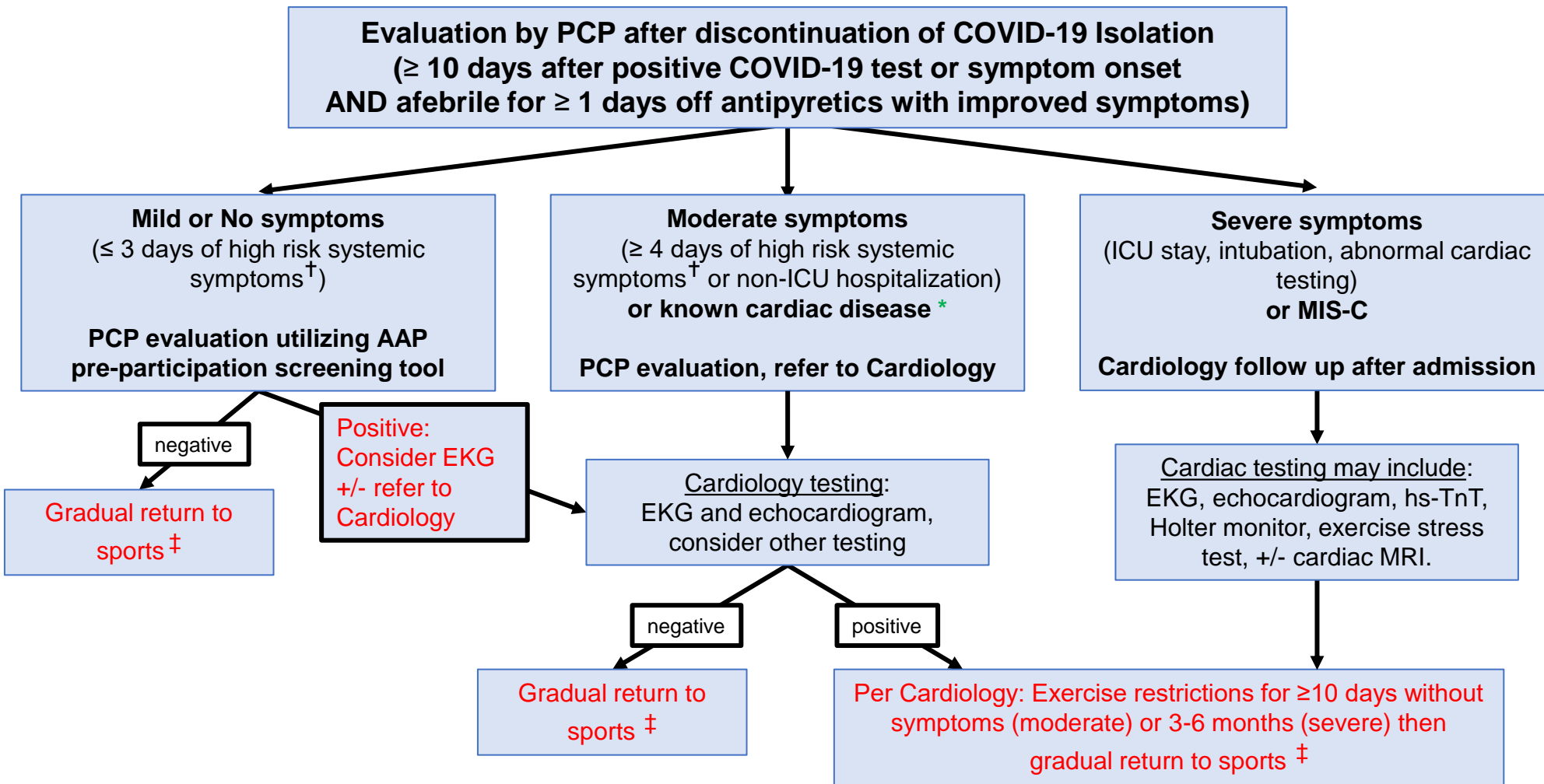


Return to Exercise after COVID-19 Infection in Pediatric Patients (K-12)*

This document contains interim suggested guidance based on current information available to inform assessment and risk stratification for release to participation in physical education, sports and moderate to vigorous play for pediatric patients. These are considered best practice per the American Academy of Pediatrics.

Note, patients with close contact exposure to COVID-19 are restricted from participation for ≥ 10 days (same duration as quarantine).



* Published by UR GCH COVID Pediatric RTP Workgroup on 1/13/2021 using the AAP Updated Guidance on Returning to Sports Activities: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

† High risk systemic symptoms are: fever >100.4, myalgia, chills, or profound lethargy.

* Note that most heart defects may not be considered significant enough to qualify for this category. Please refer to the attached FAQ.

‡ Gradual return to play can begin ≥10 days after the positive test or ≥10 days after the end of symptoms (whichever is later) . The return to play progression should be over at least 7 days. Patient should be symptom free in the stage they are in before progressing to the next stage. An AAP-suggested protocol is on the attached page.