MSHSL Student-Athlete Medical Eligibility – Post COVID-19 Return to Sport

THIS PAGE TO REMAIN IN THE MEDICAL RECORD AND DOES NOT GO TO THE SCHOOL

If an athlete has been diagnosed with or has tested positive for COVID-19, medical evaluation by a qualified medical provider (MD/DO/PAC/ARNP) is highly recommended prior to returning to physical activity and team training. From onset of illness or positive test through the return protocol the recovery and return process requires a minimum of 17-days for an <u>uncomplicated COVID-19 infection</u>. Complicated infections may require 6 months or more. Moderate symptoms include. Severe symptoms include

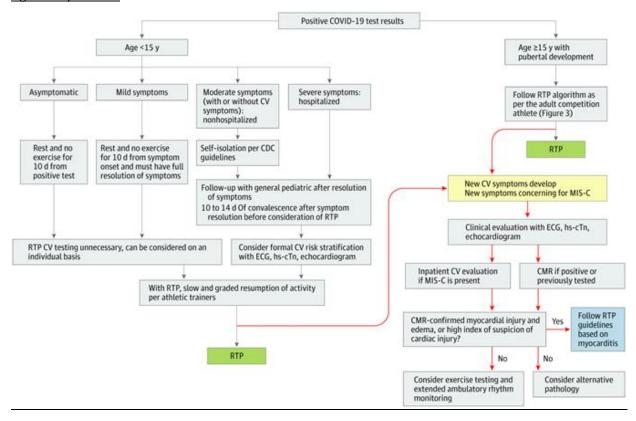
Student-Athlete Name:	DOB:/
Sport:	
Brief COVID-19 History	
Date of Evaluation://202	
Date of symptom onset://202	
Date of Positive Test://202	
Positive test with \square No symptoms \square Mild symptoms \square Moderate symptoms intolerance, chest tightness, dizziness, syncope, palpitations, consequence (except loss of taste or smell) \square Severe symptoms (syncope, need for consequence).	or total symptom duration >10 days
Treated at \square home (mild to moderate) \square hospital (moderate to sever	e) 🗖 ICU or 🗖 intubated (severe)
<u>Criteria to Return</u> (Please check EACH box below that applies to the at schedule a return visit or additional evaluation for the athlete)	hlete and if not meeting criteria
\Box At least 10 days since positive test or onset of symptoms with no symptoms medications for at least 24 hours)	mptoms or fever (without fever
$oldsymbol{\square}$ Able to tolerate activities of daily living without cough, shortness of	breath, or fatigue
☐ Negative cardiac screen (All answers below must be no)	
 Chest pain/tightness with activities of daily living? 	YES □ NO □
Chest pain/tightness with exertion?	YES □ NO □
Unexplained syncope or near syncope?	YES NO
Unexplained/excessive dyspnea or fatigue with exertion? Politications (altiposed boosts) with a stirits 2.	YES NO
 Palpitations (skipped heart beats, racing heart) with activity? New heart murmur on exam? 	YES □ NO □ YES □ NO □
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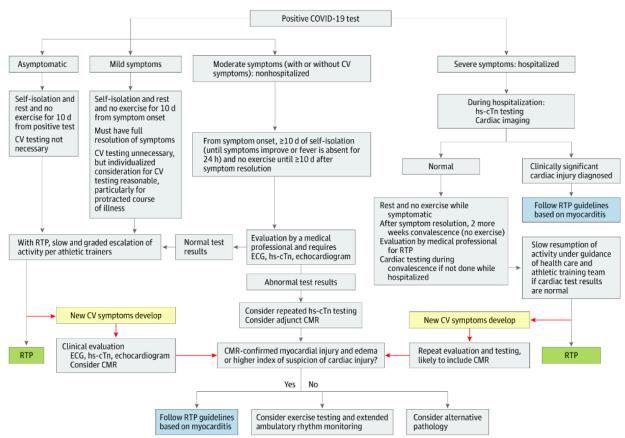
<u>NOTE:</u> If a student-athlete had moderate to severe symptoms, was hospitalized, or has positive responses to any cardiac screening question or a new heart murmur, cardiac evaluation is recommended before returning to physical activity.

See return algorithms below from Kim et al; JAMA Cardiology for cardiac evaluation that may include ECG, cardiac enzymes, CXR, spirometry, PFTs, echocardiogram, chest CT, Cardiac MR, and/or cardiology consult. The primary concern is CV19-induced myocarditis with scarring that may predispose to arrhythmia and sudden cardiac arrest.

Please report any athletes with myocarditis to MDH at 651.201.5414.

Age < 15 years old





Age ≥15 years old and started puberty (Figure 3)

References:

American Academy of Pediatric https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/

Drezner, et al. Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic. Sports Health 2020; 12(5), 459-461. https://doi.org/10.1177/1941738120941490.

Kim JH, Levine BD, Phelan D, et al. Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play. JAMA Cardiol. Published online October 26, 2020. doi:10.1001/jamacardio.2020.5890

Verwoert GC, et al. Return to sports after COVID-19. Neth Heart J. 2020 Jul;28(7-8):391-395. doi: 10.1007/s12471-020-01469-z. PMID: 32662058; PMCID: PMC7357275.

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Student-Athlete Name:	DOB:/	
☐ Athlete is Medically Eligible to begin the return to activity progression on:/		
lue Athlete IS NOT medically eligible to return to activity until re-evaluated.		
Medical Office Information (Please Print/Stamp):		
Evaluator's Name:	Office Phone:	
Evaluator's Address:		
Evaluator's Signature:		

Return to Play (RTP) Procedures After COVID-19 Infection: Athletes must complete the progression below without developing chest pain, chest tightness, palpitations, lightheadedness, extreme fatigue, presyncope or syncope. If an athlete experiences fatigue or symptoms during or following activity, they should stop all activity and return to the physician for additional evaluation. Collapse during activity should be considered a possible cardiac arrest due to arrythmia triggered by myocardial scarring.

The following <u>7-day return protocol</u> is not proven but is based on the best evidence currently available to provide a gradual increase in cardiac load during return to physical activity. Some athletes may require a longer time at each stage and if unable to progress, may require additional medical evaluation.

- Stage 1: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- Stage 2: (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- Stage 4: (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- Stage 5: (1 Day Minimum) Return to Full Training Sessions without restrictions or limitations on intensity or duration.
- Stage 6: Medically ready for Full Participation in ALL Sports Activities (Minimum duration 7-days)

Reference: Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.