

Post-COVID 19 7-Day Return-to-Play Progression



After receiving medical clearance, athletes must complete a 7-day return-to-play progression that gradually increases activity level until they are back to full capacity. Symptom severity level will have an effect on the progression being a **minimum** of 7 days. Those with more severe symptoms resulting in significant deconditioning can expect the progression to take longer before they are returned to full capacity. All guidance comes from the CDC and the NCAA.

Stage 1 - Isolation for 10 days after the first onset of symptoms in accordance with CDC recommendations

Stage 2 - No exercise for 14 days from the onset of symptoms and 7 days after all symptoms have resolved. EKGs can be performed during this time after symptoms have resolved including no fever for 24 hours without fever reducing medication.

Stage 3 - Medical Clearance by a primary care physician.

Stage 4 - Minimum 7 day RTP Progression

Step 1 Light Exercise (2 days)

- 2 days minimum of light activity such as jogging, stationary cycling but NO WEIGHT TRAINING
- 70% Max Heart Rate for no more than 15 minutes

Step 2 Light-Moderate Exercise (1 day)

- 1 day minimum of increasing the frequency of training such as simple movement activities like running drills etc. LIGHT WEIGHT TRAINING ALLOWED
- 80% Max Heart Rate for no more than 30 minutes

Step 3 Moderate Exercise (1 Day)

- 1 day minimum of increasing the duration of training such as progressing to more complex training activities. MODERATE WEIGHT TRAINING ALLOWED
- 80% Max Heart Rate for no more than 45 minutes

Step 4 Moderate-Intense Exercise (2 Days)

- 2 days minimum of increasing the intensity of training such as normal training activities. PROGRESS TO FULL WEIGHT TRAINING
- 80% Max Heart Rate for no more than 60 minutes

Step 5 Return to Intense Training and Full Return to Sport

- Full return to team training including FULL WEIGHT TRAINING

*Full return to sport may take up to a month or more including all of the steps of quarantine, clearance, and return-play progression completion. Our goal is for all of our athletes to return safely in the completion of their recovery. **As always, health and safety are our top priority.** *

*Additional resources can be found by referencing the British Journal of Sports Medicine and The Journal of the American Medical Association.

Athlete Return to Participation Form

To be completed by athlete's PCP, Team Physician or Cardiologist
(Complete all parts)

Name: _____ DOB: _____

Date of diagnosis: _____ Symptoms: NONE MILD MODERATE SEVERE

Onset of symptoms (date): _____ Date of symptom resolution: _____

Did the athlete self-isolate for 2 weeks? _____ YES NO

Has the athlete been afebrile for the last 3 days without antipyretics? YES NO

Have symptoms been improving? YES NO

Was an EKG performed? YES NO

If yes: Was the EKG normal? YES NO

Were cardiac labs performed (high sensitivity-Troponin, BNP, CRP)? YES NO

Results: _____

Was cardiac imaging (Echo, Cardiac MRI) performed? YES NO

Results: _____

Was the athlete referred to Cardiology? YES NO

Is the athlete CLEARED to start a GRADUATED return to sports: YES NO

Please list any RESTRICTIONS for return to sport: _____

Name of clearing physician: _____ Date: _____

Physician's Signature: _____ MD / DO License Number: _____