KMA Committee on Sports Medicine COVID-19
Medical Evaluation and Return-to-Play / Activity Guidance for Practitioners in Dealing with Middle and High School Student-Athletes With a Positive Test for COVID-19 (NOTE 1)

**EVALUATION / DECISION MATRIX / ALGORITHM**

Diagnosis of COVID-19 (Positive test, PCR or Antigen, or Presumptive diagnosis by Classic Symptoms)

Isolate and contact tracing per public health and CDC guidelines (NOTE 2)

- **Asymptomatic or Mild Symptoms**
  - (common cold-like symptoms, GI symptoms or loss of taste or smell; generally without fever ≥ 100.4°F or fever < 4 days)
  - Isolation and Rest for 10 days from onset of symptoms or date of positive test administration with a minimum of 24 hours symptom-free off fever-reducing medications.
  - No exercise until cleared by a physician.

- **Moderate symptoms**
  - (≥ 4 days of fever ≥ 100.4°F, myalgia, chills, or lethargy) or those with chest pain, palpitations, shortness of breath or any other concerning symptoms, or those who had a non-ICU hospital stay and no evidence of MIS-C
  - Isolation and Rest for 10 days from onset of symptoms with a minimum of 7 days symptom-free off fever-reducing medications prior to any return-to-exercise evaluation.
  - No exercise until cleared by a physician.

- **Severe Symptoms or Cardiopulmonary**
  - (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C)
  - Medical evaluation by a physician (MD or DO)
    - Recommend restricting exercise for a minimum of 3-6 months
    - Recommend mandatory cardiology consult for clearance prior to resuming training or competition.

- **Medical evaluation by Physician (MD or DO)**
  - Preparticipation screening evaluation with special emphasis on cardiac symptoms
  - The inclusion of an EKG is recommended.
    - May consider further cardiac workup.
    - Workup may also include Troponin, Echocardiogram, Holter monitor, exercise stress testing, or cardiac MRI (most sensitive for myocarditis) at the provider’s discretion and if necessary in consultation with a Cardiologist.

- **If preparticipation screening evaluation and exam are normal, no further testing is warranted, and the patient may begin the gradual “Return to Activity” protocol (NOTE 3).**
  - If preparticipation screening evaluation or exam identifies new or concerning findings, cardiac workup, including ECG, hs-Troponin, Echocardiogram, Holter monitor, exercise stress testing, or cardiac MRI should be considered, and referral should be made to a Cardiologist for evaluation if indicated.

- **If symptom screening and cardiac workup are negative, the patient may begin the gradual “Return to Activity” protocol which must consist of six days supervised by an “appropriate person”.**
  - If preparticipation screening evaluation or exam identifies new or concerning cardiac findings, cardiac workup, including ECG, hs-Troponin, Echocardiogram, Holter monitor, exercise stress testing or cardiac MRI should be considered, and referral should be made to a Cardiologist for evaluation if indicated.
KMA Committee on Sports Medicine:
Return to Activity (RTA/RTP) Protocol After COVID-19 Positive Test

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.

RTA/RTP NOTES (NOTE 4)
The treating physician may permit an athlete who is asymptomatic or has mild illness to begin the six-day RTA/RTP period prior to the end of the isolation period for participants in Golf, Archery, Bass Fishing, Bowling, Esports, Rifle Marksmanhip and Trap Shooting.

An athlete who is Asymptomatic or has mild illness may have the return to play period reduced, at the discretion of a treating physician, with the following exceptions:

- 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: Return to full activity (on the 7th calendar day)

NOTE 1 - based on the COVID-19 Interim Guidance:Return to Sports from the American Academy of Pediatrics, 6/10/2021
NOTE 2- Congruent with KRS 160.445 (3)(c), the student-athlete who has tested positive should not be allowed to participate in any subsequent practice or athletic competition unless written clearance from a physician is provided.
NOTE 3- The Return to Activity protocol can be individualized (see Guidelines for Individualized RTP Progression) for asymptomatic athletes or those with very mild symptoms with a gradual progression of activity over the course of no shorter than 4 days at the discretion of a treating physician. "Athletes participating in low cardiopulmonary demand sports (Golf, Bowling, eSports, Bass Fishing, Archery, Rifle Marksmanhip, Trap Shooting) may be able to return to practice and competition while they are completing the gradual activity progression if determined by the treating physician."
NOTE 5 – SUPERVISION OF THE STEP-WISE PROTOCOL
- Activity during the RTA/RTP protocol may be supervised by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the professional's scope of practice).
- In addition, the RTA/RTP may be supervised by a school nurse or licensed or certified athletic trainer who is acting on the designation of a physician.
- In addition, the RTA/RTP may be supervised by a coach listed on the team staff provided that coach is current in his certification for both CPR/First Aid and the Safety Course as described in KRS 160.445.
- Activity during the RTA/RTP period is not to be unsupervised.

REFERENCES
Maron, Barry; Zipes, Douglas; and Kovacs, Richard (2015), Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities: Preamble, Principles, and General Considerations, Available Free online at: https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000236

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KHSAA COVID-19 Return to Activity Form
(as recommended by the KMA Committee on Medical Aspects of Sports
for use by an MD or DO)

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 ten days from the time of onset of symptoms or date of administration of a positive test in accordance with CDC Isolation Principles. He/she should be cleared for progression back to activity by a physician (MD/DO). Any return to activity should follow the recommended Return to Activity (RTA/RTP) progression described in the Return to Play Activity Guidances.

