

Sports Medicine

COVID-19 Return to Activity Guidance

Return to Activity Protocol

COVID-19 Considerations

- Children with **asymptomatic or mild COVID-19 infection (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy)** need assessment by school athletic trainer after symptoms have fully resolved, and isolation period has been completed. They may then begin a gradual return to activity following clearance by athletic trainer and after a minimum of 24 hours symptom free off-fever reducing medications. The CDC and Ohio Department of Health currently recommend a 5 day isolation period for those who are asymptomatic or whose symptoms are resolving.
- Children with **moderate COVID-19 infection (>4 days of fever > 100.4°F, myalgia, chills, lethargy or those who had a non-ICU hospital stay without MIS-C)** are recommended to have in-person evaluation by their primary care provider after symptom resolution and completion of isolation, including a 14 point AHA evaluation and ECG. These children should not exercise until cleared by a physician or collaborating licensed medical provider.
- Children with severe **COVID-19 infection (ICU stay/intubation or MIS-C)** should be restricted from exercise for a minimum of 3-6 months and require cardiology clearance prior to resumption of training or competition.

Return to Activity

- A graduated return-to-activity protocol may begin after clearance by a physician, cardiologist, or collaborating licensed medical provider as outlined above.
- Children should be asymptomatic when performing normal activities of daily living.
- The return-to-activity protocol progresses over the course of a 3-day minimum.
- Effort at each stage based on the modified Borg Rating of Perceived Exertion (RPE) - see next page
- Extension of the return-to-activity protocol is warranted for those who experienced moderate COVID-19 symptoms.
- Children who are >1 month from diagnosis and have been physically active without concerns may forego the return-to-activity protocol following primary care provider clearance.

Cardiac Screening Questions for COVID-19 Return to Activity Protocol

Updated 12/10/2020

(Adapted from OHSA 2020-2021 Pre-Participation Physical Form)

To be asked before progression is started (questions 1-6) and after each stage (questions 3-6)

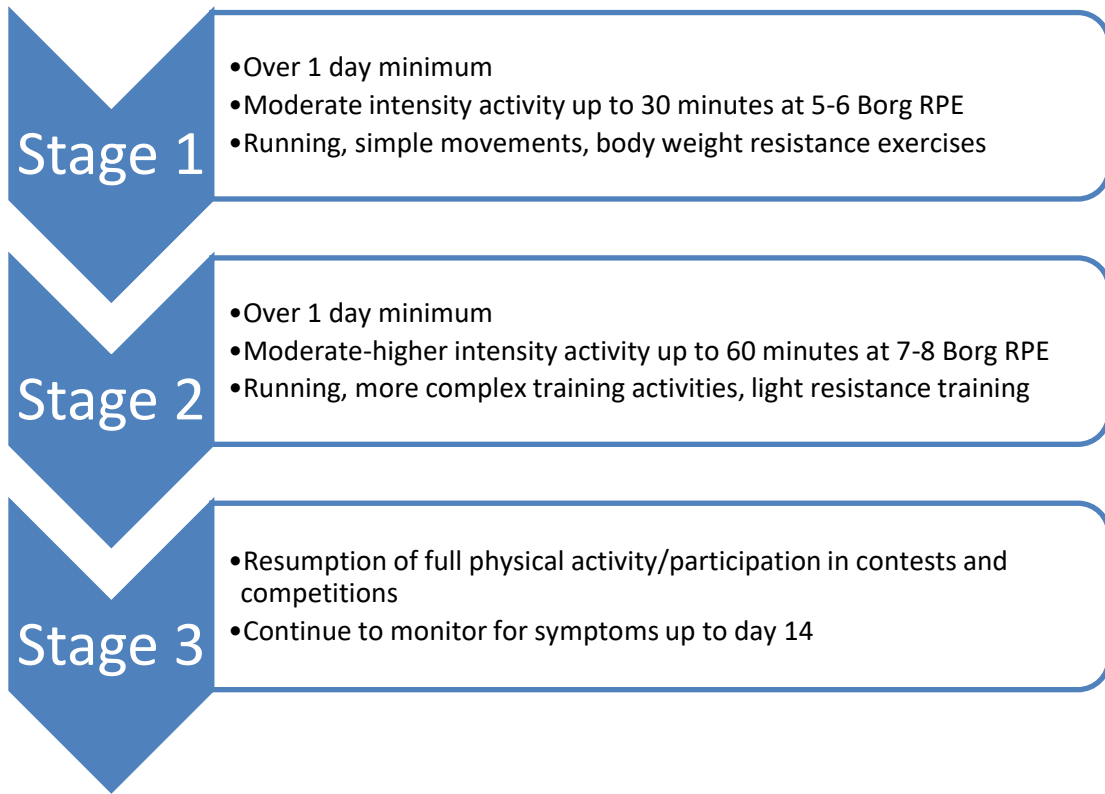
1. Has a doctor told you that you have any heart problems, specifically within the last 14 days?
2. Did a doctor request a test for your heart recently? For example, electrocardiography (ECG) or echocardiography, or cardiac MRI, or other cardiac tests or bloodwork?
3. Have you passed out or nearly passed out during or after exercise?
4. Have you had discomfort, pain, tightness, or pressure in your chest during exercise?
5. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?
6. Do you get light-headed or feel shorter of breath than your friends during exercise?

Please see next page for Return to Activity Protocol ➡



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Return to Activity Protocol



Rating of Perceived Exertion Scale

RPE Scale	Rating of Perceived Exertion
10	Max Effort Activity Feels almost impossible to keep going. Completely out of breath, unable to talk. Cannot maintain for more than a very short time.
9	Very Hard Activity Very difficult to maintain exercise intensity. Can barely breath and speak only a few words
7-8	Vigorous Activity Borderline uncomfortable. Short of breath, can speak a sentence.
4-6	Moderate Activity Breathing heavily, can hold short conversation. Still somewhat comfortable, but becoming noticeably more challenging.
2-3	Light Activity Feels like you can maintain for hours. Easy to breathe and carry a conversation
1	Very Light Activity Hardly any exertion, but more than sleeping, watching TV, etc