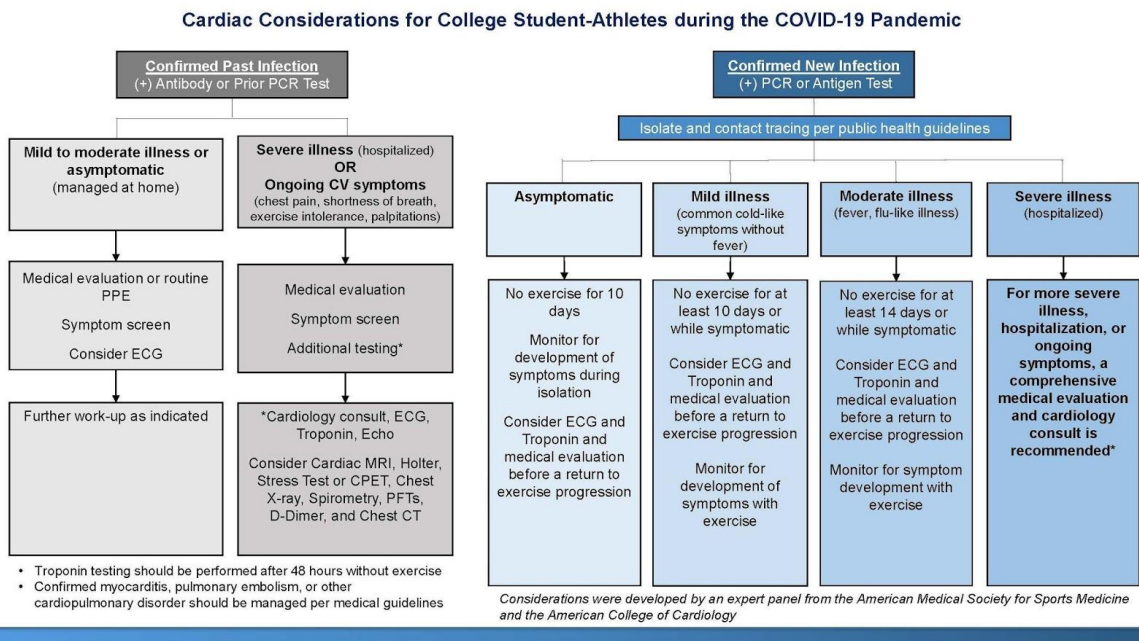


Goshen College COVID-19 Return-to-Play Plan

1. A student-athlete tests positive for COVID-19.
2. Removal from athletics and enter isolation.
 - a. No physical activity.
 - b. Based off CDC recommendations a individual must remain in isolation until:
 - i. 10 days since symptoms first appeared and
 - ii. 24 hours with no fever without the use of fever-reducing medications and
 - iii. COVID-19 symptoms have improved (for example, cough, shortness of breath)
1. Resource:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>
3. Before starting to return to play procedures, a student-athlete must:
 - a. Follow flow chart if student-athlete needs ECG for clearance:

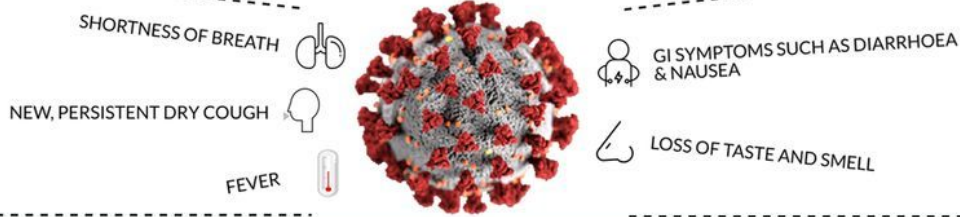


1. Considerations were developed by an expert panel from the American Medical Society for Sports Medicine and the American College of Cardiology.
 - b. A clearance note from Goshen Family Physicians or Primary Care Provider turned into the Goshen College Athletic Training Staff.
4. After being cleared by physician, a student-athlete will start the following return to play progression. Monitored by the Goshen College Athletic Training Staff. See below flow chart:

This plan is intended to guide patient care. Medical conditions and specific medical situations are often complex and require health care providers to make independent judgements. This plan may be modified by practitioners to achieve maximal patient outcomes.

COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE ATHLETES: GUIDANCE FOR MEDICAL PROFESSIONALS

INDICATORS OF COVID-19 INFECTION



THIS GUIDANCE IS AIMED AT ATHLETES WITH MILD TO MODERATE SYMPTOMS OF COVID-19. ATHLETES SHOULD FOLLOW LOCAL GOVERNMENT GUIDELINES OF COUNTRY OF RESIDENCE FOR MANAGEMENT OF SYMPTOMS INCLUDING ISOLATION AND TESTING PROCESSES. ATHLETES WHO HAVE MORE COMPLICATED INFECTIONS, OR REQUIRED HOSPITAL SUPPORT SHOULD HAVE A MEDICAL ASSESSMENT BEFORE COMMENCING GRTP. ASSESSMENT MAY INCLUDE:

BLOOD TESTING FOR MARKERS OF INFLAMMATION (HS-TROP, BNP, CRP), CONSIDER RENAL & HAEMATOLOGY MONITORING



CARDIAC MONITORING (ECG, ECHO, ETT, CARDIAC MRI)



RESPIRATORY FUNCTION ASSESSMENT (SPIROMETRY)



GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

	STAGE 1 10 DAYS MINIMUM	STAGE 2 2 DAYS MINIMUM	STAGE 3A 1 DAY MINIMUM	STAGE 3B 1 DAY MINIMUM	STAGE 4 2 DAYS MINIMUM	STAGE 5 EARLIEST DAY 17	STAGE 6
ACTIVITY DESCRIPTION	MINIMUM REST PERIOD	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE, NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX		<70%	<80%	<80%	<80%	RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME, PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY, MANAGE ANY POST VIRAL FATIGUE SYMPTOMS	EXERCISE, COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-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



INFOGRAPHIC CREATED BY UK HOME COUNTRIES INSTITUTES OF SPORT; ELLIOTT, N. ELLIOTT, J. BISWAS, A. MARTIN, R. HERON, N.

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Resources

1. "When You Can Be Around Others After You Had or Likely Had COVID-19." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html.
2. "Fall 2020 Guidelines & Recommendations ." *National Association of Intercollegiate Athletics*, 10 July 2020, www.naia.org/covid19/files/Fall_2020_Guidelines_7.10.20_v2.pdf.
3. Baggish, Aaron, et al. "Resurgence of Sport in the Wake of COVID-19: Cardiac Considerations in Competitive Athletes." *British Journal of Sports Medicine*, 2020, doi:10.1136/bjsports-2020-102516.
4. "Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic." *American Medical Society for Sports Medicine*, 2020, www.amssm.org/Content/pdf-files/COVID19/CardiacCOVID-19_22-JULY-2020.pdf.
5. Elliott, N, et al. "COVID-19 Graduated Return to Play For Performance Athletes: Guidance for Medical Professionals." *British Journal of Sports Medicine*, 2020, <https://bjsm.bmj.com/content/early/2020/06/22/bjsports-2020-102637>.

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