



Arkansas Activities Association Return to Play Protocol

UPDATE: (You will now see that the RTP Guidelines are broken into 3 Categories)

Category 1: Student Athlete with Asymptomatic or Mild COVID Illness

Symptoms – Common cold like symptoms, GI symptoms, loss of taste/smell

- **Parent/Guardian MUST sign consent form for resumption of participation**
- **This student athlete no longer will need medical evaluation/clearance required to return to participation**
- **This student athlete will no longer have to complete a formal return to play protocol**
- Recommend that 3 days post symptom onset or positive test/prior to returning to school the student athlete can begin light cardiopulmonary exercises (walking, exercise bike) at a submaximal level
- Recommend medical evaluation if any new/abnormal cardiopulmonary (e.g., chest pain)

Category 2: Student Athlete with Moderate Illness or Cardiopulmonary Symptoms WITHOUT Hospitalization

Symptoms – Fever >100.4 for more than 4 days, flu-like symptoms (worse than cold-like) > 7 days

- **Parent/Guardian MUST sign consent form for resumption of participation**
- **Strongly recommend medical evaluation/clearance, but not required**
- **Strongly recommend graduated return to play protocol, but not required**
- Recommend no exercise for at least 5 days from symptom onset or positive test then can begin a light phasing back into activity
- 12-lead EKG, ECHO should be considered if history of new/abnormal chest pain, pressure, palpitations, syncope, dyspnea, with exertion, or concerns from previous medical history
- If EKG is abnormal, the student athlete should be referred to cardiology for further evaluation

Category 3: Student Athlete with Severe Illness or Hospitalization

Symptoms – Prolonged high Fever (>102), chest pain, shortness of breath with exertion

- **Parent/Guardian MAY NOT consent to have the student athlete opt out of the COVID Clearance/RTP protocol**
- **Medical evaluation and/or cardiology clearance required prior to return to activity**
- **Graduated return to play protocol required after medical clearance obtained**
- NO exercise until medical evaluation
- Highly recommend 12-lead EKG, ECHO, troponins, or cardia MRI per cardiology recommendations.



ARKANSAS ACTIVITIES ASSOCIATION PARENT/LEGAL GUARDIAN CONSENT FOR RESUMPTION OF PARTICIPATION IN ATHLETICS AFTER A COVID-19 INFECTION

- 1) By signing below, I acknowledge that the Arkansas Activities Association requires the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been diagnosed with a COVID-19 infection.

- 2) By signing below, I hereby give my consent for my child to resume full participation in athletics. I understand if my child develops symptoms such as chest pain, shortness of breath, excessive fatigue, feeling lightheaded, or palpitations (racing heart), that my child should stop exercising immediately and consultation with his or her medical provider will be necessary.

- 3) By signing below, I attest that the symptoms exhibited by my child were most consistent with either Category 1 (asymptomatic/mild) or Category 2 (moderate) as described below. I understand that the Arkansas Activities Association, in conjunction with current guidelines from the American Academy of Pediatrics and National Federation of High Schools, highly recommend evaluation by a medical practitioner prior to resumption of athletic activity.

<p align="center">CATEGORY 1 Asymptomatic or Mild Illness Common cold-like symptoms Loss of taste/smell Less than 4 days of fever (100.4°) Less than 1 week of muscle ache/fatigue</p>	<p align="center">CATEGORY 2 Moderate Illness Greater than 4 days of fever (100.4°) More than 1 week of muscle ache/fatigue</p>	<p align="center">CATEGORY 3 Severe Illness Any hospitalization Prolonged fever greater than 102°F Shortness of breath, palpitations, or chest pain with exertion</p>
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Name of Student-Athlete _____ DOB _____

Symptom Category: (Circle One): Category 1 Category 2 Category 3

Name of Parent/Guardian (Print) _____

Signature of Parent/Guardian _____

Date _____

Arkansas Activities Association COVID-19 Clearance Form

Revision: 2/7/2022

If an athlete has experienced severe symptoms with COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/APRN) and complete a graduated return to activity protocol.

