## **COVID-19 Return to Play (RTP) Protocol**



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## COVID-19 Myocarditis Risk:

- COVID-19 is a novel virus that affects the respiratory system and may also affect the heart in some individuals.
- Adults and individuals with a more severe COVID-19 illness seem to be more likely to have heart involvement such as inflammation of the heart muscle; this is termed myocarditis.
- Inflammation of the heart, such as in myocarditis, may lead to poor heart function and even sudden cardiac arrest with physical activity.
- Myocarditis is one of the leading causes of sudden cardiac arrest in athletes competing in the United States.
- The heart inflammation may remain undetected even months after the COVID-19 illness.
- Anyone who has had COVID-19 is encouraged to talk with their primary care provider before resuming competitive athletics.
- Those patients who had a more severe illness from COVID-19 may benefit from an in-person visit with their primary care provider and possibly a pediatric cardiologist to identify any signs of heart inflammation before resuming competitive athletics.
- For anyone resuming athletics who has previously had COVID-19 in the last 3 months, a gradual return to play is advised to identify any concerning signs or symptoms.

			der (MD/DO/PA-C/ARNP/CHA/Ps).	
Athlete's Name:			Date of Birth:	
Date of Po	ositive COVID-19 Test or when	Presumed Positive:		
Date of Evaluation:		(THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION)		
Criteria to	o start Return to Play/resume	activities progression (Please che	ck below as applies):	
S	ymptoms for past 24 hours		ined asymptomatic) and no concerning	
	thlete was not hospitalized due to			
	o o	of myocarditis/myocardial ischemia (a	·	
	Chest pain/tightness with daily a		YES NO D	
	Unexplained syncope/near synco	ope/fainting	YES □ NO □	
>	Unexplained/excessive difficulty	breathing/fatigue w/ daily activities	YES 🗆 NO 🗅	
>	New heart palpitations		YES 🗆 NO 🗅	
>	New heart murmur on exam		YES □ NO □	
inflamma <sup>.</sup> minimum	tory syndrome in children (Mi and consider pediatric card	S-C), or had fever $\geq$ 100.4 for $>$	ized or diagnosed with multisystem 48 hours, he/she should get ECG at o play after COVID-19 infection in -medicine.	
Athlete <b>HA</b>	<b>S</b> satisfied the above criteria and	<b>S</b> cleared to start the return to play (R	TP) clearance on date	
□ A <sup>-</sup>	thlete <b>HAS NOT</b> satisfied the abov	e criteria and <b>IS NOT</b> cleared to return	to activity.	
□ A <sup>4</sup>	thlete will return on	for further evaluation.		
	thlete has been referred to pediat			
Primary Ca	re Provider/Pediatric Cardiologis	t:	Phone:	

Primary Care Provider/Pediatric Cardiologist Signature: \_\_\_\_\_

\_\_ Date: \_\_\_\_\_

## Athlete COVID-19 Return to Play (RTP) Clearance

Return to Play (RTP) Procedures After COVID-19 Infection Athletes must complete the progression below without development of: chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope, difficulty breathing, excessive fatigue with exercise. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form. If mild fatigue develops, they should repeat the previous day and if remain asymptomatic, they can continue to go through the stages.

Athlete's Name: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Stage	Day	Activity	Date	Supervisor's Initials
Stage 1	Day 1 and 2	(2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less. NO resistance training.		
Stage 2	Day 3	(1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less.		
Stage 3	Day 4	(1 Day Minimum) Progress to more complex training for 45 minutes or less. May add light resistance training.		
Stage 4	Day 5 and 6	(2 Days Minimum) Normal Training Activity for 60 minutes or less.		
Stage 5	Day 7	Return to full activity/participation (I.E. Contests/Competitions)		
		ure adapted from Elliott N, et al. Infographic. British Journal o  for Full Activity/Participation by School Personn  Date	·	
RTP Eva	luator's	Name:	Phone:	
RTP Evaluator's Signature:			Date:	