**Finger Lakes/Western NY COVID Pediatric Return to Play After COVID Infection**

(Revised Jan 31, 2022, Reviewed Sep 30, 2022)

Applies to all children 5 years and older with moderate/severe presentation AND to youth 12 years and older participating in high intensity exercise/competitive sports only (NOT gym/physical education or recess) regardless of symptom severity.


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**Severity of symptoms**

- **Asymptomatic or mild**
  - <4 days of fever >100.4, <1 week of myalgia, chills, or lethargy
  - Parent completes “FL/WNY Self-Assessment for Return to Play After COVID-19” form after symptom resolution and completion of isolation
  - Do not exercise while in isolation
  - Complete self-assessment form includes special emphasis on symptoms of myocarditis (incidence: 0.5-3%): chest pain, shortness of breath (SOB) out of proportion to upper respiratory infection (URI) symptoms
  - In-person evaluation by PCP after symptom resolution and completion of isolation

- **Moderate**
  - ≥4 days of fever >100.4°F, ≥1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of multisystem inflammatory syndrome in children (MIS-C).
  - During in-person evaluation:
    1. Do not exercise until cleared by PCP
    2. Review of self-assessment form with special emphasis on chest pain, SOB out of proportion to URI symptoms, new-onset-palpitations, or syncope
    3. Complete physical exam
    4. EKG

  - Negative self-assessment screen
  - In-office PCP visit with review of self-assessment form and physical exam (PE) (post-isolation). In patients with symptoms that may involve the cardiac system, such as; chest pain, shortness of breath with exercise (not related to pulmonary issues), syncope, the PCP should have electrocardiogram (EKG) done and interpreted prior to clearance to return. Refer to pediatric cardiologist for abnormal EKG. Exclude from physical activity until cleared by cardiology then return to play (Box A)

  - Positive self-assessment screen
  - Refer to cardiology, exclude from physical activity until cleared by cardiology

- **Severe**
  - ICU stay and/or intubation, or MIS-C
  - Restrict from exercise for 3-6 months, obtain cardiology clearance prior to resuming training or competition

- **Cleared to begin return to play (Box A)**
  - Positive self-assessment screen, abnormal exam, or abnormal EKG
  - Refer to cardiology, exclude from physical activity until cleared by cardiology
  - Cleared to begin the return to play (Box A) after 10 days have passed from symptom onset or positive test
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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. For detailed guidance, please refer to the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity. (Last updated 9/9/2022)

BOX A: Additional Guidance on Returning to Play (Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)

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
4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?
5) <12yo: progress according to own tolerance
6) 12+: gradual return to physical activity
   o Asymptomatic/Mild symptoms: Minimum 1 day symptom free (excluding loss of taste/smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
   o Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste/smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

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 and consider referral to Pediatric Cardiology