



MSHSAA

RETURN TO PLAY POST COVID-19 INFECTION

ATHLETE WITH COVID-19 POSITIVE TEST WITHIN THE LAST 6 MONTHS¹

IF SYMPTOMATIC, A MINIMUM OF 10 DAYS HAVE PASSED SINCE ONSET OF SYMPTOMS
- AND -
 SYMPTOMS HAVE RESOLVED – NO FEVER (≥ 100.4) FOR 24 HOURS WITHOUT FEVER
 REDUCING MEDICATION IMPROVEMENT IN RESPIRATORY SYMPTOMS (COUGH,
 SHORTNESS OF BREATH)
- OR -
 IF ASYMPTOMATIC, A MINIMUM OF 10 DAYS HAVE PASSED SINCE POSITIVE TEST

MEDICAL EVALUATION BY PRIMARY CARE CLINICIAN⁺
 SCREENING QUESTIONS TO ASSESS FOR CONCERNING SYMPTOMS OF MYOCARDITIS
 OR MYOCARDIA ISCHEMIA⁺⁺

**NEGATIVE
SCREEN**

***** RETURN TO PLAY *****
 GRADUAL REINTRODUCTION OF PHYSICAL ACTIVITY WITH THE UNDERSTANDING THE
 ATHLETE IS LIKELY DECONDITIONED AFTER 10 DAYS OFF WHILE MONITORING FOR ANY
 SIGNS OF RESPIRATORY OR CARDIAC SYMPTOMS THAT MAY DEVELOP WITH EXERCISE

UPON COMPLETION OF MSHSAA RTP FORM → RESUME PARTICIPATION



⁺MEDICAL PROVIDERS SHOULD TAKE INTO CONSIDERATION THE INTENSITY LEVEL OF SPORT PARTICIPATION AND EXERCISE TO HELP GUIDE THEIR DECISION TO PURSUE ADDITIONAL EVALUATION.

⁺⁺ADAPTED FROM THE AMERICAN HEART ASSOCIATION PRE-SCREENING FOR COMPETITIVE ATHLETE RECOMMENDATIONS²

- CHEST PAIN/TIGHTNESS WITH EXERCISE
- SYNCOPE/NEAR SYNCOPE THAT IS UNEXPLAINED
- UNEXPLAINED OR EXERCISE DYSPNEA/FATIGUE WITH EXERTION
- NEW PALPITATIONS
- HEART MURMUR ON EXAM

FURTHER WORK-UP AS INDICATED BY PRIMARY CARE CLINICIAN (IE CHEST X-RAY, PFTs, CHEST CT, CARDIOLOGY CONSULT)

WORSENING OR ONGOING CONCERNING SYMPTOMS (CHEST PAIN, CHEST TIGHTNESS, PALPITATIONS, LIGHTEADEDNESS, PRE-SYNCOPE OR SYNCOPE)
- OR -
 EXERCISE RELATED SYMPTOMS 4 – 6 WEEKS AFTER RETURNING TO PLAY

1. Adaptations from: Phelan, McDermott, Jonathan H. Him, and Eugene H. Chung. "A game plan for the resumption of sport and exercise after coronavirus disease 19 (COVID-19) infection." JAMA cardiology (2020)
 2. Adaptations from: Maron BJ, Thompson PD, Puffer JC, et al. Cardiovascular pre-participation screening for competitive athletes. A statement for health professionals from the Sudden Death Committee (clinical cardiology) and Congenital Cardiac Defects Committee (cardiovascular disease in the young), American Heart Association. Circulation 1996; 94:850-856.