

# COVID



# KIDS

# IN SPORTS

June 2021

## 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, <1wk myalgia, chills, lethargy)

No exercise until cleared by physician. Phone or telemedicine visit acceptable.

Inquire about chest pain, SOB out of proportion for URI, new onset palpitations, syncope

abnormal ↙

↘ normal

in-office visit with complete physical exam, consider EKG

No further testing needed.  
<12 years: progress as tolerated  
≥12 years: Begin gradual return to play 10 days from positive test result and at least 24 hours symptom free off antipyretics

This handout is for use by pediatric health care providers for cardiac clearance based on the AAP Return to Sports guidelines updated June 2021 (QR code below; <https://bit.ly/2JFusQZ>). De-conditioning increases risks of overuse injury and should also be addressed.

All families of youth who have had a positive COVID test should contact their pediatric health care provider teams prior to returning to any physical activity. Even those who are asymptomatic could be at risk for myocarditis.

**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, ≥1wk myalgia, chills, or lethargy; OR non-ICU hospital stay w/o MIS-C)

### MODERATELY SYMPTOMATIC

No exercise until cleared by physician

14 point pre-participation screening (see below), complete examination, EKG at least 10 days from positive test result.

concerning ↙

↘ not concerning

cardiology referral

<12 years: progress as tolerated  
≥12 years: begin physician-directed gradual return to play (of ≥7 days duration) at least 10 days from positive test result and at least 10 days symptom free off antipyretics.

### SEVERELY SYMPTOMATIC (ICU STAY) OR MIS-C

No exercise for at least 3-6 months AND cleared by cardiology.

#### 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

Give special emphasis to underlined items

#### 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

#### New Physical Examination Findings:

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