

Cranford Public School Post- Covid 19 Athlete Return to Play Protocol

Student- Athlete Name: _____ Date of Birth: _____

Sport: _____

Date of Covid positive test: _____

COVID-19 Symptomatic: YES or NO

If YES, please circle: **MILD** **MODERATE** **SEVERE (Hospitalized)**

The American Heart Association makes the following recommendations:

-Asymptomatic or mild cases: Physical examination prior to RTP.

- Moderate cases: Physical examination with EKG prior to RTP.

-Severe cases: Physical examination, cardiac clearance and restriction of activity for 3-6months, prior to RTP.

All athletes who had COVID will be required to do RTP protocol: See attached.

Athlete is cleared to begin post Covid RTP: _____

Not cleared, further eval required: _____

(Please indicate what further evaluation is required)

Managing Physician Name Printed: _____

Date: _____

Managing Physician signature: _____

Date received by school employee: _____



Matthew J. Morahan, III
 Health Assessment Center for Athletes
 RWJBarnabas Health

Barnabas Health
Ambulatory Care Center

RWJBarnabas
HEALTH

Post- Covid 19 Athlete Return to Play Protocol

Student- Athlete Name: _____ Date of Birth: _____

Symptomatology at time of diagnosis for Covid 19 (circle one):

Asymptomatic Mild Moderate Severe

Date of Covid positive _____

CDC continues to endorse a 14 day quarantine but this can be reduced if the individual remains asymptomatic :

- After 10 days without testing
- After day 7 after receiving a negative test (test must occur on day 5 or later)
- Monitoring for symptoms until 14 days after exposure

Before considering gradual return to play (post Covid-19), athletes must be able to complete (Per the British Journal of Sports Medicine):

- Daily activities
- Light walking without exhaustion or shortness of breath
- 10 days rested and 7 days symptom free before beginning progression (may overlap over quarantine timeframe)

Upon completing the protocol the team physician must clear the athlete to resume normal activity

The following progression was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020 and supported by the American Academy of Pediatrics:

1. **Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity** (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Modality/Activity completed: _____

Athlete Resting Heart Rate: _____ Target Heart Rate for Session _____ (<70% of Heart Rate Max)

Target Heart Rate Achieved: Yes or No? *If Yes, what was the BPM* _____

RPE for Session _____

Reported Covid Symptoms during session (If none please state none): _____

2. **Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

Modality/Activity completed: _____

Athlete Resting Heart Rate: _____ Target Heart Rate for Session _____ (80% of Heart Rate Max)

Target Heart Rate Achieved: Yes or No? *If Yes, what was the BPM* _____

RPE for Session _____

Reported Covid Symptoms during session (If none please state none): _____

3. **Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less-** Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Modality/Activity completed: _____

Athlete Resting Heart Rate: _____ Target Heart Rate for Session _____ (80% of Heart Rate Max)

Target Heart Rate Achieved: Yes or No? *If Yes, what was the BPM* _____

RPE for Session _____

Reported Covid Symptoms during session (If none please state none): _____

*****Stage 4 will include a minimum of one contact practice before return to competition*****

4. **Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes -**Normal training activity - intensity no greater than 80% maximum heart rate.

Modality/Activity completed: _____

Athlete Resting Heart Rate: _____ Target Heart Rate for Session _____ (80% of Heart Rate Max)

Target Heart Rate Achieved: Yes or No? *If Yes, what was the BPM* _____

RPE for Session _____

Reported Covid Symptoms during session (If none please state none): _____

5. **Stage 5 (Following Team Physician Clearance): Day 7 - Return to full activity/participation (ie, - Contests/competitions).**