Return to Play Guidelines for School Athletes (Grades <12)
After COVID-19 Infection

Updated: February 8, 2022

This protocol replaces the November 27, 2021 version to reflect changes to the isolation and quarantine period based on current scientific evidence.

While many young children infected with the COVID-19 virus have mild symptoms or remain asymptomatic, some develop moderate or severe disease that will impact the respiratory and cardiovascular systems by direct injury or initiation of the inflammatory response. Evidence on the prevalence and risks of these and other complications in children and adolescents who have had a milder form of the illness remains limited. While the incidence of myocarditis is lower in the pediatric population compared to the adult population, myocarditis is a complication of COVID-19 infection and is a well-known cause of sudden death during exercise in the young athlete.

Definitions:

**Asymptomatic Disease**: Patient Laboratory confirmed COVID-19 positive without exhibiting any symptoms for the duration of the isolation period (5 days).

**Mild Disease**: Patient Laboratory confirmed COVID-19 positive who exhibits fewer than 4 days of fever above 100.4°F, short duration of symptoms (<7 days) such as myalgia, chills and lethargy.

**Moderate Disease**: Patient Laboratory confirmed COVID-19 positive who exhibits ≥ 4 days fever >100.4°F, ≥ 7 days of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of Multisystem Inflammatory Syndrome in Children (MIS-C).

**Severe Symptoms**: Patient Laboratory confirmed COVID-19 positive who had ICU admission and/or intubation or MIS-C.
Guidance for Healthcare Providers:

All children diagnosed with COVID-19 should be evaluated by a healthcare provider and cleared to start return to play progression before they fully engage in competitive sports. Healthcare providers evaluating children for return to play after COVID-19 infection should abide by the following evidence-based recommendations depending on the severity of the disease.

Asymptomatic or mild illness in the pediatric population do not require cardiac testing during the acute infection and evaluation can be done by phone, telemedicine or in-person visit. These young athletes should refrain from physical activity and sports while actively sick or febrile and during isolation period.

Young athletes who experience moderate COVID-19 disease should have an EKG done before they are cleared to continue sports participation.

Youth Athletes may initiate return to play progression* if any of the following situations are met:

- At least 5 days have passed from the date of positive COVID-19 test if asymptomatic, or
- At least 5 days have passed from the date of initial symptoms if mild disease, and ≥24 hrs. without fever and the use of fever reducing medications or
- At least 5 days have passed from the date of initial symptoms AND at least 5 days from resolution of symptoms for moderate disease AND should have a NORMAL EKG.

For young athletes who experience severe COVID-19 disease with evidence of myocarditis or were diagnosed with MIS-C, should NOT return to play for 3-6 months and they should be cleared by Primary Care Provider and Pediatric Cardiologist.

Return to play progression is a six-step process that includes a series of exercises that provides structure to guide an athlete who is recovering from COVID-19 in a gradual return to play (RTP) by allowing participation in increasingly difficult physical activities.
It is important for an athlete’s parent(s) and coach(es) to watch for cardiac symptoms such as: chest pain, shortness of breath out of proportion to URI symptoms, palpitations, lightheadedness, pre-syncope or syncope after each day’s return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If any of these symptoms develop, patient will not be allowed to continue the exercises and will be referred to the evaluating provider who signed the form.

Student-Athletes must complete the progression described on Return to Play form attached, monitored by school athletic trainer, without the development of cardiac-related symptoms before they are allowed to fully return to play competitive sports.

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RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

Pediatric patient with Hx of COVID-19 infection

Asymptomatic or Mild Symptoms
Moderate Symptoms (No hospitalization or cardiac symptoms)
Severe Symptoms, Including Cardiac (Hospitalized, MIS-C or Evidence of Myocarditis)

Clear for Participation
EKG Prior to Participation
Exercise/Sport restriction for 3-6 months *Should be cleared by Pediatric Cardiologist

Normal EKG
Clear for Participation

ABNORMAL EKG
NO SPORTS UNTIL Evaluation by Pedi Cardiologist
Concerns of Myocarditis

References:


Return to Play (RTP) Progression After COVID-19 Infection

Athlete’s Name: ______________________________________________ DOB: __________

Student ID#: ______________________ Sport: _____________________________

Date of Positive COVID-19 Test: ______________ Date of Medical Clearance: _____________

• Student-Athletes must have Medical Clearance from COVID-19 on File to initiate Return to Play Progression.
• Student-Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred to the evaluating provider who signed the form.
• For those students who were asymptomatic or Mild disease, may start RTP Progression at Stage 2.
• For students who had Moderate disease, Full RTP progression is required.

Stage 1: (2 Days Minimum) Light Activity (Walking, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date: ____________ Pass: ___ Fail: ___ AT INITIALS: ________ SA INITIALS: ________

Date: ____________ Pass: ___ Fail: ___ AT INITIALS: ________ SA INITIALS: ________

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.

Date: ____________ Pass: ___ Fail: ___ AT INITIALS: ________ SA INITIALS: ________

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.

Date: ____________ Pass: ___ Fail: ___ AT INITIALS: ________ SA INITIALS: ________

Stage 4: (1 Day Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate

Date: ____________ Pass: ___ Fail: ___ AT INITIALS: ________ SA INITIALS: ________

Stage 5: (1 Day Minimum) Return to Team Activities, S&C, and skill work, non-contact practice

Date: ____________ Pass: ___ Fail: ___ AT INITIALS: ________ SA INITIALS: ________

Stage 6: Return to Team Activities, Return to Full Team Practice

Cleared for Full Participation by School Athletic Trainer:

Athletic Trainer: ________________________________ Date: ________________

COVID-19 Medical Clearance Form

Per the University Interscholastic League, if an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/APRN/PAC)

Athlete’s Name: _________________________________________    DOB: ___________________

Date of Positive Test: ____________________ Date Onset of Symptoms: ____________________

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MEDICAL CLEARANCE

Date of Evaluation: __________________

Criteria to return (Please check below as applies)

○ Athlete was not hospitalized in the ICU due to COVID-19 infection AND

○ If asymptomatic or mild disease, at least 5 days have passed since date of positive test/ beginning of symptoms OR

○ If Moderate Disease at least 5 days have passed since resolution of symptoms AND have a Normal EKG AND

○ Cardiac screen questions negative for myocarditis/myocardial ischemia

(Please answers ALL questions below)

✓ Chest pain/tightness with exercise                        YES ☐ NO ☐
✓ Unexplained Syncope/near syncope                        YES ☐ NO ☐
✓ Unexplained/excessive dyspnea/fatigue w/exertion         YES ☐ NO ☐
✓ New Palpitations                                        YES ☐ NO ☐
✓ New Heart Murmur on exam                                YES ☐ NO ☐

NOTE to Evaluating HCP:
If Moderate disease OR any cardiac screening question is positive, further workup is indicated before clearance: EKG (at minimum), Echocardiogram, Cardiology Consult, CXR, Spirometry, Chest CT, Cardiac Magnetic resonance (CMR)

Athletes with severe disease or was diagnosed with MIS-C, should NOT return to play for 3-6 months and should be cleared by Pediatrics Cardiologist

☑ Athlete HAS satisfied the above criteria and IS cleared to start the return to play progression.

☑ Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to sports.

Additional Comments/Recommendations:

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Medical Office Information (Please Print/Stamp):

Healthcare Provider’s Name/Signature: ____________________________________________________
Office Address: ___________________________________________ Office Phone: ________________