aches less than 1 week

Moderate illness: fever of >100.4 degrees for more than 2 days; chills, lethargy, or muscle aches longer than 1 week

1. Athletes who had a remote asymptomatic or **mild** COVID-19 illness, **and recovered, more than 28 days prior to return to sports activity** should be permitted to fully participate and return to activity without additional formal medical evaluation.
2. Athletes who have experienced **moderate** or **severe/hospitalization** COVID-19 illness should present written clearance from their primary care provider (PCP) or cardiologist prior to return to sports activity.
 - a. Athletes who experienced **severe** symptoms or who are hospitalized should be referred to a cardiologist for further testing prior to return to exercise/sports. When cleared for return to play the athlete should follow an individualized return to play progression.
 - b. Athletes who experienced **moderate** symptoms should not exercise for 5 days from symptom onset. PCP or cardiologist may consider the following evaluation based on age and symptoms, such as:
 - 1) ECG, troponin, echocardiogram
 - 2) Additional imaging, evaluation, and cardiology referral if indicated
 - 3) Once cleared, they may begin the graduated return to play progression outlined below.
3. Athletes who had a recent **asymptomatic** or **mild** COVID-19 illness should be permitted to fully participate and return to activity without additional formal medical evaluation following any recommended quarantine time. They should rest for a minimum of 24 hours from onset of first symptoms or positive test, and until after improvement of symptoms before returning to activity.
4. Any athlete who experiences cardiac-related symptoms during the graduated return to play progression or other participation **must be removed from activity immediately** and re-evaluated by their PCP or cardiologist prior to RTP.
5. Athletes with remote infections and moderate symptoms more than three months ago who never received a cardiac evaluation but have returned to full activity without symptoms do not need additional cardiac testing.

Sample Graduated Return to Play (RTP)

Athletes with asymptomatic or mild infection may return to activity over 1-2 days. If at any point they develop chest pain, chest tightness, shortness of breath, palpitations, lightheadedness, pre-syncope, or syncope they **must be removed from activity immediately** and be referred back to the evaluating provider.

Athletes with moderate or severe symptoms should complete at a minimum a 5-7 day progression outlined below without development of chest pain, chest tightness, shortness of breath, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the athlete **must be pulled from activity immediately** and be referred back to the evaluating provider. Physicians caring for athletes with severe COVID-19 illness may require them to complete a longer, individualized RTP progression.

1. **Stage 1: (1-2 Days) Light Activity** (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
2. **Stage 2: (1-2 Days) Add simple movement activities** (such as running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
3. **Stage 3: (1-2 Days) Progress to more complex training** for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
4. **Stage 4: (1-2 Days) Normal Training Activity** for 60 minutes or less at intensity no greater than 80% maximum heart rate.
5. **Stage 5: Return to full activity.**

References:

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic: Update to the NFHS-AMSSM Guidance Statement. Accessed on February 9, 2022 at: <https://www.nfhs.org/media/5393679/nfhs-amssm-updated-cardiopulmonary-considerations-for-covid-19-january-2022.pdf>

COVID-19 Interim Guidance: Return to Sports and Physical Activity. Accessed on February 9, 2022 at: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>