AAP updates guidance on when youths with COVID-19 can return to physical activity
by Trisha Korioth, Staff Writer

Editor’s note: AAP interim guidance is based on current evidence and best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents. For the latest news on COVID-19, visit http://bit.ly/AAPNewsCOVID19.

Updated AAP interim guidance explains when and how youths with COVID-19 can resume physical activity and sports. It also has new information on the use of masks and other ways to mitigate the risk of transmitting SARS-CoV-2 during physical activity.

"The AAP recommends not returning to sports/physical activity until the individual can perform normal activities of daily living and displays no concerning signs/symptoms," according to the guidance.

All youths who test positive for SARS-CoV-2 should not exercise until a physician clears them, according to the guidance. It discusses considerations for evaluating youths with COVID-19 for resumption of physical activity or sports based on whether disease severity was asymptomatic/mild (illness was less than one week), moderate (illness was more than one week) or illness was severe/multisystem inflammatory syndrome in children (MIS-C).

- **Children with asymptomatic/mild illness:** After their isolation time is completed, the primary care physician should review the 14-point preparticipation screening evaluation with emphasis on
cardiac symptoms and perform a complete physical examination.

- **Children with moderate illness**: After symptom resolution (at least 10 days past the positive result), the primary care physician should review the 14-point preparticipation screening evaluation with emphasis on cardiac symptoms and perform a complete physical examination and an ECG.

- **Children with severe illness/MIS-C**: They should not exercise for at least three to six months and should obtain cardiology clearance prior to resuming training or competition. They may require other tests based on signs or symptoms.

The AAP recommends that pediatricians educate all patients and families to monitor for "chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations or syncope when returning to exercise."

The guidance also includes new information to support the benefits of masks during most indoor and outdoor sports and physical activities. It also cites proper use during indoor training and competition as an effective way to decrease transmission to levels equivalent to outdoor sports and activities. However, the guidance notes that some indoor sports, including ice hockey and wrestling, have a higher relative risk of virus transmission.

Recent studies have confirmed that the prevalence of depression or anxiety is higher in adolescents since the start of the pandemic. The AAP recommends that pediatricians monitor all athletes for changes in mood, especially those whose sports have been disrupted. If prolonged breaks occur in sports, athletes should be encouraged to maintain their fitness with regular physical activity.

Finally, the AAP offers risk-reduction strategies if a family is considering traveling for sports competition, such as:

- not sharing hotel rooms/living space,
- not sharing transportation and
- not participating in unmasked social activities away from competition (e.g., swimming in hotel pools, eating meals together, social time in hotel lobby).

"The family should make sure to check if the area of travel requires a period of quarantine upon arrival, or if their home state requires a quarantine upon return home," the guidance states. "Mandatory quarantine periods may affect an individual’s ability to attend school in person upon return home, depending on the destination’s test positivity rate."