Student-Athlete's Name: _____ DOB: _____

Date of Positive Test/Diagnosis: _____ Type of Test: _____

Date of Symptom Onset: _____ Date of Symptom Resolution: _____

RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Must satisfy all criteria below for clearance)

- Athlete has completed the required isolation period and does not exhibit any symptoms of COVID-19
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
 - Chest pain/tightness with exercise YES NO
 - Unexplained syncope/near syncope YES NO
 - Unexplained/excessive dyspnea/fatigue with exertion YES NO
 - New palpitations YES NO
 - Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, highly recommend further workup that may include Chest X-ray, EKG/ECHO, Pulmonary Function Tests, or Cardiology Consult

Athlete HAS NOT satisfied the above criteria and **IS NOT** cleared to return to activity

Athlete HAS satisfied the above criteria and **IS** cleared to return to activity

Health Care Provider's Name: _____

Health Care Provider's Address: _____

Office Phone: _____

Health Care Provider's Signature: _____

Arkansas Activities Association COVID-19 Return to Play Protocol Form

Graduated Return to Play (GRTP) Procedures After Severe COVID-19 Infection

1. In the absence of a Certified Athletic Trainer, a designated school employee such as a coach may administer the GRTP and certify its completion.
2. Student-athlete must obtain provider clearance prior to initiation of the Return to Play Protocol.
3. Student-athletes must complete the progression below without development of chest pain/tightness, dyspnea, palpitations, lightheadedness, pre-syncope/syncope, or fever.
4. If the above symptoms develop, patient should be referred back to the evaluating provider.
5. Athlete cannot complete Day 4 and return to competition on the same day.
6. Clearance from isolation from the Arkansas Department of Health does not qualify for athletic clearance, even if negative test obtained.

Student-Athlete's Name: _____

DOB: _____

DAY	PERMISSIBLE ACTIVITIES	TIME ALLOWANCES	DATE COMPLETED
1	Light Activity- Walking, jogging, stationary bike, school attendance No resistance training	15 minutes	
2	Add simple movements- Running drills, sprinting, straight-line activities No resistance training	30 minutes	
3	Can add resistance training Sport specific complex movements- cutting, jumping	60 minutes	
4	Normal practice activities	90 minutes	
5	Resume to competition	No limitation	

Completed by (Print Name): _____

Signature: _____

Date: _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

Arkansas Activities Association COVID 19 Return to Play Guidelines

The potential for cardiovascular complications of athletes affected by COVID-19 should be considered prior to returning to sport. Even in the asymptomatic patient, the risk of long-term cardiopulmonary effects is unclear. If an athlete has tested positive for COVID-19 consider the following recommendations. Per American Academy of Pediatrics guidelines, the risk of significant complications can be stratified based on severity of illness. These guidelines are based on the most current data available and are subject to change as more information is obtained.

Category 1: Athletes with Asymptomatic or Mild Illness

Symptoms: Common cold-like symptoms, GI symptoms, loss of taste/smell

- **No medical evaluation required**
- **No formal return to play protocol required**
- Recommend minimal exercise for 3 days from symptom onset or positive test
- Recommend medical evaluation if any new cardiopulmonary (e.g., chest pain) occur

Category 2: Athletes with Moderate Illness or Cardiopulmonary Symptoms Without Hospitalization

Symptoms: Fever > 100.4° F more than 4 days, flu-like symptoms > 7 days

- **Strongly recommend medical evaluation, but not required**
- **Strongly recommend graduated return to play protocol**
- No exercise for at least 5 days from symptom onset or positive test
- 12-lead EKG, ECHO should be considered if history of new onset chest pain or pressure, palpitations, syncope, dyspnea with exertion, or concerns from previous medical history
- If an EKG is abnormal, the athlete should be referred to cardiology for further evaluation

Category 3: Athletes with Severe Illness or Hospitalization

Symptoms: Prolonged high fever (> 102° F), chest pain, shortness of breath with exertion

- **Medical evaluation and/or cardiology clearance required prior to return to activity**
- **Graduated return to play protocol required after medical clearance obtained**
- No exercise until medical evaluation
- Highly recommend 12-lead EKG, ECHO, troponins, or cardiac MRI per cardiology recommendations