

## Evergreen Conference COVID-19 Return to Play Form

Attached you will find a two-part Post COVID – 19 Graduated Return to Sport Form. Student-athletes should provide a copy of this two-part form to their Qualified Medical Provider (MD/DO/PAC/ARNP). The form is available on the Schools' website.

- Part One – Is completed and signed by the Qualified Medical Provider as part of the student's medical history. A copy is required for the Black Hills' athletic office and the Black Hills' Licensed Athletic Trainer. The Qualified Medical Provider will be provided a copy upon request.
- Part Two – Is completed by Black Hills's Licensed Athletic Trainer. This form should be given to the Licensed Athletic Trainer (LAT) to oversee, only once the Student Athlete (SA) has been released to begin the Graduated Return to Sport Protocol by a Qualified Medical Provider in Part One. If a LAT is not available, the coach should oversee the 7-day Graduated Return to Sport Protocol.

It is strongly recommended that students complete the 7-day Graduated Return to Sport Protocol, outlined in Part Two, without developing chest pain, tightness, palpitations, lightheadedness, extreme fatigue, presyncope or syncope. If a student-athlete experiences fatigue or any of the previous symptoms during or following activity, they should stop all activity and return to their Qualified Medical Provider for an additional evaluation.

Collapse during activity should be considered a possible sudden cardiac arrest due to arrhythmia. In this case the team's Emergency Action Plan should be enacted and an AED should be utilized.

## Evergreen Conference COVID-19 Return to Play Form – Part One

Per the Tumwater School District, if an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP).

Athlete's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Brief COVID-19 History

Date of Evaluation: \_\_\_\_\_

Date of symptom onset: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_

- Positive test with no symptoms
- Positive test with  mild  moderate  severe symptoms

Treated at  home  hospital  ICU  intubated

### MEDICAL CLEARANCE

Date of Evaluation: \_\_\_\_\_

- Criteria to return (Please check below as applies)
  - 10 days have passed since onset of symptoms OR has been asymptomatic throughout 14 days of quarantine
    - Symptoms have resolved (No fever ( $\geq 100.4F$ ) for 24 hours without fever reducing medication
    - Athlete was not hospitalized due to COVID-19 infection
  - Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
    - Chest pain/tightness with activities of daily living - YES  NO
    - Chest pain/tightness with exercise - YES  NO
    - Unexplained Syncope/near syncope - YES  NO
    - Unexplained/excessive dyspnea/fatigue w/exertion - YES  NO
    - New palpitations - YES  NO
    - Heart murmur on exam - YES  NO

Athlete **HAS** satisfied the above criteria and **IS** cleared to start the return to activity progression

Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activity and will be re-evaluated in  
 1 Week  2 Weeks

**Additional Comments/Recommendations:**

### Medical Office Information (Please Print/Stamp):

Healthcare Provider's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### NOTE to Approved HCP:

If a student-athlete has positive responses to any cardiac screening question or new heart murmur, had moderate to severe symptoms, or was hospitalized additional evaluation is recommended, which may include ECG, cardiac enzymes, CXR, Spirometry, PFTs, Echocardiogram, Chest CT, Cardiac MR, and/or cardiology consult. The primary concern is CV19-induced myocarditis with scarring that may predispose to arrhythmia and sudden cardiac arrest. Please report any athletes with myocarditis to WaDoH at 1-800-525-0127 and with CV19 to Thurston County Health Dept at (360) 867-2500.

