

# RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

## Interim Recommendations as of October, 2021

START

**COVID-19 Infection In Past 3 Months AND Cleared CDC Recs for Isolation After Infection Dx (see Note 1)**

### Current HX & PHYSICAL

**Hx:** Suggest AHA 14-element screening eval. with special emphasis on **Chest Pain, SOB out of proportion for URI, Syncope, New-Onset Palpitations**  
**PE:** Abnormal Cardiac Exam

**HX or PE POSITIVE**  
(In-Person or Telehealth)

**Note 1:** All patients with a known/suspected Hx of a COVID-19 infection in the preceding 3 months require clearance with a Primary Care Provider. Some clearances may be appropriate for telehealth.

For children/teens who have already advanced back to physical activity/sports on their own and do not have any abnormal signs/symptoms, no further workup is necessary.

**HX & PE NEGATIVE:**  
Assess COVID Infection Severity

\*ECG's may be at the direction of Cardiology

**Cardio Referral\***  
Prior to Participation  
(Suggest In-Person Eval prior to referral if seen initially by telehealth)

### ASYMPTOMATIC or MILD SYMPTOMS

< 4 days of fever >100.4 AND  
< 1 week myalgia, chills or lethargy  
Pt. Can Be Cleared Via Telehealth Visit

### MODERATE SYMPTOMS

≥ 4 days of fever > 100.4 OR  
≥ 1 week myalgia, chills or lethargy AND  
Non-ICU Hosp. & No Evidence of MIS-C  
Pt. Requires In-Person Evaluation

### SEVERE SYMPTOMS

- ICU Hospitalization due to COVID-19
- Hx of MIS-C
- Abnormal Cardiac Testing/Labs

**Clear For Participation With Gradual Return to Full Physical Activity (see Notes 2, 3 & 4)**

- Age < 12 y/o OR
- Low Intensity Participation (i.e. PE)

- Age ≥ 12 y/o AND
- Competitive Sports or High Intensity Physical Activity

**Note 4:** Children < 12 y/o may progress back to sports/PE classes according to their own tolerance.

**If No Significant Concerns**

**Consider ECG and/or Cardio Referral\***  
Prior to Participation

**Remain under Cardiology Care for Evaluation, Treatment & Return to Play Guidance**

**Possible Workup:** ECG, Echo, 24 Hour Holter Monitor, Troponin, Exercise Stress Test, +/- Cardiac MRI

**Exercise:** Typically restricted for a minimum of 3-6 Months

**After 10 Days Asymptomatic (without fever meds) Clear For Participation With Gradual Return to Full Physical Activity (see Notes 2 & 3)**

**Note 2:** Monitor for chest pain, SOB out of proportion for URI, new-onset palpitations, or syncope when returning to exercise. Referral to Cardiology if sx's.

**If Myocarditis Concerns**

**Note 3: Gradual Activity Progression** adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020.

**(7 day min & consider extending progression for Moderate COVID-19 Sx's)**

**Stage 1: Day 1&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 (i.e. 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&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 (i.e. contests/competitions).**

### References

1. AAP COVID-19: Interim Guidance: Return to Sports. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
2. Kim et al. **Coronavirus Disease 2019 and the Athletic Heart**-October 26, 2020. *JAMA Cardiology*. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2772399>
3. Dean et al. **Returning to Play After Coronavirus Infection: Pediatric Cardiologists' Perspective**-July 14, 2020. *American College of Cardiology*. <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

The guideline is meant to support clinical assessment and medical decision making. It is not intended or meant to replace the provider's professional judgment or establish a professional standard of care. The guideline should be modified based on the provider's professional judgment in considering individual patient's needs.

The COVID-19 interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire Dec. 31, 2021 unless otherwise specified (as noted by the AAP).