



- Be off all medicinal treatment related to COVID-19 infection (e.g., paracetamol)

It is recommended for competitive athletes who tested positive for COVID-19, regardless of symptoms, to complete a medical history and physical examination. Athletes who experienced more severe cardiac symptoms during their illness such as chest pain, palpitations, severe breathlessness or syncope warrant further cardiac and pulmonary tests (i.e. 12-lead ECG, spirometry)<sup>1-3,6</sup>. Those who have had more severe infections and/or required hospitalization should have a full medical assessment before beginning any return to sport program, which may include blood testing for inflammatory markers and/or renal hematological monitoring, other cardiac monitoring such as an ECHO or cardiac MRI, and further pulmonary tests such as a chest x-ray<sup>3,5-6</sup>. Athletes with other medical conditions such as diabetes, cardiovascular disease or renal disease should also have a medical assessment before starting any return to sport program<sup>5</sup>.

## What are the stages to return to play after COVID-19?

Similar to any return to play protocol, the program after COVID-19 should be progressive and include monitoring of symptoms at every stage. Following medical clearance, the athlete may begin a stepwise program that increases in training frequency, duration, and intensity. If any symptoms return, including excessive fatigue, the athlete should return to the previous stage and only progress after a minimum of 24 hours of rest without symptoms<sup>5</sup>. See the infographic below for current recommendations for athletes by Elliott et al. 2020.

### REFERENCES:

1. Salman D, et al. BMJ. [2021 Jan 8;372.](#)
2. Baggish A, et al. BJSM. [2020 Oct;54\(19\):6-8.](#)
3. Wilson MG, et al. BJSM. [2020 Oct 1;54:1157-61.](#)
4. Barker-Davies RM, et al. BJSM. [2020 Aug 1;54\(16\):949-59.](#)
5. Elliott N, et al. BJSM. [2020 Oct 1;54\(19\):1174-5.](#)
6. Phelan D, et al. JAMA Cardiology. [2020 Oct 1;5\(10\):1085-6.](#)

