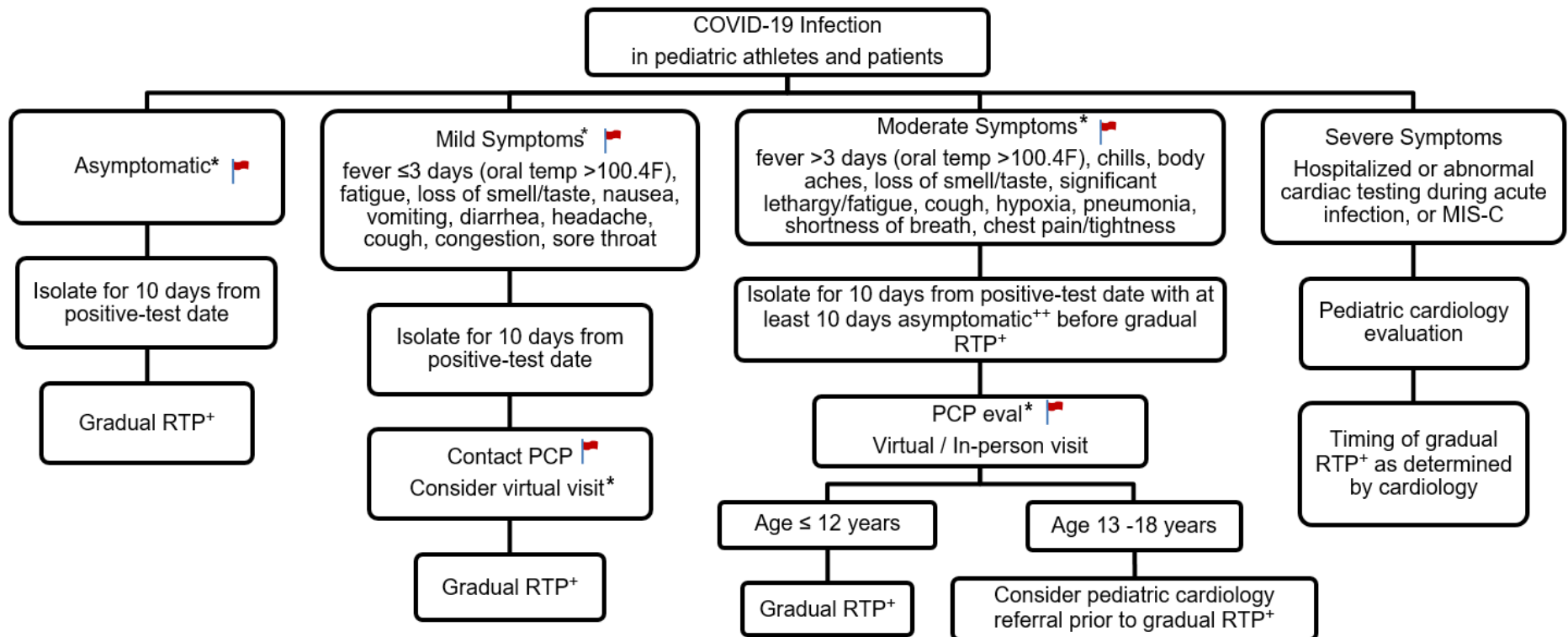


## Recommendations for Primary Care Providers Regarding Post-COVID-19 Return-to-Play (RTP) for Pediatric Athletes & Patients - ALGORITHM



\*Provide anticipatory guidance to families regarding (1) red-flag symptoms (see below), (2) refraining from exercise during isolation, (3) cardiac and respiratory symptoms to watch for during gradual RTP.

+ The amount, type and intensity of activity should be gradually increased **over at least 7 days**.

++ The symptom of loss of smell and/or taste may take longer to resolve and should not preclude RTP.

**🚩Red Flags: If present, should result in stopping activities, discussion with PCP and possible referral to pediatric cardiologist.**

- Symptoms: chest pain (concerning features for cardiac involvement: pain that gets worse with supine position, associated with exertion/palpitations/dizziness or syncope; reassuring features: chest pain that is preexisting and long standing, reproducible by palpation, located exclusively in axillae and related to coughing is usually non-cardiac), dyspnea, palpitations, syncope/dizziness, edema, persistent or recurrent fever, vomiting, significant ongoing fatigue, and features of MIS-C in the 4-6 weeks post COVID-19 infection.
- Physical exam findings: New-onset murmur, tachycardia, tachypnea, pericardial rub, crackles, hepatomegaly, edema.

Recommendations based on expert opinions, dated Dec. 15, 2020\*. Also see our: [Recommendations for Primary Care Providers Regarding Post-COVID-19 Return-to-Play \(RTP\) for Pediatric Athletes & Patients](#), with references and contributors, and [Suggested Post-Covid-19 Gradual Return-to-Play Progression](#). \*Recommendations are subject to change – see [www.mottchildren.org/COVIDUpdate](http://www.mottchildren.org/COVIDUpdate) for updates and additional information.