RETURN TO PLAY CLEARANCE FOR ATHLETES

All athletes who have had a COVID-19 infection within the 45 day period preceding their desired activity start date or who are concluding isolation after a current COVID-19 infection and wish to return to activity must complete the Return to Play Clearance.

SARS-CoV-2, the novel coronavirus causing the COVID-19 pandemic, presents unique health issues that should be considered prior to an athlete's return to sports and exercise.

While most young adults infected with SARS-CoV-2 have mild symptoms or remain asymptomatic, the infection can cause direct injury or inflammation to the myocardium and lung tissue, especially in patients with moderate or severe disease including those that require hospitalization.

While the incidence of myocarditis following COVID-19 is generally low for young adults, myocarditis is known to be a cause of sudden death during exercise in young athletes.

RETURN TO PLAY GUIDANCE FOR PROVIDERS

Based on currently available evidence, health care professionals evaluating athletes for Return to Play (RTP) after COVID-19 infection should observe the following recommendations, depending on disease severity.

ASYMPTOMATIC OR MILD TO MODERATE

Athletes with a positive cardiac screen (see below) should have a standard 12-lead EKG and chest xray before being cleared to return to athletics or exercise.

An abnormal EKG or chest x-ray should prompt the provider to refer the patient to a cardiologist to evaluate for possible myocarditis before clearing the athlete to return to athletics or exercise. Abnormal results during this evaluation may prompt further evaluation for possible myocarditis with repeat troponin and/or cardiac MRI before clearing the athlete to return to athletics or exercise.

Physical exam should include a cardiac screen for myocarditis/myocardial ischemia (answer ALL questions below):

▪ Chest pain/tightness with exercise	YES	❑	NO	❑
▪ Unexplained syncope/near syncope	YES	❑	NO	❑
▪ Unexplained/excessive dyspnea with exertion	YES	❑	NO	❑
▪ Unexplained/excessive fatigue with exertion	YES	❑	NO	❑
▪ New palpitations	YES	❑	NO	❑
▪ New heart murmur on exam	YES	❑	NO	❑

If the history or physical exam is concerning for myocarditis as indicated by YES to any question OR if the athlete has an abnormal EKG or chest xray, the athlete should be referred to a cardiologist for further evaluation.

SEVERE

ICU stay and/or intubation, or multisystem inflammatory syndrome in children (MIS-C)[2]

Athletes who had severe COVID-19 disease requiring hospitalization, evidence of myocarditis and/or were diagnosed with MIS-C, should **NOT** be cleared to return to any athletics or exercise for 3 to 6 months post-infection and must be cleared by a cardiologist.

RETURN TO PLAY PROGRESSION

Once cleared by a provider, athletes may initiate **RTP progression**[3,4] when the following is met:

- At least 6 days have passed from the date of positive COVID-19 test, if asymptomatic, OR
- At least 6 days have passed from the date of onset of symptoms and symptoms are resolving (other than loss of taste and smell) and the student athlete is fever free for 24 hours without the use of fever-reducing medications
- AND the athlete has had a negative COVID-19 test to clear them back to practice between days 6 and 10 of the isolation period, if applicable
- AND if the athlete had a positive cardiac screen (see page 1), they must have a normal EKG with rhythm strip and normal chest x-ray. (Athletes who have a negative cardiac screen do not require an EKG or chest x-ray.)

RTP progression is a six-step process that includes a series of graduated exercises of increasing physical exertion performed over several days.[5] Progression through the six RTP stages permits assessment of recovery progress. Difficulty with progression may indicate need for further evaluation.

It is important for athletes and coaches to watch for symptoms such as chest pain, chest tightness, shortness of breath, palpitations, lightheadedness, and pre-syncope or syncope after each day's RTP 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, they should not be allowed to continue the exercises and should be reevaluated by a medical provider.

Athletes must complete the progression without development of symptoms to be allowed to fully return to play sports. An athlete's return to play progression should be monitored by a certified athletic trainer if available, and if not available, by another university-affiliated staff member who is responsible for compliance with the school's Return to Play protocol. If symptoms develop, the patient should be referred for further medical evaluation.

