## Gradual Return to Activity Protocol after COVID-19 Infection

For use in children 12 years and older, children less than 12 years old may return to physical activity as tolerated 7 day minimum return progression (consider extending progression for moderate symptoms)
(The following progression was adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020)
Stage 1: Day 1 and Day 2 (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike) - intensity no greater than $70 \%$ of maximum heart rate.* NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less- Add simple movement activities (e.g. running drills) - intensity no greater than $80 \%$ of maximum heart rate.*

Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less- Progress to more complex training - intensity no greater than $80 \%$ of maximum heart rate.* May add light resistance training.

Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes- Normal training activity- intensity no greater than $80 \%$ of maximum heart rate.*

## Stage 5: Day 7- Return to full activity/participation (i.e. Contests/competitions)

If COVID-19-related symptoms develop with the resumption of activity at any time, including up to 4 weeks after infection (i.e. shortness of breath out of proportion for recent upper respiratory tract infection, chest pain, new syncope or new palpitations), it is recommended to discontinue physical exertion, and advise family to be seen by their healthcare physician. Physician clearance will be needed before return to activity.
*Note: For younger children and those not able to track heart rate, follow the time limits as above and recommend the child should be able to talk during exercise (ie - not significantly out of breath) in stages 1-3.

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[^0]:    Note: The above information was agreed upon by an interdisciplinary group of Maine physicians as of June 2021 and will continue to be updated as additional guidance or new evidence emerges

