COVID-19 Return-to-Play Algorithm for Competitive Athlete and Highly Active People

COVID-19 negative\(^a\) and asymptomatic
- No limitations to exercise
- Follow social distancing guidelines
- Close monitoring for development of symptoms\(^b\)

Asymptomatic (considered in setting of screening with known exposure or team-/school-/league-based mandatory screening)
- Rest/no exercise for 2 wk from positive test result
- Close monitoring for symptom onset or late deterioration\(^b\)
- Slow resumption of activity after 2 wk from positive test result under guidance of healthcare team

Mild symptoms; not hospitalized
- During symptomatic period:
  - Rest/recovery with no exercise
  - Reassess for clinical deterioration and consider further cardiac testing and/or hospitalization if development of cardiac symptoms
- 2 wk of Convalescence without resumption of exercise after symptom resolution
- Evaluation by a medical professional for consideration of return to activity:
  - hsTn
  - 12-lead electrocardiogram
  - 2-Dimensional echocardiogram
  - Consider additional symptom-guided testing

Normal
- Slow resumption of activity under guidance of health care team
- Close monitoring for clinical deterioration

hsTn >99 percentile and/or abnormal cardiac study
- Follow myocarditis RTP guidelines\(^c\)

COVID-19 positive\(^a\)

Significant symptoms; hospitalized
- During hospitalization:
  - hsTn
  - Consider cardiac imaging per local protocols
- Normal
- hsTn >99 percentile and/or abnormal cardiac study
- Follow myocarditis RTP guidelines\(^c\)

NOTE: If symptoms concerning for COVID-19 develop and testing is negative or not obtained, consider following pathway as if COVID-19 positive.

COVID-19 indicates coronavirus disease 2019; hsTn, high-sensitivity troponin I; RTP, return to play.

\(^a\) Typical testing obtained via a nasopharyngeal swab. All athletes with positive testing should be isolated for 2 weeks regardless of symptoms.

\(^b\) If clinical and/or cardiac symptoms develop, follow appropriate clinical pathway.

\(^c\) Given lack of clean pathophysiology, we recommend American College of Cardiology/American Heart Association athlete myocarditis guidelines.