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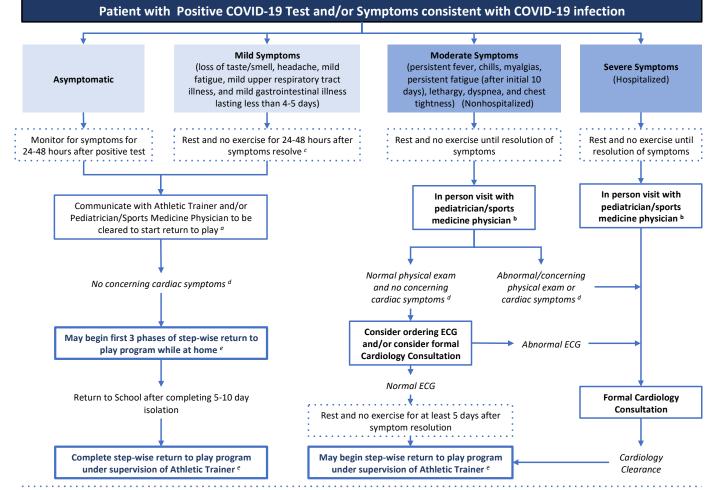
Clearing an Athlete after a COVID-19 Infection

CHOC Children's

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.



^a Depending on symptom profile and school/organization policy, in person or Telehealth physician visit may be required

^b In person visit should take place once minimum 5 day isolation is completed and symptoms have resolved (except persistent loss of taste/smell or mild fatigue consistent with deconditionina)

^c Especially cough, fever, myalgias, and shortness of breath. Persistent loss of taste/smell or mild fatigue consistent with deconditioning is reasonable to continue

^d E.g. chest pain/pressure, dizziness, difficulty breathing, fainting, or decreased ability to exercise

^e If symptoms return or new symptoms occur other than mild fatigue consistent with deconditioning during return to play, stop progression and return to physician for evaluation

Developed by Dr. Matthew Kornswiet and Dr. Chris Koutures – Pediatric Sports Medicine, CHOC Children's Primary Care Network References:

- 1. Kim JH, Levine BD, Phelan D, et al. Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play. JAMA Cardiol. Published online October 26, 2020. doi:10.1001/jamacardio.2020.5890
- 2. Dean PN, Jackson LB, Paridon SM. Returning To Play After Coronavirus Infection: Pediatric Cardiologists' Perspective. ACC, Published Online July 14, 2020
- 3. California Interscholastic Federation Recommended Evaluation & Cardiac Testing for COVID-19 (+) Athletes Returning to Education-Based Athletics Updated 2/22/2021
- 4. American Academy of Pediatrics, COVID-19 Interim Guidance: Return to Sports and Physical Activity, Updated 12/01/2021