



MSHSAA

Returning to Play Post COVID-19 Infection



Athlete with COVID-19 Positive Test within the last 6 months¹

Minimum of 14 days have passed since positive test without participation in sports or any exercise
-AND-
 Symptoms have resolved or was asymptomatic, no fever (≥ 100.4) for 24 hours without fever reducing medications, improvement in respiratory symptoms (cough, shortness of breath)

Medical evaluation by primary care clinician⁺
 Screening questions to assess for concerning symptoms of myocarditis or myocardia ischemia⁺⁺

*Medical providers should take into consideration the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.

**Adapted from the American Heart Association Pre-Screening of Competitive Athlete Recommendations²

- Chest pain/tightness with exercise
- Syncope/near syncope that is unexplained
- Unexplained or excessive dyspnea/fatigue with exertion
- New Palpitations
- Heart murmur on exam

Negative Screen

*****Return to Play*****
 Gradual reintroduction of physical activity with understanding athlete is likely deconditioned after 2 weeks off while monitoring for any signs of respiratory or cardiac symptoms that may develop with exercise

Upon completion of Return to Play Form – Resume participation

Positive Screen questions or previously Hospitalized Patient

Further work-up as indicated by primary care clinician (i.e. Chest X-ray, Spirometry, PFTs, Chest CT, Cardiology Consult)

Worsening or ongoing concerning symptoms, (chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope)
- OR -
 Exercise related symptoms after 4-6 weeks after returning to play

1. Adaptions from: Phelan, Dermot, Jonathan H. Kim, and Eugene H. Chung. "A game plan for the resumption of sport and exercise after coronavirus disease 2019 (COVID-19) infection." JAMA cardiology (2020).
 2. Adaptions from: Maron BJ, Thompson PD, Puffer JC, et al. Cardiovascular pre-participation screening of competitive athletes. A statement for health professionals from the Sudden Death Committee (clinical cardiology) and Congenital Cardiac Defects Committee (cardiovascular disease in the young), American Heart Association. Circulation.1996;94:850-856.