Athlete’s Name: ___________________________ DOB: _______________ Date of Positive COVID-19 Test: __________

THIS RETURN TO ACTIVITY (PLAY) IS TO BE BASED ON TODAY’S EVALUATION

Date of Evaluation: ________________________

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

☐ 10 days have passed since the onset of symptoms (or positive test)
☐ All symptoms (cough, shortness of breath, fever (≥100.4°F), etc.) have resolved for at least 24 hours for mild cases or 7 days for moderate cases without the use of fever-reducing medication AND
☐ The athlete was not hospitalized due to the COVID-19 infection.
☐ PLUS Cardiac screen negative for myocarditis/myocardial ischemia (All answers below are to be NO)
  Chest pain/tightness with exercise YES NO
  Unexplained Syncope/near syncope YES NO
  Unexplained/excessive dyspnea/fatigue w/exertion YES NO
  New palpitations YES NO
  Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive OR if the athlete had greater than mild symptoms as described in the “Medical Evaluation and Return-to-Play / Activity Guidance for Practitioners in Dealing with Middle and High School Student-Athletes With a Positive Test for COVID-19”, current recommendations are that a return-to-play decision should be made in consultation with a cardiologist. See algorithm for more information.

Recommendation of the Physician. (Please check below as applies)

☐ The athlete is a participant in a low cardiopulmonary demand sports (Golf, Archery, Bass Fishing, Bowling, Esports, Rifle Marksmanship, Trap Shooting) and is asymptomatic or has mild illness and may begin the six-day RTA/RTP period prior to the end of the 10-day isolation period at the discretion of a treating physician signing this form.
☐ The athlete is Asymptomatic or has mild illness (i.e., in Evaluation / Decision Matrix / Algorithm) and may be permitted to return to play on the 4th of the return to play protocol at the discretion of a physician signing this form.
☐ The athlete is not asymptomatic or did not have a mild illness and IS cleared to start the six-day return to activity procedures (RTA/RTP) and is to complete the entirety of the protocol at the discretion of the physician signing this form.
☐ 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:
Evaluator’s Address:
Office Phone
Evaluator’s Signature:

☐ The athlete is approved for Full Participation by School Personnel after completing the RTA/RTP
Principal or Designated Representative Signature:

APPROVED BY KMA COMMITTEE ON MEDICAL ASPECTS OF SPORTS, 8/19/20, REVISED 10/20, 12/20, 1/21, 2/21, 3/21, 9/21
KHSAA Sample Timeline Reviewed and Updated with any Amendments from recommendations of CDC, KDPH or the KMA Committee on Medical Aspects of Sports
ISOLATION PARAMETERS AND EXAMPLE (STUDENT-ATHLETE WITH A POSITIVE TEST) PER CENTER FOR DISEASE CONTROL (CDC) AND KENTUCKY DEPARTMENT FOR PUBLIC HEALTH (KDPH)

SYMPTOMS (UPDATED PER CDC, 2/22/21)
- People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea.
- This list does not include all possible symptoms. CDC will continue to update this list as we continue learn more about COVID-19. (https://bit.ly/3gqM4n)
- When to seek emergency medical attention: Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately: Trouble breathing, Persistent pain or pressure in the chest, New confusion, Inability to wake or stay awake, Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.
- *This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

TESTING PROTOCOL
- Anyone taking a test for COVID-19 should quarantine from the time of the test until results are known.

ISOLATION PERIOD PER CDC AND KDPH (THIS PERIOD MAY NOT BE SHORTENED BY ANY AMOUNT OF TESTING (PCR OR OTHER), EVEN IF SUCH TEST PRODUCES A NEGATIVE RESULT)
- The CDC standard isolation period is ten (10) days and may not be shortened. (https://bit.ly/3i7q4s2)
- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued ten (10) days after symptom onset and resolution of fever for at least 48 hours (without the use of fever-reducing medications) and with the improvement of other symptoms.
- A limited number of persons with severe illness may produce replication-competent virus beyond ten (10) days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider a consultation with infection control experts.

DAY 1 (PER CDC AND KDPH)
- For a student-athlete testing positive for COVID-19, Day 1 is the first day of showing symptoms if such student-athlete shows symptoms.
- For a student-athlete, whether or not showing any of the above symptoms but testing positive for the COVID-19, the day of testing is ‘testing day’, the next day is Day1.

STEP-WISE RETURN TO PLAY PROTOCOL AFTER COVID-19 INFECTION (REQUIRED AFTER ISOLATION PERIOD)
- Athletes are to complete the progression in the RTA/RTP without developing chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the patient should be referred back to the evaluating provider who signed the form permitting the start of the RTA/RTP.
- This progression is not to begin before authorization.
- The six-day period is to be done after the end of the isolation period except in those circumstances detailed in the RTA/RTP protocol.

SUPERVISION OF THE STEP-WISE PROTOCOL
- Activity during the RTA/RTP protocol may be supervised by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the professional's scope of practice).
- In addition, the RTA/RTP may be supervised by a school nurse or licensed or certified athletic trainer who is acting on the designation of a physician.
- In addition, the RTA/RTP may be supervised by a coach listed on the team staff provided that coach is current in his certification for both CPR/First Aid and the Safety Course as described in KRS 160.445.
- Activity during the RTA/RTP period is not to be unsupervised.

OPTIONAL PERIOD(S)
- Based on symptoms and review by practitioners, additional days may be required as an extension of the isolation period or another period of time while further evaluation is completed prior to the Step-wise return to play.
- This interim period should be extended in the event that there has not been resolution of fever for at least 48 hours (without the use of fever-reducing medications) and there has not been improvement of other symptoms
- Practitioners may choose to use this period for additional analysis or diagnostic testing or supplemental rest for the student-athlete; however, the Return to Play protocol may not begin during this period.

REFERENCES:
https://bjsm.bmj.com/content/54/19/1174

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