

RETURN TO SPORT AFTER COVID-19 INFECTION

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Pediatric Return to Activity After COVID Infection Shared Baseline for Primary Providers

For use in high school, middle school and elementary age children

Asymptomatic
or
Mild Symptoms

- No exercise until completed isolation and cleared by provider

Mild symptoms = Fever higher than 100.4 F for less than 4 days, < 1 week myalgia, chills or lethargy

Recommend PCP phone or telemedicine visit (at minimum)

- Review isolation requirements
- Instruct no exercise during isolation
- Review symptoms and AHA 14 point screen (especially chest pain, shortness of breath out of proportion for URI, new-onset palpitations, or new syncope)

No concerns after phone/telemedicine visit:

Follow Return to Activity Protocol after completing isolation (**Counsel to contact office if any cardiac symptoms occur with any stage of return to activity)

Abnormal symptoms on phone/telemed visit:

In person visit with PCP and consider EKG

Abnormal cardiac exam:

EKG and consider referral to Cardiology

Moderate Symptoms

- No exercise until completed isolation, examined and cleared by provider

Moderate symptoms = Fever higher than 100.4 F for greater than 4 days, ≥ 1 week myalgia, chills or lethargy

Recommend Complete Physical Exam with PCP and review of AHA 14 point screen, after symptom resolution and after completion of isolation

Recommend EKG at PCP office OR consider Cardiology Consultation

- Especially in the setting of chest pain/tightness, shortness of breath out of proportion for URI, new-onset palpitations, or new syncope

Negative exam, normal AHA 14 point screen and normal EKG with PCP OR after cleared by cardiology:

≥ 10 days after positive test and ≥ 10 days symptom free, may follow Return to Activity Protocol (**Counsel to contact office if any cardiac symptoms occur with any stage of return to activity)

Abnormal cardiac exam, cardiac symptoms, abnormal EKG or unable to obtain EKG:

Refer patient to Cardiology

Severe Symptoms
or MIS-C*

- No exercise until cleared by cardiology

ICU stay and/or intubation or MIS-C*

*Referral to Cardiology
NO exercise for at least 3-6 months*

Children who have already returned to sport/activity?

- If no symptoms, no further workup
- Recommend parents contact PCP to document prior infection in medical record

***MIS-C: Multisystem Inflammatory Syndrome-Children**

**Counsel if child develops new symptoms in the 4 weeks after COVID infection, they should contact their PCP

Gradual Return to Activity Protocol after COVID-19 Infection

For use in children 12 years and older, children less than 12 years old may return to physical activity as tolerated

7 day minimum return progression (consider extending progression for moderate symptoms)

(The following progression was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020)

Stage 1: Day 1 and Day 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 (e.g. 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% of maximum heart rate.* May add light resistance training.

Stage 4: Day 5 and Day 6 – (2 Days Minimum) – 60 minutes- Normal training activity- intensity no greater than 80% of maximum heart rate.*

Stage 5: Day 7- Return to full activity/participation (i.e. Contests/competitions)

If COVID-19-related symptoms develop with the resumption of activity at any time, including up to 4 weeks after infection (i.e. shortness of breath out of proportion for recent upper respiratory tract infection, chest pain, new syncope or new palpitations), it is recommended to discontinue physical exertion, and advise family to be seen by their healthcare physician. Physician clearance will be needed before return to activity.

****Note: For younger children and those not able to track heart rate, follow the time limits as above and recommend the child should be able to talk during exercise (ie – not significantly out of breath) in stages 1-3.***

FACE MASKS AND SPORTS

- Masks should be worn by everyone:
 - With all indoor sport activity, except:
 - Water sports
 - Competitive cheer/tumbling/gymnastics/wrestling
 - Crowded indoor spaces
 - Locker rooms
 - Shared transportation
- Masks should be worn by those not fully vaccinated
 - Training or competition with sustained contact <3 feet from others
 - On the sidelines
 - Arriving/departing practice or game facilities

TOPIC IN EVOLUTION

- All guidance should be considered "interim"
 - Today's content is based upon
 - Current national recommendations from the AAP
 - Consensus of Maine-based experts
- New guidance from the National Federation of High School Sports suggests that:
 - Asymptomatic and mild infections may start to exercise at 3-5 days after positive test or symptom onset **AND** AFTER "check-in" with clinician
 - Moderate symptoms may consider resume exercise 5-7 days after symptom onset as long as systemic symptoms have resolved
 - Exercise progression over "a few days"