



# GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION\*

Indications: Age  $\geq$ 12yo +/-or High Intensity or Supervised/School Sports or Athletic Programs

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

Date of Medical Clearance to begin post-COVID19 Return-To-Play: \_\_\_\_\_

Once medically cleared, students/athletes should complete the suggested return-to-play progression without development of chest pain/tightness, palpitations, lightheadedness, significant exertional dyspnea, pre-syncope, or syncope. If any of these symptoms develop, the patient should be referred back to the evaluating provider who signed the medical form.

*Calculating Max Heart Rate:  $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$*

## MINIMUM 7-DAY PROGRESSION:

<b>STAGE 1 : Day 1 and Day 2 (2 Days Minimum) - 15min/day or less</b>		
Light activity (walking, jogging, stationary bike). NO resistance training. Intensity $\leq$ 70% maximum heart rate.		
DATE	ACTIVITY	SYMPTOMS

<b>STAGE 2 : Day 3 (1 Day Minimum) – 30min/day or less</b>		
Add simple movements activities (running drills) at intensity $\leq$ 80% maximum heart rate.		
DATE	ACTIVITY	SYMPTOMS

<b>STAGE 3 : Day 4 (1 Day Minimum) – 45min/day or less</b>		
More complex training at intensity $\leq$ 80% maximum heart rate. May add light resistance training.		
DATE	ACTIVITY	SYMPTOMS

<b>STAGE 4 : Days 5 and Day 6 (2 Days Minimum) – 60min/day or less</b>		
Normal training activity at intensity $\leq$ 80% maximum heart rate.		
DATE	ACTIVITY	SYMPTOMS

<b>STAGE 5 : Return to full activity/participation.</b>		
DATE	ACTIVITY	SYMPTOMS

*\*Return-To-Play protocol adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.*

*Reviewed by UVMCC Pediatric Cardiology March 3, 2021.*

Date Cleared for Full Participation by School/Sports Personnel: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_