COVID-19 Return to Play Form

According to Montana High School Association guidelines “Any MHSA activity participant who has been diagnosed with COVID-19 cannot return to play until he/she is evaluated by a licensed healthcare professional, and has written clearance to return to play from a licensed healthcare professional. The participant must also be cleared from isolation by the county health department.”

Athlete’s Name: _____________________________________ DOB: ______________

Date of Positive Test: ______________ Date of Symptom Onset: ____________________

Date of Symptom Resolution: _________________ Date of Evaluation: ________________________

There are still many unknowns about the effects of COVID-19 on athletes and when it’s safe for youth to return to sports after an infection. Although it seems to be less common in children than adults, COVID-19 is known to cause cardiac damage and heart inflammation (myocarditis). Additionally, myocarditis is recognized as a cause of sudden death in young athletes. Given these uncertainties, the following return to play recommendations were created based on expert opinion from Montana pediatric cardiologists and national guidelines (see attached guidance). These recommendations are subject to change as research and recommendations evolve.

Criteria to return

- Complete isolation period, AND;
- Athlete was not hospitalized and did not experience SEVERE illness (hospitalization, ICU stay, MIS-C) due to COVID-19 infection, AND;
- Negative AHA 14-element cardiac screen with emphasis on the following myocarditis symptoms (all answers below must be no):
  - Chest pain/tightness with exercise YES ☐ NO ☐
  - Unexplained syncope/near syncope YES ☐ NO ☐
  - Unexplained/excessive dyspnea/fatigue w/exertion YES ☐ NO ☐
  - New palpitations YES ☐ NO ☐
  - Heart murmur on exam YES ☐ NO ☐
- Complete physical exam was performed and normal if athlete had moderate illness (>4 days of fever >100.4, OR > 1 week myalgias, chills, and/or lethargy)
- EKG was performed and normal IF athlete had moderate illness (>4 days of fever >100.4, OR > 1 week myalgias, chills, and/or lethargy)

*NOTE: If any of the above criteria to return are not met, EKG, pediatric cardiology consultation and further workup may be required. See decision tree attached.

- Athlete HAS satisfied the above criteria and IS cleared to start a graduated return-to-play protocol (see attached guidance).
- Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity until pediatric cardiology has been consulted.

Evaluator’s Name: _____________________________ Office Phone: ______________________

Evaluator’s Signature: __________________________ Date: _______________

Updated 2/17/22
Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Return Guidance: Return to Sports and Physical Activity by Arno Zucker, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC.

For detailed guidance, please refer to the AAP COVID-19 Return Guidance: Return to Sports and Physical Activity. (Last updated 2/10/2022)

Severity of symptoms

- **Asymptomatic or mild**
  - <4 days of fever
  - <100.4°F
  - <4 weeks of myalgia, chills, or lethargy
  - Assessment by Primary Care Physician (PCP) (phone, telemedicine, or in-person consultation)
  - In-person evaluation by PCP after symptom resolution and completion of isolation

- **Moderate**
  - 2+ days of fever ≥100.4°F, ≥1 week of myalgia, chills, or lethargy, or an ICU hospital stay and no evidence of multisystem inflammatory syndrome in children (MIS-C)

- **Severe**
  - ICU stay and/or ventilation, or MIS-C
  - Restrict from exercise for 3-6 months, obtain cardiology clearance prior to resuming training or competition

During assessment:
1. Guidance on duration of isolation
2. Do not exercise while in isolation
3. AHA 14-element screening evaluation, with special emphasis on symptoms of myocarditis (not denial 0.5-3%): chest pain, shortness of breath (COVID) out of proportion to upper respiratory infection (URI) symptoms, new-onset palpitations, or syncope

During in-person evaluation:
1. Do not exercise until cleared by PCP
2. AHA 14-element screening evaluation, with special emphasis on chest pain, SOB out of proportion to URI symptoms, new-onset palpitations, or syncope
3. Complete physical exam
4. EKG

**Negative AHA screen**
- In-office visit with complete physical exam (PE) post-isolation. In patients with symptoms that may involve the cardiac system, such as chest pain, shortness of breath with exercise (not related to pulmonary issues), syncope, the PCP should have electrocardiogram (EKG) done and interpreted prior to clearance to return. Refer to pediatric cardiology for abnormal EKG. Include from physical activity until cleared by cardiology then return to play (Box A)

**Positive AHA screen**
- Negative AHA screen, normal exam, and normal EKG
- Refer to cardiology, exclude from physical activity until cleared by cardiology

**Negative AHA screen, abnormal exam, or abnormal EKG**
- Cleared to begin return to play (Box A) after 10 days have passed from symptom onset or positive test
Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity by Anna Zuckermand, MD, FAAP and Jonathan Silver, MD, FAAP, FAANP.

For detailed guidance, please refer to the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity. (Last updated 11/10/2020)

BOX A: Additional Guidance on Returning to Play (Note: If the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)

When should children and adolescents return to play?

1) Completed isolation and minimum amount of symptom free time has passed
2) Can perform all activities of daily living
3) No concerning signs/symptoms
4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

5) <12y: progress according to own tolerance
6) 12+: gradual return to physical activity
   - Asymptomatic/Mild symptoms: Minimum 1 day symptom free (excluding loss of taste/smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from test or symptom onset have passed.
   - Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste/smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout or one normal practice, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from test or symptom onset have passed.

When should children and adolescents pause return to play?

- If patient develops any chest pain, SDB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology

Updated 2/17/22
The 14-Element AHA Cardiovascular Screening Checklist for Congenital and Genetic Heart Disease

**Personal history**

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**Family history**

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**Physical Examination**

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*Judged not to be of neurocardiogenic (vasovagal) origin; of particular concern when occurring during or after physical exertion.

**Refers to heart murmurs judged likely to be organic and unlikely to be innocent; auscultation should be performed with the patient in both the supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.

***Preferably taken in both arms.