



## Oregon School Activities Association

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

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.

We propose the following guidance to assist in the initial evaluation of middle school, high school and club athletes wishing to return to sports and physical activity following infection with COVID-19 virus.

The AAP strongly encourages that all patients with COVID-19 be cleared for participation by their primary care physician. The OSAA has recommended that all Oregon high schools require clearance by the primary care provider of any athlete diagnosed with COVID-19 before return to physical activity.

The focus of their return to participation screening should be for cardiac symptoms, including but not limited to chest pain, shortness of breath, fatigue, palpitations, or syncope.

All individuals with a history of a positive test result for SARS-CoV-2 should have a gradual return to physical activity. For details on a graduated return to play, see Elliott et al, *Br J Sports Med* June 22 2020. (See sample protocol below).

### 1. **ASYMPTOMATIC OR MILD SYMPTOMS** (no fever and symptoms less than 3 days).

- A. Rest for 14 days from resolution of symptoms (positive test date as reference if asymptomatic).
- B. Cleared by PCP and Gradual return to sports participation.
- C. If any clinical concerns based on symptoms or exam, then obtain ECG.
- D. Cleared by PCP and Gradual return to sports participation if ECG is normal.
- E. If ECG is abnormal or symptoms reported upon return to sport:
  - 1) continue restriction for sports until further evaluation.
  - 2) formal cardiology consultation.

### 2. **MODERATE SYMPTOMS** (fever, symptoms more than 3 days, no hospitalization).

- A. **Age < 12 or Low Level Physical Activity Only (non-competitive sports/PE or rec activity only).**
  - 1) Rest for 14 days from resolution of symptoms.
  - 2) Cleared by PCP and Gradual return to sports participation
  - 3) If any clinical concerns or new planned hard aerobic activity, then obtain ECG. Cleared by PCP if ECG normal, refer to cardiology if ECG abnormal.
- B. **Age >= 12 or High Level, Intense Physical Activity (competitive sports/intense physical activity).**
  - 1) Rest for 14 days from resolution of symptoms.
  - 2) ECG and consider troponin 10-14 days after symptoms
  - 3) ECG should be reviewed by cardiologist familiar with ECG variants commonly seen in the athletic individual.
- C. Gradual return to sports participation 14 days **AFTER symptom resolution.**

D. If ECG or troponin are abnormal or symptoms reported upon return to sport:

- 1) Continue restriction for sports until further evaluation.
- 2) Formal cardiology consultation.

**3. SEVERE SYMPTOMS (hospitalization for hypoxia, coagulopathy, hemodynamic instability or any other organ dysfunction).**

- A. Rest for 14 days minimum.
- B. ECG, Troponin, and Echocardiogram 10-14 days after onset of symptoms.
- C. Cardiology Consultation (if not already involved during hospitalization).

**4. SAMPLE GRADUATED RETURN TO PLAY (RTP) PROGRESSION AFTER COVID-19 INFECTION.**

A. The athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider. Should complete progression over 5-7 days.

- 1) Stage 1: (2 Days Minimum) 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 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
- 3) Stage 3: (1 Day Minimum) 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: (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
- 5) Stage 5: Return to full activity.

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