Return to Play for High School Athletes Following COVID-19 Infection

Considerations:

- The proposed clinical shared baseline is based on very limited data regarding the risk of persistent myocardial inflammation following COVID-19 infection. Evidence based recommendations may change as more data emerge.
- The proposed clinical shared baseline applies to high school athletes.
 - College athletes and individuals >17 years old should consider evaluation according to adult sports medicine/cardiology guidelines
 - Multipsystem Inflammatory Syndrome in Children (MIS-C) may occur 3-4 weeks following COVID-19 infection. Based on early reporting, >80% of MIS-C cases are in individuals <15 years old. Cardiovascular collapse may be acute and profound with MIS-C
 - The proposed clinical shared baseline does NOT apply to return to play following MIS-C infections
- Restrictions based on myocarditis guidelines (which includes 3-6 month restriction from activity and competitive play, with advanced imaging and additional testing prior to return to play) should be done with cardiology consultation

ALL ATHLETES WITH SUSPECTED OR PROVEN COVID INFECTION NEED TO CONTACT THEIR PRIMARY CARE PROVIDER FOR CLEARANCE TO RETURN TO PLAY

Symptomatic COVID Infection Asymptomatic COVID+ Rest with no exercise for 2 weeks from Severe Illness Mild to Moderate Symptoms positive test result (Hospitalized) (but not hospitalized) Rest with no exercise for 2 weeks Consider ECG Abnormal from resolution of symptoms Normal Discuss lab work-up and imaging Respiratory or cardiac ECG with cardiology during the Yes symptoms develop with Abnormal Consider hospitalization; follow-up and Consider: exercise Cardiology Referral Troponin additional testing and duration of Echo restrictions per consultation with No Normal cardiology Slow resumption of activity with cessation of activity and additional evaluation if develop any symptoms Additional Considerations: Advanced imaging, exercise stress test and potential 3-6 month restriction per cardiology, but should be considered in the setting of any evidence of myocardial inflammation with activity