

SCHUYLERVILLE School Athletics

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This School District and its medical director are following the American Academy of Pediatrics "COVID" 19 Interim Guidance: Return to Sports" for all interscholastic athletes. The following information needs to be completed by your doctor to ensure we are compliant with the AAP guidelines:

Patient Name: _____ DOB: _____

Date symptoms began and ended: _____ through _____ Date of positive test _____

According to AAP guidelines how severe were symptoms:

- Asymptomatic
- Mild (100.4° F, short duration of myalgia, chills, and lethargy)
- Moderate (≥ 4 days of fever >100.4°F, myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C)
- Severe (ICU stay and/or intubation or MIS-C) Physical Examination: Date completed: _____

Cardiac screening including auscultation	WNL		Abnormal
Abnormal ECG (see below):	Not Indicated	WNL	Abnormal
Cardiologist referral (see below):	Not Indicated	Yes	Completed

Additional Information: _____

Return to play: Date athlete may begin RTP: _____

Additional Information for RTP: _____

Physician Name: _____

Physician Signature: _____ Date: _____

AAP COVID-19 Interim Guidance: Return to Sports American Academy of Pediatrics updated 12/17/2020
What to do if a participant had COVID-19, presumed COVID-19 or has it during the season?

In a SARS-CoV-2-positive child who is either asymptomatic or mildly symptomatic (100.4°F, short duration of myalgia, chills, and lethargy), there are limited data available and recommendations are based on expert opinion. Individuals who test positive for COVID-19 should not exercise until they are

cleared by a physician. It is suggested they visit with their primary care physician (PCP) who will review the local 14-point pre-participation screening evaluation with special emphasis on cardiac symptoms including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new onset palpitations, or syncope and perform a complete physical examination. If the pre-participation screening evaluation and examination are normal, no further testing is warranted, and the patient may begin a gradual return to play after 10 days have passed from the date of the positive test result and a minimum of 24 hours symptom free off fever reducing medications. If the PCP identifies any new or concerning history or physical examination findings at this visit, an ECG should be performed, and referral should be made to a pediatric cardiologist for evaluation and further testing.

For those with moderate symptoms of COVID-19 (≥ 4 days of fever $>100.4^{\circ}\text{F}$, myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C), an ECG and cardiology consult is currently recommended after symptom resolution, and at a minimum of 10 days past the date of the positive test result. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. The cardiologist may consider ordering a troponin test and an echocardiogram at the time of acute infection. Depending on the patient's symptoms and their duration, additional testing including a Holster monitor, exercise stress testing, or cardiac magnetic resonance imaging (MRI) may be considered. If cardiac workup is negative, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine.

For patients with severe COVID-19 symptoms (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C), it is recommended they be restricted from exercise for a minimum of 3 to 6 months and definitely require cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Extensive cardiac testing should include but is not limited to: troponin tests, echocardiogram, and cardiac MRI. A graduated return-to-play protocol can begin once an athlete has been cleared by a physician (cardiologist for moderate to severe COVID-19 symptoms) and is asymptomatic when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to athletes who experienced moderate COVID-19 symptoms as outlined above.

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 (eg. 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% maximum heart rate. May add light resistance training.

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

Stage 5: Day 7 – Return to full activity/participation (ie, - Contests/competitions).