

COVID-19 Return to Activity Interim Guidance

Last revised January 20, 2022

Nationwide Children's Hospital Sports Medicine has created a comprehensive, gradual return to activity protocol for youth and adolescent athletes that have had mild to moderate cases of COVID-19. This progression is adapted from the current information and research available regarding COVID-19 at the time of publication.

Return to Play - Isolation and Masking

Nationwide Children's follows current CDC guidelines for patient isolation and masking. Those guidelines outline 5 days total isolation (rest) and if symptom free, 5 additional days in a mask while in close contact with others. When considering return to play, patients may return to school and start return to play progression but would still need to be masked an additional 5 days, for a total of 10 days masked.

Return to Activity Protocol

COVID-19 Considerations

- Children with asymptomatic or mild COVID-19 infection (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy) do not need formal medical clearance from a physician unless desired by the family, PCP, or school. The incidence of cardiovascular complication in this group is exceedingly rare. They will need to complete their Return to Activity progression under the guidance of their school Athletic Trainer (AT) after symptoms have fully resolved for 24 hours off fever-reducing medications and their isolation period has been completed. The CDC and Ohio Department of Health currently recommend a 5-day isolation period for those who are asymptomatic or whose symptoms are resolving. The AT will conduct a brief screening regarding any current or previous symptoms that could be cardiac related, both before and throughout the return to activity progression, and AT will halt the progression if any concerns arise.
- Children with moderate COVID-19 infection (>4 days of fever > 100.4°F, myalgia, chills, lethargy or those who had a non-ICU hospital stay without MIS-C) are recommended to have in-person evaluation by their primary care provider after symptom resolution and completion of isolation, including a 14 point AHA evaluation and ECG. These children should not exercise until cleared by a physician or collaborating licensed medical provider. This patient group may not start their return to activity progression until after a minimum of 10 days rest and being symptom free off fever reducing medications.
- Children with severe COVID-19 infection (ICU stay/intubation or MIS-C) should be restricted from exercise for a minimum of 3-6 months and require cardiology clearance prior to resumption of training or competition.

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Return to Activity

- Children should be asymptomatic when performing normal activities of daily living.
- The return-to-activity protocol progresses over the course of 3 days.
- Effort at each stage based on the modified Borg Rating of Perceived Exertion (RPE) - see next page
- Extension of the return-to-activity protocol is warranted for those who experienced moderate COVID-19 symptoms.
- Children who are >1 month from diagnosis and have been physically active without concerns should notify their school AT ahead of school sport participation.

Cardiac Screening Questions for COVID-19 Return to Activity Protocol

Updated 12/10/2020

(Adapted from OHSA 2020-2021 Pre-Participation Physical Form)

To be asked before progression is started (questions 1-6) and after each stage (questions 3-6)

1. Has a doctor told you that you have any heart problems, specifically within the last 14 days?
2. Did a doctor request a test for your heart recently? For example, electrocardiography (ECG) or echocardiography, or cardiac MRI, or other cardiac tests or bloodwork?
3. Have you passed out or nearly passed out during or after exercise?
4. Have you had discomfort, pain, tightness, or pressure in your chest during exercise?
5. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?
6. Do you get light-headed or feel shorter of breath than your friends during exercise?

Return to Activity Protocol for Asymptomatic/Mild COVID-19 Infections

STAGE 1

- Over 1 day minimum
- Moderate intensity activity up to 30 minutes at 5-6 Borg RPE
- Running, simple movements, body weight resistance exercises

STAGE 2

- Over 1 day minimum
- Moderate-higher intensity activity up to 60 minutes at 7-8 Borg RPE
- Running, more complex training activities, light resistance training

STAGE 3

- Resumption of full physical activity/participation in contests and competitions

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Rating of Perceived Exertion Scale

RPE Scale	Rating of Perceived Exertion
10	Max Effort Activity Feels almost impossible to keep going. Completely out of breath, unable to talk. Cannot maintain for more than a very short time.
9	Very Hard Activity Very difficult to maintain exercise intensity. Can barely breath and speak only a few words
7-8	Vigorous Activity Borderline uncomfortable. Short of breath, can speak a sentence.
4-6	Moderate Activity Breathing heavily, can hold short conversation. Still somewhat comfortable, but becoming noticeably more challenging.
2-3	Light Activity Feels like you can maintain for hours. Easy to breathe and carry a conversation
1	Very Light Activity Hardly any exertion, but more than sleeping, watching TV, etc

For additional information, please visit the link below to reference the current AAP guidance on return to sports.

[Publications.AAP.org/aapnews/news/15645](https://publications.aap.org/aapnews/news/15645)



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