



**IOWA
MEDICAL
SOCIETY**



The following information is based on current studies regarding student athletes and cardiology data at the present time related to COVID-19 and is subject to change in the future.

Almost all children who contract COVID-19 will recover without incident. However, given there is concern of possible cardiac involvement in some people who get COVID-19, the following information for clearance back to sport for student-athletes should be followed. Based upon current evidence as we understand it, it should be considered safe to return to exercise with the following guidance:

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| <p>General Information</p> <p>For ALL Athletes with recent or prior COVID-19 Infection</p> | <ul style="list-style-type: none"> ● Timing of Return to Exercise: Return of a student-athlete to any form of exercise after a positive COVID-19 test should not take place for at least 14 days from the onset of symptoms, or date of positive test (whichever is earliest), with the athlete symptom-free for at least the last 7 days (In other words, this may be more than, but not less than 14 days). <i>See New Infection-Hospitalized for timing of return to exercise guidelines for these athletes.</i> ● Graded Return to Exercise: It is recommended that all athletes undergo a return-to-play evaluation that includes a graded progression of cardiac exertion, and is monitored by a certified athletic trainer working under the supervision of a licensed physician, or by an on-site licensed medical provider, prior to participation in any organized practice or competition in their sport. ● New or Ongoing Symptoms/Difficulty Exercising: Any new problems (e.g. chest pain, shortness of breath, or exercise intolerance) should be reported, and medical evaluation undertaken regardless of date of infection or prior level of symptoms. Any student athlete with ongoing symptoms related to a diagnosis of COVID-19 requires a comprehensive evaluation to exclude heart and lung disorders that carry a risk of arrhythmia (such as myocarditis), respiratory compromise, sudden cardiac arrest or sudden death. No such symptomatic athlete should return to sport until medically cleared by a physician. ● Student-athletes with suspected myocarditis will be required to follow myocarditis guidelines as outlined in: Eligibility and Disqualification Recommendations for Competitive Athletes with Cardiovascular Abnormalities JACC 2015. |
| <p>Prior Infection-Non hospitalized</p> | <ul style="list-style-type: none"> ● Student-athletes with a history of documented asymptomatic, mild or moderately symptomatic COVID-19 infection >45 days prior to presentation who have already returned to full exercise at the time of evaluation may continue with activity as tolerated, as long as their health history is reviewed by their school’s certified athletic trainer or their medical provider. ● Student-athletes with a distant history of a positive test >45 days prior to presentation, with or without prior symptoms (non-hospitalized), who have not yet returned to full exercise at the time of evaluation, should be held from any exercise, and undergo an evaluation by a physician prior to return to sport. |

This resource is intended for informational purposes only and does not constitute legal guidance. Practices are encouraged to contact their legal counsel and medical liability carrier as they prepare for and provide care for student athletes during COVID-19.

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| New Infection-Asymptomatic | <ul style="list-style-type: none"> • Written medical clearance should be provided by a licensed medical provider prior to resumption of any sport related activity. • Ancillary testing such as EKG and/or high-sensitivity troponin may be considered in the evaluation. If concerns arise during testing, a cardiac evaluation should be pursued. |
| New Infection-Symptomatic Not hospitalized | <ul style="list-style-type: none"> • Written medical clearance by a physician should be obtained prior to resumption of any sport related activity. • Cardiac testing may be considered, which may include high-sensitivity troponin, EKG, Echocardiogram, Cardiac MRI or exercise stress testing, as clinically indicated. • Abnormal cardiac testing, such as high-sensitivity Troponin, EKG or echocardiogram warrants formal evaluation by a cardiologist. |
| New Infection-Symptomatic Hospitalized | <ul style="list-style-type: none"> • Student-athletes with severe symptoms, or students requiring hospitalization have a higher risk for heart or lung complications. In addition to regular medical evaluation and written medical clearance, a comprehensive cardiac evaluation in consultation with a cardiologist is recommended. • A supervised, graded return-to-exercise progression should be undertaken, no sooner than 21 days from symptom onset. |
| Other Key Points | <ul style="list-style-type: none"> • It is strongly recommended that student-athletes isolate themselves from school and their team, and seek evaluation by their medical provider if they have had close contact (approximately 15 consecutive minutes within 6 feet per CDC guidelines) with other individuals who are confirmed COVID-19 cases, or who are having symptoms suggestive of COVID-19. • Under no circumstances should an athlete with a recent positive test or pending test for COVID-19 be attending any activities related to their sport • It is recommended that student-athletes who have underlying medical conditions* that place them at higher risk for more significant injury from COVID-19 consult with their medical provider about risk mitigation strategies, as well as for evolving information about vaccination. • Confer with your school's certified athletic trainer and/or local medical professional when sports are interrupted and athletes are forced to quarantine or isolate. De-training can occur within a short amount of time, and places the athlete at higher risk of injury. • During any time of inactivity, students should maintain healthy nutrition, hydration and sleep habits. |

*Visit this [link](#) to access a table listing the chronic conditions, per CDC, that confer more risk in persons who have a COVID-19 infection.