#### References:

Drezner, et al. Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic. *Sports Health* 2020; 12(5), 459-461. <https://doi.org/10.1177/1941738120941490>

American Academy of Pediatric: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports>

Cardiorespiratory considerations for return-to-play in elite athletes after COVID-19 infection: a practical guide for sport and exercise medicine physicians: <https://bjsm.bmj.com/content/bjsports/54/19/1157.full.pdf>

Infographic. Graduated return to play guidance following COVID-19 infection: <https://bjsm.bmj.com/content/bjsports/54/19/1174.full.pdf>

WIAA, Return to Play Guidelines:

<https://docs.google.com/document/u/4/d/e/2PACX-1vQBoiz1UnhXtci0yuLS5ekxbIUiZiQyu7eHR2RovekTWHvxj-Gvh71hfzZW0ghd19bop3KZxjpy5Kg2/pub>

*Strength and Conditioning Journal*, CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity:

[https://journals.lww.com/nsca-sci/Fulltext/2019/06000/CSCCa\\_and\\_NSCA\\_Joint\\_Consensus\\_Guidelines\\_for.1.aspx?utm\\_source=Consumer+Media+List&utm\\_campaign=03cbbd4f5a-EMAIL\\_CAMPAIGN\\_2019\\_06\\_03\\_03\\_27&utm\\_medium=email&utm\\_term=0\\_12ff183214-03cbbd4f5a-267014777](https://journals.lww.com/nsca-sci/Fulltext/2019/06000/CSCCa_and_NSCA_Joint_Consensus_Guidelines_for.1.aspx?utm_source=Consumer+Media+List&utm_campaign=03cbbd4f5a-EMAIL_CAMPAIGN_2019_06_03_03_27&utm_medium=email&utm_term=0_12ff183214-03cbbd4f5a-267014777)

Return to Sports and Exercise during Covid 19 Pandemic: Guidance for High School and Collegiate Athletic Programs:

[https://ksi.uconn.edu/wp-content/uploads/sites/1222/2020/06/Return-to-Sports-and-Exercise-during-the-COVID\\_Final-endorsed\\_6.2.2020.pdf](https://ksi.uconn.edu/wp-content/uploads/sites/1222/2020/06/Return-to-Sports-and-Exercise-during-the-COVID_Final-endorsed_6.2.2020.pdf)

The Essential Role of the Athletic Trainer: [https://www.nata.org/sites/default/files/icsm\\_essential\\_role\\_athletc\\_trainer.pdf](https://www.nata.org/sites/default/files/icsm_essential_role_athletc_trainer.pdf)

Recognizing COVID-19–related myocarditis: The possible pathophysiology and proposed guideline for diagnosis and management:

<https://www.sciencedirect.com/science/article/pii/S1547527120304227>

## Evergreen Conference Return to Play (RTP) Procedures After COVID-19 Infection – Part Two

Athlete's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Sport: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_

Date of Medical Clearance: \_\_\_\_\_

### **Graduated Return to Sport (GRTS) Protocol After COVID-19 Infection:**

Student Athletes should complete the progression below without developing chest pain, chest tightness, palpitations, lightheadedness, extreme fatigue, presyncope or syncope. If an athlete experiences fatigue or symptoms during or following activity, they should stop all activity and return to the physician for additional evaluation. Collapse during activity should be considered a possible cardiac arrest due to arrhythmia triggered by myocardial scarring.

The following 7-day Graduated Return to Sport Protocol is not proven but is based on the best evidence currently available to provide a gradual increase in cardiac load during return to physical activity. Some athletes may require longer times at each stage and if unable to progress, may require additional medical evaluation.

*\*Student-Athletes must have Medical Clearance from COVID-19 on File to initiate Return to Play Progression*

**Stage 1:** (2 Days Minimum) Light Activity (Walking, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training. ( $220 - \text{Age} = Z$ ,  $Z \times .7 = \text{MAX Allowable HR}$ )

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

**Stage 2:** (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate. ( $220 - \text{Age} = Z$ ,  $Z \times .8 = \text{MAX Allowable HR}$ )

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

**Stage 3:** (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

**Stage 4:** (1 Day Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

**Stage 5:** (1 Day Minimum) Return to Team Activities, S&C, and skill work, non-contact practice

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

**Stage 6:** Return to Team Activities, Return to full Team Practice

Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ AT Initial: \_\_\_\_\_ SA Initial: \_\_\_\_\_

### **Cleared for Full Participation by School Athletic Trainer (Minimum 7 days spent on RTP):**

Licensed Athletic Trainer: \_\_\_\_\_

Date: \_\_\_\_\_