Interim Guidance for Return to Play After COVID-19 Infection (Ages 12-21 Years)*

Pediatric patient (12-21 years old, interested in participating in competitive sports or high-intensity activity after COVID)

- Asymptomatic throughout COVID infection
- Mild Symptoms
  - <4 days of fever
  - May have viral URI symptoms for several days
  - Cardiac Symptoms During or After COVID Infection?
    - Cardiac chest pain
    - Shortness of breath out of proportion to URI symptoms
    - Palpitations or inappropriate tachycardia
    - Syncope
    - No Cardiac Testing Indicated
    - Recommend gradual return to play once 14 days symptom free
    - Discussion with family and patient that all COVID-related cardiac damage cannot be ruled-out and they should return for evaluation if cardiac symptoms arise
- Moderate Symptoms
  - >4 days of significant systemic symptoms (myalgia, chills, lethargy)
  - Hospitalized due to COVID-related symptoms
- Severe Symptoms
  - Abnormal cardiac testing during acute infection
  - Hospitalized in ICU for COVID
  - Multisystem inflammatory syndrome in children (MIS-C)

Cardiology Consultation
  - Troponin, ECG and echocardiogram
  - May consider cardiac MRI, 24 hour cardiac monitor or exercise stress test based on initial evaluation and testing

Follow Myocarditis Return to Play Guidelines
  - Exercise restriction for 3-6 months
  - Cardiology clearance prior to returning to play
  - Repeat cardiac testing as clinically appropriate: ECG, echocardiogram, 24 hour Holter monitor, exercise stress test, +/- cardiac MRI

Normal
Concern for Myocarditis

*This flow diagram represents interim guidance and general current consensus for returning to sports and physical activity following COVID-19 infection in adolescents and teenagers. It is not meant to replace clinical judgement and deviations may be necessary depending on the specific situation. For children under the age of 12, following this guideline may be prudent if the desired physical activity is felt to be especially rigorous.