Return to Activity Following COVID-19 Diagnosis: Recommendations for the Rehabilitation Professional

Providence Sports Medicine seeks to promote a safe return to activity for all athletes and active individuals following any injury or illness. In response to the developing information regarding the effects of COVID-19, guidelines have been developed for health care providers to support individuals that receive a COVID-19 diagnosis as they recover and look to return to their prior level of activity.

Management of COVID-19 continues to evolve as we learn more about the effects of the virus on the recovered individual. There is evidence that COVID-19 may have lasting effects on heart and lung functions that may be worsened by beginning an exercise program too soon during recovery. The recommendations outlined in this document represent current best practice at time of publication for return to play following a COVID-19 diagnosis.

Rehabilitation-specific recommendations following COVID-19 diagnosis

Return to physical activity and exercise participation is a medical decision. Patients should meet the following criteria and be cleared by their medical physician for participation in rehabilitation exercises.

- 1. Patients must have 14 days of rest from onset of virus if asymptomatic OR
- 2. Patient must be at least 14 days symptom free.
- 3. Patient cleared to participate in rehabilitation exercise activity following medical work up, including appropriate cardiac screening.
- 4. Patient must be symptom free with daily activities and also able to walk 500 meter (6 blocks) without symptoms. Rehabilitation professionals should monitor heart rate and keep below 70% max heart rate when assessing this in the clinic setting.

If above criteria are met, initial progression of activity in a rehabilitation setting should follow a graded return to activity steps as outlined below:

STAGE 1 (14 days minimum): *Rest period.* Athlete will rest for a minimum of 14 days during this stage. Patient may continue with walking and activities of daily living during this stage, but will refrain from any exercise. **Patient must be symptom free for 14 days before progressing to Stage 2.**

Stage 2 (2 days minimum, clinic/home program): *Light activity.* Patient may start some light exercise activity, such as walking, light jogging, or stationary bike. There is to be no resistance training at this stage. Therapist should monitor patient to keep heart rate at less than 70% max and should keep the duration of activity to 15 minutes or less. Manual therapy, modalities to promote their recovery as part of their plan of care is appropriate. If no symptom response, they may move to next stage.

Stage 3: Patient may start *simple movement activities* like running drills. Therapist should monitor patient to keep heart rate at less than 80% max and should keep the duration of activity to 30 minutes or less. Light resistance exercises may begin. Patients want to increase load gradually and manage fatigue symptoms. If no symptom response, they may move to next stage.

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Stage 4: Patient may progress to *more complex training activities*. Patients should continue to keep their heart rate at less than 80% max (monitored by rehabilitation professional) and should keep the duration of activity to 45 minutes or less. Progressive resistance exercise is appropriate. Patients should work on exercise coordination and skills/tactics. If no symptom response, they may move to next stage.

Stage 5 (2 days minimum, clinic/home program): *Intensity of training and exercise increases.* Patients may start to return to normal training activities and rehabilitation exercises. They are to keep their heart rate at less the 80% max and should keep the duration of activity to 60 minutes or less between rehabilitation and home exercise. If no symptom response, they may move to next stage.

STAGE 6: No restriction in activity within rehabilitation plan of care.

<u>Note:</u> Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include: underlying health conditions, age of the athlete, and sport/activity in which the athlete participates.

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