

Return To Play Protocol for Athletics Post COVID-19

Stages required to complete the Return To Play (RTP) Protocol are as follows:

STAGE 1: (Goal: Increase HR): Walking, 15 minutes, 60 - 70% of MHR

STAGE 2: (Goal: Increase aerobic activity): Jogging, light activity, 30 minutes, 60 - 70% of MHR

STAGE 3: (Goal: Increase exercise, coordination, and skills): Sport specific activity, 45 minutes, non-contact only, 70-80% MHR

STAGE 4: (Goal: Restore confidence and functional skills): Full practice participation, 60 minutes, 70 - 80% MHR

STAGE 5: (Goal: Complete training progression): Full practice without restrictions, check in and follow up with ATC prior and after activity required.

STAGE 6: Full competition followed by check in and confirmation of completion sent to the medical director, nurse and athletic director by ATC.

If any athlete who is completing this protocol displays any signs or symptoms of COVID-19 before, during, or after this protocol, they will be instructed to stop activity, brought to the Athletic Trainer, and must receive medical clearance by their Health Care Provider in order to return to physical education and interscholastic athletics.

The return back to athletic participation will be supervised under the Certified Athletic Trainer, for all positive cases of COVID-19 student-athletes.

Stage days are subject to change based on monitored symptoms by ATC or by the recommendation of the student's Health Care Provider.

Return To Play Protocol for Athletics Post COVID-19 Progression Worksheet

The purpose of using this return to athletics progression is to ensure an athlete is recovering from exertion properly after testing positive for COVID-19. This assists in monitoring athletes upon their return to raise awareness of any respiratory and cardiac challenges that might be present.

RHR (Resting Heart Rate) - Take Pulse of Athlete

MHR (Max Heart Rate) = 220 - Age

Target Heart Rate = ((MHR - RHR) x %) + RHR

Recovery time should take between 3 to 5 minutes for an athletic individual who has been training and are in great physical fitness condition. This may vary depending on the athlete therefore the goal is to be consistent with results/information being collected.

Athlete's name: _____ D.O.B.: _____

Sport: _____ Date of MD clearance: _____

Athlete Confirms Asymptomatic: YES / NO

Age: _____ RHR: _____ Max HR: _____

STAGE 1: (Goal: Increase HR): Walking, 15 minutes, 60 - 70% of MHR

Activity completed: _____ Date: _____
THR: _____ HR after activity: _____ Recovery Time: _____

Any respiratory challenges including, but not limited to; chest pain/tightness, headache, feeling faint, nausea, difficulty breathing. (Circle) Yes No

Additional Comments: _____
ATC Initial: _____

STAGE 2: (Goal: Increase aerobic activity): Jogging, light activity, 30 minutes, 60 - 70% of MHR

Activity completed: _____ Date: _____
THR: _____ HR after activity: _____ Recovery Time: _____

Any respiratory challenges including, but not limited to; chest pain/tightness, headache, feeling faint, nausea, difficulty breathing. (Circle) Yes No

Additional Comments: _____
ATC Initial: _____

STAGE 3: (Goal: Increase exercise, coordination, and skills): Sport specific activity, 45 minutes, non-contact only, 70-80% MHR

Activity completed: _____ Date: _____
THR: _____ HR after activity: _____ Recovery Time: _____

Any respiratory challenges including, but not limited to; chest pain/tightness, headache, feeling faint, nausea, difficulty breathing. (Circle) Yes No

Additional Comments: _____
ATC Initial: _____

STAGE 4: (Goal: Restore confidence and functional skills): Full practice participation, 60 minutes, 70 - 80% MHR

Activity completed: _____ Date: _____
THR: _____ HR after activity: _____ Recovery Time: _____

Any respiratory challenges including, but not limited to; chest pain/tightness, headache, feeling faint, nausea, difficulty breathing. (Circle) Yes No

Additional Comments: _____
ATC Initial: _____

STAGE 5: (Goal: Complete training progression): Full practice without restrictions, check in and follow up with ATC prior and after activity required.

Activity completed: _____ Date: _____

Any respiratory challenges including, but not limited to; chest pain/tightness, headache, feeling faint, nausea, difficulty breathing. (Circle) Yes No

Additional Comments: _____
ATC Initial: _____

STAGE 6: Full competition followed by check in and confirmation of completion sent to the medical director, nurse and athletic director by ATC.

Activity completed: _____ Date: _____

Any respiratory challenges including, but not limited to; chest pain/tightness, headache, feeling faint, nausea, difficulty breathing. (Circle) Yes No

Additional Comments: _____
ATC Initial: _____

ATC Signature: _____ **Date:** _____

Completed RTP must be emailed to the Health Office.