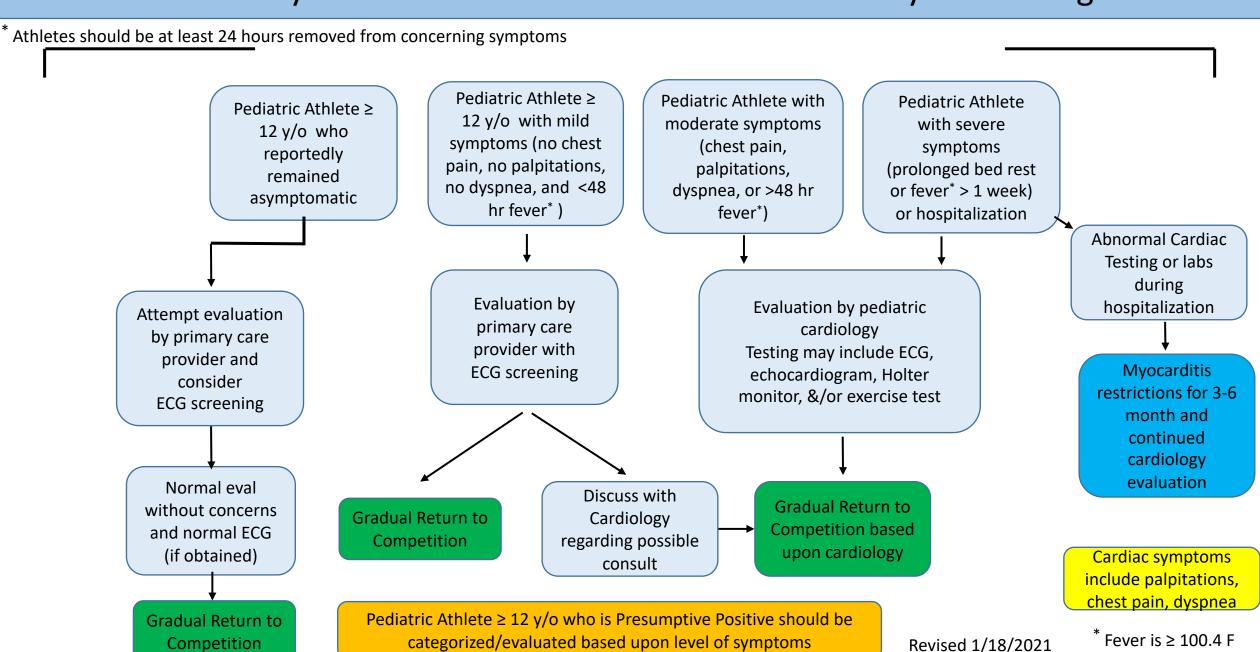
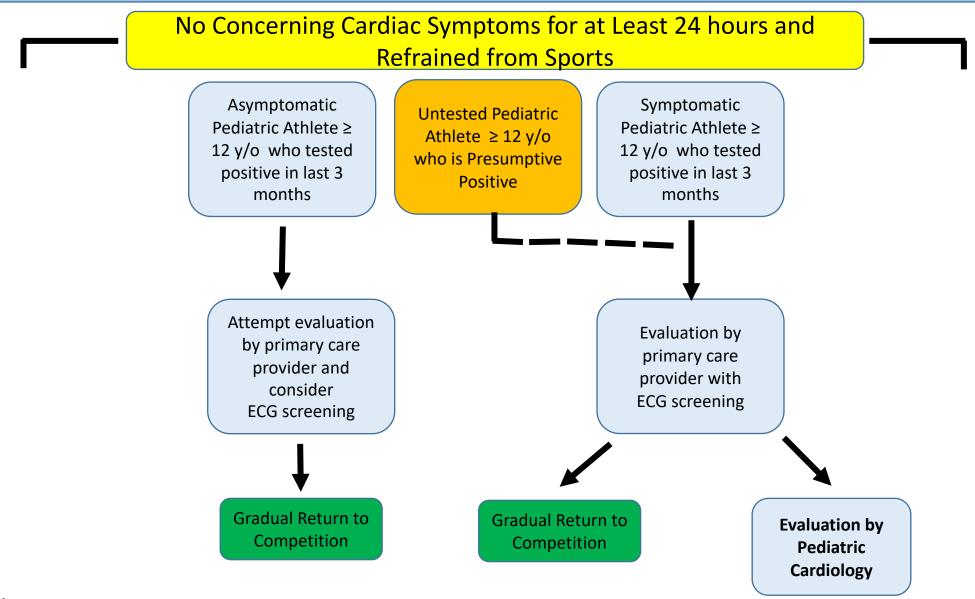
## Return to Play After COVID-19 Infection at Least 10 days from Diagnosis



## Return to Play After COVID-19 Infection at Least 10 days from Diagnosis



Athletic trainer or team physician should be monitoring graduated activity and assessing for symptoms

Symptoms of chest pain, palpitations, early fatigue or pre-syncope

Consider evaluation by primary care provider, ECG screening and possible cardiology consult

## COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE

Refrained from activity for 10 days and off all medical treatment



GRTP GRADUATED RETURN TO PLAY PROTOCOL

## GRADUATED RETURN TO PLAY PROTOCOL











INCREASES



RESUME NORMAL

TRAINING PROGRESSIONS



ACTIVITY DESCRIPTION

EXERCISE

ALLOWED

%HEART

DURATION

OBJECTIVE

MONITORING

MINIMUM REST

WALKING

TIVITIES OF DAIL

10 days

SYSTEM

ESTING HR. I-PRR



WALKING, LIGHT

RESISTANCE

<70%

<15 MINS

INCREASE HEART





<80%

<30 MINS

INCREASE LOAD

VIRAL FATIGUE

SYMPTOMS

PRRS, RPE



(<80%

<45 MINS

















TRAINING PROGRESSIONS

SUBJECTIVE SYMPTOMS. PRRS, RPE

COMPETITION SPORT SPECIFIC TIMELINES 2 RETURN z

UNDER MEDICAL SUPERVISION







FREQUENCY OF





















SYMPTOMS.

RESTING HR. PRRS, RPE

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE) NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT











