

COVID



KIDS

IN SPORTS

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Massachusetts Chapter

INCORPORATED IN MASSACHUSETTS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

ASYMPTOMATIC OR MILDLY SYMPTOMATIC

(<4 days of fever >100.4°F, short duration of other symptoms)

No exercise until cleared by physician

14 point pre-participation screening (see below) and complete examination

abnormal ↙

EKG, cardiology referral

↘ normal

Begin gradual return to play 10 days from positive test result and at least 24 hours symptom free off antipyretics

All youth who have had a positive COVID test should be cleared by their pediatric health care provider teams prior to returning to organized sports. Even those who are asymptomatic could be at risk for myocarditis.

This handout is for use by pediatric health care providers and is based on the AAP Return to Sports guidelines updated December 2020 (QR code below; <https://bit.ly/2JFusQZ>).

This is for guidance only, and does not replace clinical judgment. Each institution may have their own guidance.



ABOUT

(≥4 days of fever >100.4°F, myalgia, chills, or lethargy; OR non-ICU hospital stay and no evidence of MIS-C)

MODERATELY SYMPTOMATIC

No exercise until cleared by physician

EKG, cardiology consult at least 10 days from positive test result. May need Holter monitor, exercise stress testing, cardiac MRI

normal ↓

May begin gradual return to play at least 10 days from positive test result and at least 10 days symptom free off antipyretics.

SEVERELY SYMPTOMATIC OR MIS-C

ICU stay or abnormal cardiac tests

No exercise for at least 3-6 months AND cleared by cardiology with extensive cardiac testing including troponin, echo, and cardiac MRI

Personal History:

- Chest pain/discomfort/tightness/pressure related to exertion
- Unexplained syncope/near-syncope
- Excessive exertional and unexplained dyspnea/fatigue or palpitations, associated with exercise
- Prior recognition of a heart murmur
- Elevated systemic blood pressure
- Prior restriction from participation in sports
- Prior testing for the heart, ordered by a physician

Family History:

- Premature death (sudden and unexpected, or otherwise) before age 50 attributable to heart disease in ≥1 relative

14-POINT SCREENING

- Disability from heart disease in close relative <50y of age
- Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of certain cardiac conditions in family members

Physical Examination:

- Heart murmur
- Femoral pulses to exclude aortic coarctation
- Physical stigmata of Marfan syndrome
- Brachial artery blood pressure (sitting position)