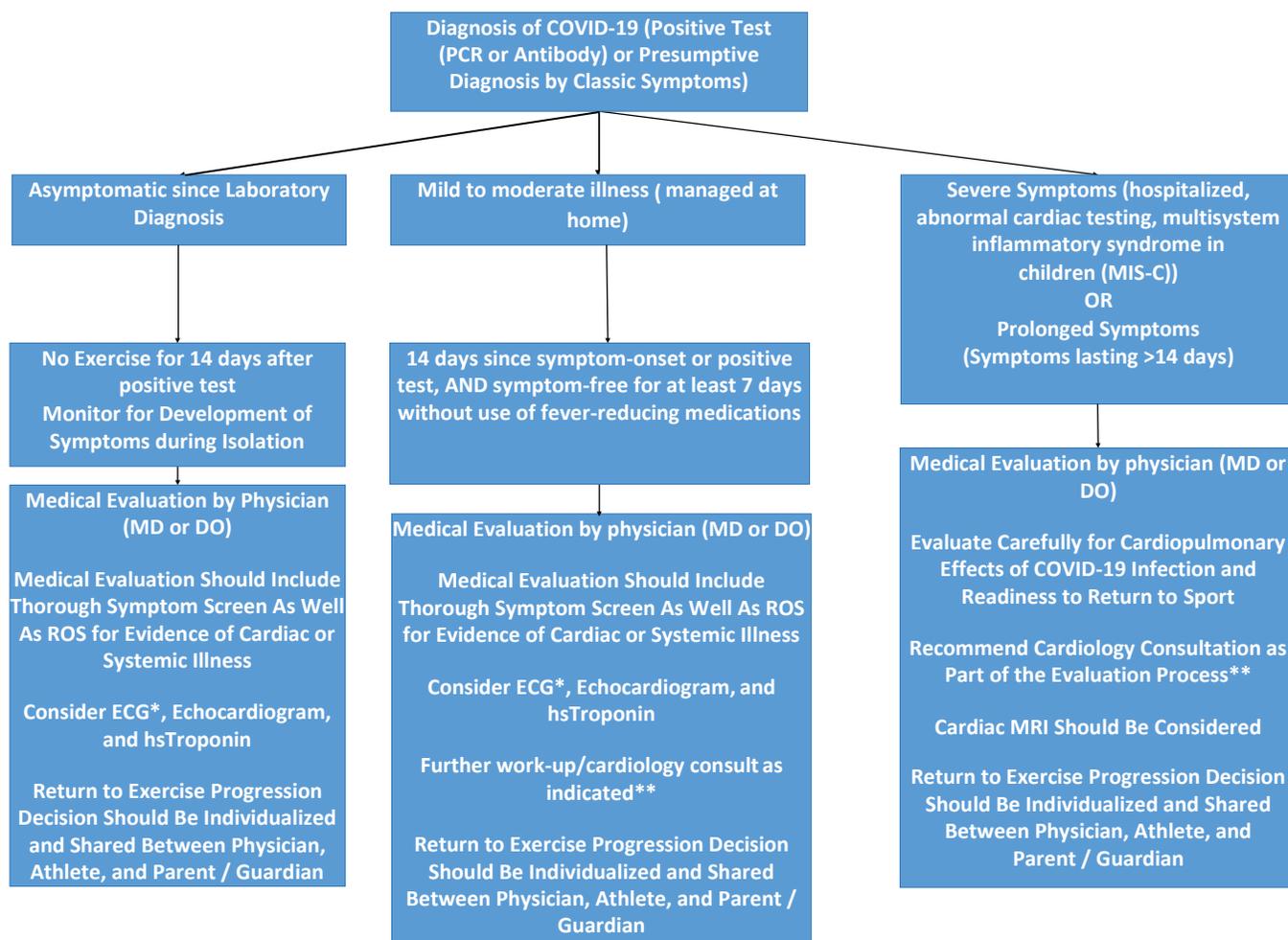


KMA Committee on Sports Medicine COVID-19 Medical Evaluation and Return-to-Activity Guidance for Middle and High School Student-Athletes



- 1) Drezner J.A., et al. (2020). Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic: NFHS-AMSSM Guidance Statement." *Sports Health Available Free Online at <https://journals.sagepub.com/doi/full/10.1177/1941738120941490>. (Updated August 2020)*
- 2) Cardiac Considerations for Student-Athletes during the COVID-19 Pandemic Available Free Online at https://www.amssm.org/Content/pdf_files/COVID19/NCAA-COVID-19-Algorithm-12-AUG-2020.pdf

* ECG changes suggestive of myocarditis include: diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves, and PR depression

**Testing considerations: ECG, hs-Tn, Echo, Cardiac MRI, Holter, Stress test, Chest X-ray, Spirometry, PFTs, D- dimer, and Chest CT as Indicated

**KMA Committee on Sports Medicine:
Return to Activity (RTA) Protocol After COVID-19 Infection**

Any return to play should be preceded by a gradual and progressive return to physical exertion. Athletes should complete the progression below without the development of cardiopulmonary symptoms (chest pain, chest tightness, palpitations, shortness of breath, excessive fatigue, lightheadedness, pre-syncope, or syncope). Monitor the student-athlete closely for the development of any symptoms during this active progression. If any symptoms develop, the athlete should stop exertion immediately and be referred back to the evaluating physician for consideration of additional evaluation, including cardiology consultation, before resuming activity.

- **Step 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
- **Step 2: (1-day minimum)** Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Step 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.
- **Step 4: (2-days minimum)** Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Step 5: Return to full activity**

**RTA Protocol adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.*

Disclaimer: This document is provided for physicians who may evaluate and treat student-athletes diagnosed with COVID-19 infection. The information contained herein is based on the compilation and summary of expert recommendations of national and international sports medicine organizations.

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KHSAA COVID-19 Return to Play Form

If an athlete has tested positive or was presumed positive for COVID-19 based on symptoms, he/she should rest from physical activity for at least 14 days from the time of onset of symptoms or positive test. He/she must then be cleared for progression back to activity by an approved health care provider (MD/DO). Any return to activity should follow the recommended Return to Play (RTP) Progression described below.

Athlete's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return to be completed by MD or DO. (Please check below as applies)

- 14 days have passed since the onset of symptoms or a positive test
- All symptoms (cough, shortness of breath, fever ($\geq 100.4F$), etc.) have resolved for at least 7 days without use of fever reducing medication AND
- The athlete was not hospitalized due to COVID-19 infection.
- PLUS Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be NO)

Chest pain/tightness with exercise	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Unexplained Syncope/near syncope	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
New palpitations	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Heart murmur on exam	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

NOTE: If any cardiac screening question is positive or if athlete had greater than mild symptoms during the illness, consider further workup as indicated. Additional workup may include ECG, Echocardiogram, High Sensitivity Troponin, Cardiac MRI, Cardiology Consultation, CXR, Spirometry, PFTs, Chest CT, etc.

- The athlete HAS satisfied the above criteria and IS cleared to start the return to activity procedures (RTP).
- The athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ MD or DO

Evaluator's Address: _____

Office Phone: _____

Evaluator's Signature: _____

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. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.

- **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 (For example, 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: Return to full activity**

Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP): _____