

## **COVID-19 Return to Play Form**

**According to Montana High School Association guidelines “Any MHSA activity participant who has been diagnosed with COVID-19 cannot return to play until he/she is evaluated by a licensed healthcare professional, and has written clearance to return to play from a licensed healthcare professional. The participant must also be cleared from isolation by the county health department.”**

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_ Date of Symptom Onset: \_\_\_\_\_

Date of Symptom Resolution: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

There are still many unknowns about the effects of COVID-19 on athletes and when it's safe for youth to return to sports after an infection. Although it seems to be less common in children than adults, COVID-19 is known to cause cardiac damage and heart inflammation (myocarditis). Additionally, myocarditis is recognized as a cause of sudden death in young athletes. Given these uncertainties, the following return to play recommendations were created based on expert opinion from Montana pediatric cardiologists and national guidelines (see attached guidance). These recommendations are subject to change as research and recommendations evolve.

### **Criteria to return**

- 10 days have passed since symptom onset or positive test result and a minimum of 24 hours fever free (off fever reducing medications), symptoms resolved (excluding loss of taste or smell), AND;
- Athlete was not hospitalized and did not experience moderate/severe illness (>3 days of fever >100.4, myalgias, chills, and/or lethargy) due to COVID-19 infection, AND;
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
  - 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
  - Heart murmur on exam YES  NO
  - IF EKG was performed (done at provider discretion) results are negative YES  NO

**\*NOTE: If any of the above criteria to return are not met, pediatric cardiology consultation and further work up is recommended including EKG.**

- Athlete HAS satisfied the above criteria and IS cleared to start a graduated return-to-play protocol (see attached guidance).
- Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity until pediatric cardiology has been consulted.

Evaluator's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Athletes or participants who exhibit any signs or symptoms of COVID-19 should be **held out of ALL practices, games, and events.**
- They should seek the advice of their healthcare provider and/or public health for recommendations on testing, isolation, and return-to-play.
- **Following MHSAA guidelines, all athletes with a positive test should have an evaluation, upon resolution of COVID-19 symptoms, by a licensed healthcare provider** for new symptoms of dyspnea, chest pain, palpitations, or dizziness/syncope.
- National and local pediatric cardiologists also recommend the following:
  - **Asymptomatic:** the athlete should not return to sports until 10 days **after** receiving their test results and be cleared by a healthcare provider.
  - **Mild illness** (<4 days of fever >100.4F, myalgia, chills, and lethargy): The athlete should not return to sports until 10 days **after** symptom onset and be cleared by a healthcare provider. EKG may be done per provider discretion
  - **Moderate illness** (prolonged symptoms:  $\geq 4$  days of fevers >100.4F, myalgia, chills, and/or lethargy): The athlete should not return to sports until 10 days **after** their COVID-19 symptoms have resolved AND have a normal EKG AND **a pediatric cardiologist has been consulted** for further evaluation.
  - **Severe illness** (hospitalization, abnormal cardiac testing, Multisystem Inflammatory Syndrome in Children (MIS-C)): The athlete should not return to sports until they have **complete cardiac testing done and be cleared by a pediatric cardiologist**. Some of these patients may require a 3-6 month restriction from sports due to concern for heart inflammation (myocarditis).

\* A graduated return-to-play protocol is recommended after clearance by a physician (PCP or cardiologist). The progression should be performed over the course of a 7-day minimum.

The following return-to-play protocol found in the American Academy of Pediatrics *COVID-19 Interim Guidance: Return to Sports* clinical guidance was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020:

**Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less:** Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

**Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

**Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less-** Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes** -Normal training activity - intensity no greater than 80% maximum heart rate.

**Stage 5: Day 7 - Return to full activity/participation (ie, - Contests/competitions).**

#### References

1. American Academy of Pediatrics. (2020, July 22). *COVID-19 Interim Guidance: Return to Sports*. Retrieved August 24, 2020, from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinicalguidance/>
2. Dean, P., Burns Jackson, L., Paridon, S. (2020, July 14). *Returning to Play after Coronavirus Infection: Pediatric Cardiologists' Perspective*. American College of Cardiology. Retrieved August 24, 2020, from <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>
3. Phelan, D., Kim, J. H., & Chung, E. H. (2020). *A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection*. JAMA cardiology, 10.1001/jamacardio.2020.2136. Advance online publication.
4. Montana Chapter of the American Academy of Pediatrics. (2020). *Return to Play Recommendations for Adolescent Athletes*. Retrieved September 18, 2020 from <https://www.mtpeds.org/covid-19-resources/>
5. Montana High School Association. (2020). *August 13, 2020, Executive Board Action*. Retrieved September 18, 2020 from [https://www.mhsa.org/news\\_article/show/712910](https://www.mhsa.org/news_article/show/712910)