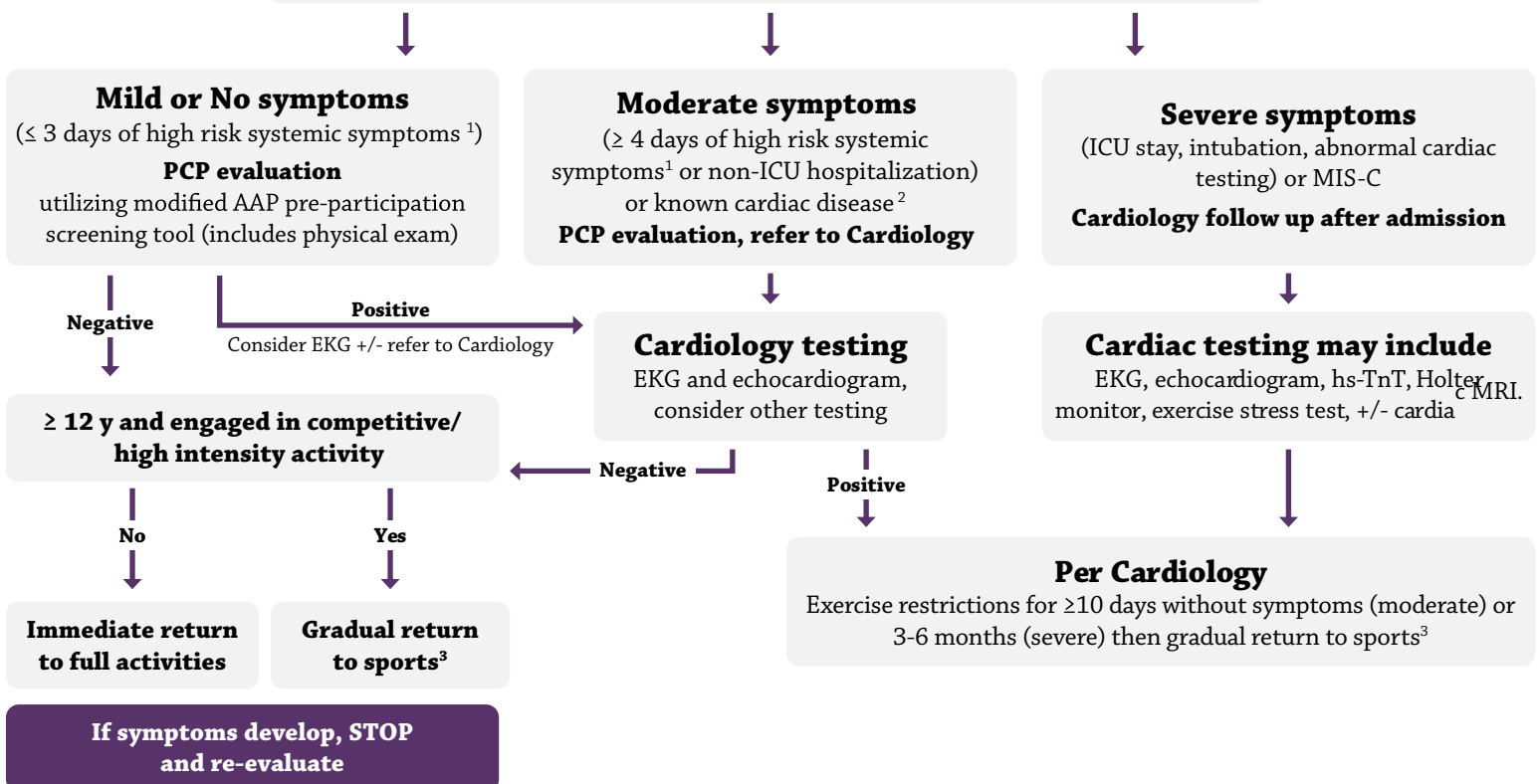


RETURN TO EXERCISE AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS (K-12)*

Note, patients with close contact exposure to COVID-19 are restricted from participation for ≥ 10 days (same duration as quarantine).

Evaluation by PCP after discontinuation of COVID-19 Isolation

(≥ 10 days after positive COVID-19 test or symptom onset AND afebrile for ≥ 24 hours off antipyretics with improved symptoms)



*Published by Finger Lakes/Western NY COVID Pediatric RTP Workgroup on 2/2/2021. This document contains guidance based on current information available to inform assessment and risk stratification for release to participation in physical education, sports and moderate to vigorous play for pediatric patients and is modified from interim guidelines from the American Academy of Pediatrics <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/> and the American College of Cardiology <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

¹ High risk systemic symptoms are: fever >100.4 , myalgia, chills, or profound lethargy. Non-systemic symptoms (loss of taste or smell or respiratory symptoms) do not qualify.

² Note that most heart defects may not be considered significant enough to qualify for this category. Please refer to the attached FAQ.

³ Once cleared, gradual return to sports can begin immediately. An AAP-suggested protocol is on the attached page.

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ASSESSMENT/RELEASE FOR RETURN TO PLAY AFTER COVID-19

Patient: _____ School: _____

DOB: _____ Sport: _____

PCP: _____

Date of onset of COVID symptoms: _____

Date of COVID positive test or start of isolation: _____

Systemic symptoms for 4 days or more? (fever, myalgia, chills, profound lethargy): N Y

Hospitalization due to COVID symptoms?: N Y

H/o cardiac abnormalities followed by cardiology?: N Y

Recent Symptoms

Chest pain at rest or with exertion? (not musculoskeletal or costochondritis): N Y

Shortness of breath with minimal activity? (unrelated to respiratory symptoms): N Y

Excessive fatigue with exertion?: N Y

Abnormal heartbeat or palpitations?: N Y

Syncope or near-syncope? N Y

Normal cardiovascular exam?: Y N

Cardiology referral indicated?: N Y

Cleared for return to sports*? Y N

*If ≥ 12 y and in competitive sports/intense exercise activities, please begin graduated return to sports (suggested protocol below**)

Signature: _____

Printed Name: _____

Date: _____

****Suggested gradual return to sports progression**

(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).

Note: Patient should be symptom free before progressing to next stage.

v.2/2/21