RETURN TO PLAY AFTER COVID-19 INFECTION
in Pediatric Patients

The proposed clinical shared guidance are based on very limited data regarding the risk of persistent myocardial inflammation following COVID-19 infection. Evidence-based recommendations may change as more data emerge.

Modified AHA[1] 14-Point Pre-Sport Check

MEDICAL HISTORY[2]

PERSONAL HISTORY

- ☐ Chest pain/discomfort/tightness/pressure related to exertion
- ☐ Unexplained syncope/near-syncope[3]
- ☐ Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise
- ☐ Prior recognition of a [pathological] heart murmur
- ☐ Elevated systemic blood pressure
- ☐ Prior restriction from participation in sports
- ☐ Prior testing for the heart, ordered by a physician

FAMILY HISTORY

- ☐ Premature death (sudden and unexpected, or otherwise) before 50 years of age attributable to heart disease in ≥1 relative
- ☐ Disability from heart disease in close relative <50 years of age
- ☐ Hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members

PHYSICAL EXAMINATION

- ☐ Heart murmur[4]
- ☐ Femoral pulses to exclude aortic coarctation
- ☐ Physical stigmata of Marfan syndrome
- ☐ Brachial artery blood pressure (sitting position)[5]

Pediatric patient with history of COVID-19 infection AND asymptomatic for >14 days

Was the patient:

- **A** admitted to the hospital due to COVID symptoms?
- **B** Found to have an abnormal cardiac testing?
- **C** Diagnosed with multisystem inflammatory syndrome in children (MIS-C)?

NO — **Any positive on modified AHA[1] 14-point pre-sport check list?**

- **NO** → Standard of care
- **YES** → Refer to pediatric cardiology
  Phone: **202-476-2090**
  Cardiologist may determine that exercise restrictions are needed for 3-6 months (myocarditis)

YES — For **A**, **B** and/or **C**

1 *AHA indicates American Heart Association.*
2 *Parental verification is recommended for high school and middle school athletes.*
3 *Judged not to be of neurocardiogenic (vasovagal) origin; of particular concern when occurring during or after physical exertion.*
4 *Refers to heart murmurs judged likely to be organic and unlikely to be innocent; auscultation should be performed with the patient in both the supine and standing position (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.*
5 *Preferably taken in both arms.*

REFERENCES:

Circulation. 2014 Oct 7;130(15):1303-34.
https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection

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