Clearing an Athlete after a COVID-19 Infection

Evidence shows that people infected with COVID-19 are at an increased risk for myocarditis. It is important to appropriately evaluate patients before they are cleared to return to play. This decision tree is intended as an aid for triaging patients and for providing consistent patient care. It is applicable to athletes who are in middle school or high school (12 years old or older) or who compete in high exertion activities (adult-led, advanced level, participates in activity more hours per week than age in years, etc.), but it can be used for other patients on an individual basis.

- The American Academy of Pediatrics does NOT require a cardiac workup or step-wise return to play if an athlete has already recovered from a past COVID-19 infection and has regained fitness back to full activity without symptoms.
- The athlete should contact their physician, school, athletic trainer, and/or organization after they test positive to determine what is needed to clear them to start a return to play program.

These are clinical guidelines based on expert consensus and available scientific evidence. As such, these guidelines should serve as a reference and do not replace clinical judgment at the point of care. Please refer questions to CHOC Cardiology or Sports Medicine.

Patient with Positive COVID-19 Test and/or Symptoms consistent with COVID-19 infection

1. **Asymptomatic**
   - Monitor for symptoms for 24-48 hours after positive test
   - Rest and no exercise for 24-48 hours after symptoms resolve
   - Communicate with Athletic Trainer and/or Pediatrician/Sports Medicine Physician to be cleared to start return to play
   - No concerning cardiac symptoms
   - May begin first 3 phases of step-wise return to play program while at home
   - Return to School after completing 5-10 day isolation
   - Complete step-wise return to play program under supervision of Athletic Trainer

2. **Mild Symptoms** (loss of taste/smell, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness lasting less than 4-5 days)
   - Monitor for symptoms for 24-48 hours after positive test
   - Rest and no exercise for 24-48 hours after symptoms resolve
   - Communicate with Athletic Trainer and/or Pediatrician/Sports Medicine Physician to be cleared to start return to play
   - No concerning cardiac symptoms
   - May begin first 3 phases of step-wise return to play program while at home
   - Return to School after completing 5-10 day isolation
   - Complete step-wise return to play program under supervision of Athletic Trainer

3. **Moderate Symptoms** (persistent fever, chills, myalgias, persistent fatigue (after initial 10 days), lethargy, dyspnea, and chest tightness) (Nonhospitalized)
   - Rest and no exercise until resolution of symptoms
   - In person visit with pediatrician/sports medicine physician
   - Normal physical exam and no concerning cardiac symptoms
   - Consider ordering ECG and/or consider formal Cardiology Consultation
   - Normal ECG
   - Rest and no exercise for at least 5 days after symptom resolution
   - May begin step-wise return to play program under supervision of Athletic Trainer

4. **Severe Symptoms** (Hospitalized)
   - Rest and no exercise until resolution of symptoms
   - In person visit with pediatrician/sports medicine physician
   - Abnormal/concerning physical exam or cardiac symptoms
   - Abnormal ECG
   - Formal Cardiology Consultation
   - Cardiology Clearance

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References:
2. Dean PN, Jackson LB, Pardon SM. Returning To Play After Coronavirus Infection: Pediatric Cardiologists’ Perspective. ACC, Published Online July 14, 2020

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