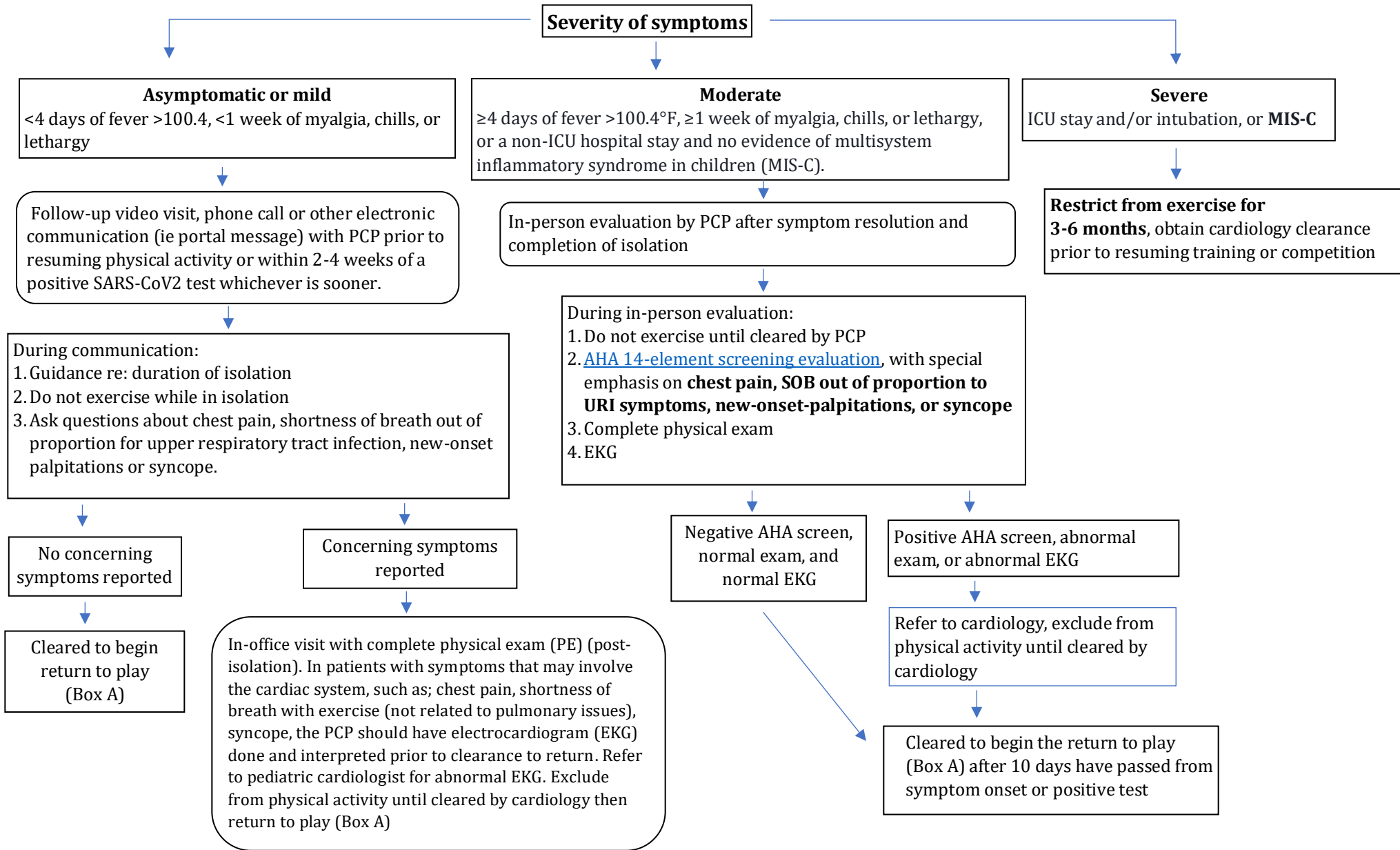


Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Interim Guidance: Sports and Physical Activity in the SARS-CoV-2 Era by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC.

For detailed guidance, please refer to the [AAP COVID-19 Interim Guidance: Sports and Physical Activity in the SARS-CoV-2 Era](#). (Last updated 9/9/2022)



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BOX A: Additional Guidance on Returning to Play *(Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID-19 disease history should be documented.)*

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity
 - Asymptomatic / Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), tolerating activities of daily living. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
 - Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and tolerating activities of daily living, one light practice or 30 minutes minimum of cardiovascular exercise on own, and 1 full practice prior to games is recommended. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology