



Oregon School Activities Association

25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070
503.682.6722 <http://www.osaa.org>



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GUIDANCE FOR PEDIATRIC AND ADOLESCENT ATHLETES FOR RETURN TO SPORTS FOLLOWING INFECTION WITH COVID-19

OSAA Sports Medicine Advisory Committee

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 algorithm below has been revised to reflect recommendations published in JAMA Cardiology, October 26, 2020.

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.

1. Individuals who had 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. Those who experienced **moderate** or **severe** COVID-19 illness (i.e., prolonged symptoms or hospitalized) must present written clearance from their primary care provider (PCP) or cardiologist prior to return to sports activity.
3. All individuals who have had (or who are presumed to have had) COVID-19 illness anytime within 28 days prior to return to sports must present written clearance from their primary care provider (PCP) or cardiologist prior to return to sports activity.
 - a. Those who remained **asymptomatic** or who experienced only **mild illness** must rest for a minimum of 10 days from date of first symptoms or positive test, and recover from symptoms. Their PCP may choose to allow them to begin the graduated return to play progression without additional testing or evaluation.
 - b. Those who experienced **moderate (+/- cardiac) or severe (i.e., prolonged symptoms or hospitalized)** symptoms must rest and improve until 10 days after their symptoms resolve, and their PCP or cardiologist may consider the following evaluation based on age and symptoms, such as:
 - i. ECG, troponin, echocardiogram
 - ii. additional imaging, evaluation, and cardiology referral if indicatedOnce cleared, they may begin the graduated return to play progression.
4. Any individual who experiences cardiac symptoms during the graduated return to play progression or other participation **must be pulled from activity immediately** and re-evaluated as indicated.

Sample Graduated Return to Play (RTP)

All individuals with a history of confirmed or presumed Covid-19 infection should undergo a gradual return to physical activity.

The athlete should complete the 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 participant **must be pulled from activity immediately** and be referred back to the evaluating provider.

- **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.
- **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
- **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.
- **Stage 4: (1-2 Days) Normal Training Activity** for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5: Return to full activity**

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