

Providence Sports Medicine seeks to promote a safe return to activity for all athletes and active individuals following any injury or illness. In response to the developing information regarding the effects of COVID-19, guidelines have been developed for health care providers to support individuals that receive a COVID-19 diagnosis as they recover and look to return to their prior level of activity.

Management of COVID-19 continues to evolve as we learn more about the effects of the virus on the recovered individual. There is evidence that COVID-19 may have lasting effects on heart and lung functions that may be worsened by beginning an exercise program too soon during recovery. The recommendations outlined in this document represent current best practice at time of publication for return to play following a COVID-19 diagnosis. The main recommendations are listed below:

1. 14 day rest period after any symptoms have resolved.
2. Undergo cardiac screening recommended by best practice as medical guidelines emerge.
3. No symptoms with daily activities.
4. Able to walk at least 500 meters (about 6 city blocks) without symptoms.
5. Undergo a gradual return to play protocol as outlined in these recommendations.

Remove from Activity:

Guidelines for Medical Providers:

While the long-term cardiovascular effects of COVID-19 are unknown, there is emerging evidence that there may be some risk associated with resumption of exercise too soon after an infection, particularly if the infection is symptomatic.

For asymptomatic infections diagnosed in the setting of screening, guidelines recommend a gradual return to exercise after two weeks from the positive test result, assuming no symptoms with activities of daily living or a 500 meter walk (about 6 blocks).

For symptomatic infections, guidelines recommend at least two weeks of convalescence, as well as cardiac testing to evaluate for cardiac involvement. Please consider this care pathway as you navigate these discussions with your patients, and consider referrals to cardiology for any clinical challenges.

Return to Activity – Medical Provider Recommendations

Return to exercise recommendations following COVID-19 diagnosis

Return to physical activity and exercise participation is a medical decision. The athlete should meet the following criteria in order to progress to initial physical activity:

1. Athlete must have 14 days of rest from onset of virus if asymptomatic OR
2. Athlete must be at least 14 days symptom free.
3. Athlete should not be cleared to resume exercise activity until after medical work up is complete, including appropriate cardiac screening.
4. Athlete must be symptom free with daily activities and also able to walk 500 meter (6 blocks) without symptoms.

Medical provider may provide written clearance for return to full participation once deemed medically able and the following criteria have been met:

1. Complete a graded Return-to-Participation progression as outlined below.
2. Exhibit no symptoms associated with COVID-19 through the Return-to-Participation steps.

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Return to Activity – Rehabilitation Professional Recommendations

Rehabilitation-specific recommendations following COVID-19 diagnosis

Return to physical activity and exercise participation is a medical decision. Patients should meet the following criteria and be cleared by their medical physician for participation in rehabilitation exercises.

1. Patients must have 14 days of rest from onset of virus if asymptomatic OR
2. Patient must be at least 14 days symptom free.
3. Patient cleared to participate in rehabilitation exercise activity following medical work up, including appropriate cardiac screening.
4. Patient must be symptom free with daily activities and also able to walk 500 meter (6 blocks) without symptoms. Rehabilitation professionals should monitor heart rate and keep below 70% max heart rate when assessing this in the clinic setting.

If above criteria are met, initial progression of activity in a rehabilitation setting should follow a graded return to activity steps as outlined below:

STAGE 1 (14 days minimum): Rest period. Athlete will rest for a minimum of 14 days during this stage. Patient may continue with walking and activities of daily living during this stage, but will refrain from any exercise. **Patient must be symptom free for 14 days before progressing to Stage 2.**

Stage 2 (2 days minimum, clinic/home program): Light activity. Patient may start some light exercise activity, such as walking, light jogging, or stationary bike. There is to be no resistance training at this stage. Therapist should monitor patient to keep heart rate at less than 70% max and should keep the duration of activity to 15 minutes or less. Manual therapy, modalities to promote their recovery as part of their plan of care is appropriate. If no symptom response, they may move to next stage.

Stage 3: Patient may start **simple movement activities** like running drills. Therapist should monitor patient to keep heart rate at less than 80% max and should keep the duration of activity to 30 minutes or less. Light resistance exercises may begin. Patients want to increase load gradually and manage fatigue symptoms. If no symptom response, they may move to next stage.

Stage 4: Patient may progress to **more complex training activities**. Patients should continue to keep their heart rate at less than 80% max (monitored by rehabilitation professional) and should keep the duration of activity to 45 minutes or less. Progressive resistance exercise is appropriate. Patients should work on exercise coordination and skills/tactics. If no symptom response, they may move to next stage.

Stage 5 (2 days minimum, clinic/home program): Intensity of training and exercise increases. Patients may start to return to normal training activities and rehabilitation exercises. They are to keep their heart rate at less the 80% max and should keep the duration of activity to 60 minutes or less between rehabilitation and home exercise. If no symptom response, they may move to next stage.

STAGE 6: No restriction in activity within rehabilitation plan of care.

**Providence Graded Return-to Participation Recommendations – Athletic Trainers
Guidelines for Certified Athletic trainers:**

If any athlete reports any COVID-19 symptoms to the athletic trainer, the athletic trainer will remove the athlete and send them home with a referral to a health care provider and get clearance before returning to the team. All athletes should be screened before entering the athletic training room. The athlete will spend the required number of days in each stage of the return to play. If the athlete starts to experience symptoms following a workout, they will return to the prior stage on the following day. There are 6 stages to complete for a return to participation, with a minimum of 20 days from COVID-19 diagnosis COVID-19 and full return to participation.

STAGE 1 (14 days minimum): *Rest period.* Athlete will rest for a minimum of 14 days during this stage. Athlete may continue with walking and activities of daily living during this stage, but will refrain from any exercise. **Athlete must be symptom free for 14 days before progressing to Stage 2.**

STAGE 2 (2 days minimum): *Light activity.* Following medical clearance to begin stage 2, the athlete may start some light exercise activity, such as walking, light jogging, or stationary bike. There is to be no resistance training at this stage. Athletes want to keep their heart rate at less than 70% max and should keep the duration of activity to 15 minutes or less.

STAGE 3A (1 day minimum): *Frequency of training increases.* Athlete may start simple movement activities like running drills. Athletes want to keep their heart rate at less than 80% max and should keep the duration of activity to 30 minutes or less. Athletes want to increase load gradually and manage fatigue symptoms.

STAGE 3B (1 day minimum): *Duration of training increases.* Athlete may progress to more complex training activities. Athletes want to keep their heart rate at less than 80% max and should keep the duration of activity 45 minutes or less. Athletes should work on exercise coordination and skills/tactics.

STAGE 4 (2 days minimum): *Intensity of training increases.* Athletes may start to return to normal training activities. Athletes are to keep their heart rate at less the 80% mas and should keep the duration of activity to 60 minutes or less. Athletes should use this stage to restore confidence for participation and assess their functional skills.

STAGE 5 (earliest start date is day 21): *Resume normal training.* Athletes may return to full training/practice. There are no restrictions on heart rate or duration.

STAGE 6 (earliest start date is day 22): *Return to competition.* Athletes are now able to return to full competition. Athletes can now participate in games/matches.

Note: Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include: underlying health conditions, age of the athlete, and sport/activity in which the athlete participates.