

Evaluation for Resumption of Physical Activity/Sport Activity for Child/Adolescent with COVID-19

What to do if an individual who is active in sports and/or physical activity tests positive for SARS-CoV-2?

Children or adolescents that have tested positive for SARS-CoV-2 within the prior 6 months should visit their pediatricians for a post-illness visit prior to return to physical activity.

In a child or adolescent who is SARS-CoV-2–positive, who is either asymptomatic or mildly symptomatic (<4 days of fever >100.4°F, < 1 week of myalgia, chills, and lethargy), there are limited data available and recommendations are based on expert opinion. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. After their isolation time is completed, it is suggested they visit with their primary care physician (PCP) who will review the American Heart Association 14-element screening evaluation with special emphasis on cardiac symptoms including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope and perform a complete physical examination. If the preparticipation screening evaluation and examination are normal, no further testing is warranted. The patient may begin a gradual return to physical activity after 10 days have passed from date of the positive test result and a minimum of 24 hours symptom free off-fever reducing medications has elapsed. If the PCP identifies any new or concerning cardiac history or physical examination findings at this visit, an ECG should be considered, and referral should be made to a pediatric cardiologist for evaluation and further testing.

For those with moderate symptoms of COVID-19 (≥4 days of fever >100.4°F, ≥ 1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of MIS-C), an evaluation by their primary care physician (PCP) is recommended. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. PCP evaluation is currently recommended after symptom resolution and at a minimum of 10 days past the date of the positive test result. The PCP will review the American Heart Association 14-element screening evaluation with special emphasis on cardiac symptoms including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope and perform a complete physical examination and an ECG. If cardiac workup is negative, gradual return to physical activity may be initiated after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine. If cardiac sign / symptom screening is positive, or EKG is abnormal, referral to a cardiologist is recommended. The cardiologist may consider ordering a troponin test and an echocardiogram at the time of acute infection. Depending on the patient's symptoms and their duration, additional testing including a Holter monitor, exercise stress testing, or cardiac magnetic resonance imaging (MRI) may be considered. If cardiac workup is negative, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine.

For children and adolescents with severe COVID-19 symptoms (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C), it is recommended they be restricted from exercise for a minimum of 3 to 6 months and obtain cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Other testing may be ordered based on an individual's sign and symptoms.