

Update to COVID 19 guidelines and return to play and exercise **January 2022**

Providence Sports Medicine seeks to promote a safe return to activity for all athletes and active individuals following any injury or illness. In response to the developing information regarding the effects of COVID-19, guidelines have been developed for health care providers to support individuals that receive a COVID-19 diagnosis as they recover and look to return to their prior level of activity.

Given the most recent data demonstrating an approximate 0.6% diagnosis of subclinical myocarditis or pericarditis s/p COVID infection, the risk of cardiac complications is thought to be much less than originally thought at the start of the pandemic.

For an athlete or active individual of **any age** we recommend the following after confirmed COVID-19 infection

Asymptomatic infection or mild infection

- This includes common cold like symptoms with no fever
- These individuals do not require cardiac testing with ECG, ECHO and troponin
- Additional testing can be performed as indicated at the discretion of the team physician or primary care provider.
- The individual needs to clear their isolation period per current CDC recommendations prior to being around others and any team integration.
- Asymptomatic athletes and patients should be a minimum of 3 days from their diagnosis (positive test) to allow monitoring for symptom development before a return to exercise.
- Athletes with mild symptoms should be a minimum of 3 days from symptom onset and have symptom improvement (except for loss of taste or smell) before a return to exercise.
- **Athletes should be monitored for new cardiopulmonary symptoms as they return to exercise. Exertional chest pain, excessive SOB, syncope, palpitations, or unexplained exercise intolerance should have evaluation with physician and consider cardiac testing.

Moderate symptoms with COVID 19 infection

- This includes fever $>100.3^{\circ}\text{F}$, chills, flu like syndrome for ≥ 2 days
- These individuals should be monitored for any cardiopulmonary symptoms (chest pain, shortness of breath, palpitations) and testing is not indicated unless cardiorespiratory symptoms are present.

Athlete or patients with remote infection

- Athletes or patients with remote infections and moderate symptoms >3 months ago who never received a work-up but have returned to full activity without symptoms do not need additional cardiac testing.
- We recommend that moderate symptoms have resolved before beginning a graded exercise progression.

With current or remote infection:

- Athletes and patients should be monitored for new cardiopulmonary symptoms, especially exertional chest pain, as they return to exercise.
- Athletes and patients with cardiopulmonary symptoms when they return to exercise (exertional chest pain, excessive SOB, syncope, palpitations, or unexplained exercise intolerance) should be restricted from further exercise and evaluated by a physician and should consider undergoing cardiac triad testing (EKG, troponin and ECHO) if not already performed.
- Cardiology consult or referral should be considered with any abnormal test results or concerning cardiovascular symptoms.
- Cardiac MRI is a diagnostic (not screening) tool and should be considered based on initial cardiac testing results and the clinical presentation and interpreted by clinicians with expertise in this modality.

Note: Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include underlying health conditions, age of the athlete, and sport/activity in which the athlete participates.