

RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

Interim Recommendations as of January, 2021

START

COVID-19 INFECTION HX & CLEARED CDC REC ISOLATION AFTER INFECTION DX

HX & PHYSICAL (see Note 1)

Hx: Chest Pain, SOB, Fatigue, Syncope, New Palpitations
PE: Abnormal Cardiac Exam

HX or PE POSITIVE

Cardio Referral Prior to Participation

HX & PE NEGATIVE

Note 1

All patients with a known or suspected history of a COVID-19 infection require clearance with a primary care provider.

ASYMPTOMATIC or MILD SYMPTOMS

< 4 days of fever >100.4, myalgia, chills or lethargy

MODERATE SYMPTOMS

- ≥ 4 days of fever > 100.4, myalgias, chills or lethargy
- Non-ICU Hospitalization & No evidence of MIS-C

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)

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

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

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)

If No Significant Concerns

Cardio Referral Prior to Participation

If Myocarditis Concerns

Note 2: Be alert for cardiac symptoms that may develop following return to full activity. Referral to Cardiology if symptoms.

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

(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 June 30, 2021 unless otherwise specified (as noted by the AAP).