

Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC.

BOX A: Additional Guidance on Returning to Play

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms

At what pace should children and adolescents return to play?

- 4) <12yo: progress according to own tolerance
- 5) 12+: gradual return to physical activity (Box B); should be done over a 7-day minimum and may extend duration for children with moderate symptoms

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam

BOX B: Gradual Return to Play

(Adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020; copied from AAP Policy statement)

Stage 1: Day 1 and Day 2 – (2 Days Minimum) – 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 – (1 Day Minimum) – 30 minutes or less: Add simple movement activities (eg. running drills) – intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 – (1 Day Minimum) – 45 minutes or less: Progress to more complex training – intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 – 2 Days Minimum) – 60 minutes: Normal training activity – intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 – Return to full activity/participation (ie, contests/competitions).