2 American Academy of Pediatrics. (2020). COVID-19 Interim Guidance: Return to Sports. Accessed Dec. 16, 2019.
3 Dean PN, Jackson LB, Paridon SM. Returning To Play After Coronavirus Infection: Pediatric Cardiologists' Perspective. July 14, 2020. Accessed Dec. 16, 2020.
4 Maron BJ, Udelson JE, Bonow RO, et al. Eligibility and disqualification recommendations for competitive athletes with cardiovascular abnormalities: task force 3: hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy and other cardiomyopathies, and myocarditis. J Am Coll Cardiol 2015;66:2362–71
5 Elliott N, Martin R, Heron N, Elliott J, Grimstead D, & Biswas A. (2020). Infographic. Graduated return to play guidance following COVID-19 infection. British journal of sports medicine, 54(19), 1174-1175.

RETURN TO PLAY FORM A
COVID-19 MEDICAL CLEARANCE

For Medical Provider Use

If an athlete has tested positive for COVID-19 within the 45 day period preceding their activity start date or if they are concluding isolation after an active infection and wish to return to activity, they must be cleared for progression back to activity by an approved health care professional (MD/DO/APRN/PAC)

Athlete's name: _____ **DOB:** _____

Date of (+) COVID-19 test: _____ **Date of Symptom Onset:** _____

Date of Symptom Resolution _____ **Date of Evaluation:** _____

MEDICAL CLEARANCE

Criteria to return (Please check below as applies)

- ❑ Athlete was not hospitalized due to COVID-19 infection **AND**
- ❑ At least 6 days have passed since onset of symptoms **OR**
- ❑ If asymptomatic, At least 6 days have passed since date of positive test **AND**
- ❑ Athlete has had a negative COVID test between days 6 and 10 of isolation period, if applicable, **AND**
- ❑ **All cardiac screen questions negative for myocarditis/myocardial ischemia OR**
- ❑ **If any cardiac screen questions were positive, athlete has a normal EKG and chest x-ray**

▪ Chest pain/tightness with exercise	YES	❑	NO	❑
▪ Unexplained syncope/near syncope	YES	❑	NO	❑
▪ Unexplained/excessive dyspnea with exertion	YES	❑	NO	❑
▪ Unexplained/excessive fatigue with exertion	YES	❑	NO	❑
▪ New palpitations	YES	❑	NO	❑
▪ New heart murmur on exam	YES	❑	NO	❑

NOTE TO PROVIDER: If any cardiac screening question is positive, further workup is indicated via an EKG and chest x-ray. An abnormal EKG or chest x-ray requires a cardiology consult.

Athletes with severe disease who were hospitalized or diagnosed with MIS-C, should NOT return to play for 3 to 6 months and should be cleared by a cardiologist.

- ❑ Athlete ***HAS*** satisfied the above criteria and ***IS*** cleared to start the return to activity progression.
- ❑ Athlete ***HAS NOT*** satisfied the above criteria and ***IS NOT*** cleared to return to activity.

Additional Comments/Recommendations:

Medical Office Information (Please Print/Stamp):

Provider Name/Signature: _____

Office Address: _____ Office Phone: _____

RETURN TO PLAY FORM B
COVID-19 MEDICAL CLEARANCE

For Athletic Trainer Use

Athlete Name: _____ **DOB:** _____

RED ID#: _____ **Sport:** _____

Date of Positive COVID-19 Test: _____ **Date of Medical Clearance:** _____

- Student-athlete (SA) must have medical clearance from COVID-19 on file to initiate Return to Play Progression.
- An athlete's Return to Play Progression should be monitored and recorded on this form by a certified athletic trainer (ATC) if available, and if not available, by another university-affiliated staff member who is responsible for compliance with the school's Return to Play protocol.
- SA must complete the progression below without development of chest pain, chest tightness, palpitations, light-headedness, pre-syncope, or syncope. If these symptoms develop, patient should be referred for additional medical evaluation.
- Athlete must pass each stage before progressing to the next stage. No more than two stages in one day.

STAGE 1: Light activity (walking, stationary bike) for 15 minutes or less at intensity no great-er than 70% of maximum heart rate. NO resistance training.

Date: _____ Pass: ____ Fail: ____ AT INITIALS: _____ SA INITIALS: _____

STAGE 2: Add simple movement activities (EG. running drills) for 30 minutes or less at inten-sity no greater than 80% of maximum heart rate.

Date: _____ Pass: ____ Fail: ____ AT INITIALS: _____ SA INITIALS: _____

STAGE 3: 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: 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: Return to team activities, strength & conditioning, skill work, and non-contact practice.

Date: _____ Pass: ____ Fail: ____ AT INITIALS: _____ SA INITIALS: _____

STAGE 6: Return to team activities and full team practice.

Student is cleared for full participation by school athletic trainer (minimum seven days spent on RTP):

Athletic Trainer: _____ Date: _____