Center for
Health and Wellness
at Middlebury

Middlebury College Student Post-COVID-19 Infection Return to Activity Guidance

Medical reports suggest that the COVID-19 virus can potentially negatively impact the heart and lungs, thereby posing a potential risk to individuals who return to exercise post-infection. The NCAA's Resocialization of Collegiate Sport: Developing Standards for Practice and Competition, Second Edition was updated on May 3, 2021, advising a tiered approach to assessment using an algorithm developed by an expert panel from the American Medical Society for Sports Medicine and the American College of Cardiology.

While all individuals who have recovered from COVID-19 infections are strongly encouraged to discuss a plan for safe resumption of activity with their personal healthcare provider, **Middlebury College students planning to participate or try-out for an Athletics team and have had COVID-19 are required to**:

1. Notify Sports Medicine staff that they have been diagnosed with COVID-19 (at any time).
2. Provide a signed *Middlebury College Student-Athlete Post-COVID-19 Infection Return to Activity Clearance Form* from their healthcare provider that they are cleared for safe participation in athletics prior to returning to campus for the Fall 2021 semester, or anytime thereafter following a COVID-19 diagnosis.

Steps for Student-Athletes to meet this requirement*

1. **Schedule an appointment now** (or as soon as possible after your diagnosis) with your personal MD, DO, NP or PA.
2. **Print and bring a copy** of this packet to your appointment to give to your MD, DO, NP or PA.
    a. Bring: a copy of your positive test result, The AMSSM/ACC algorithm, The BJSM infographic on a graduated return to play following a COVID-19 infection, *Middlebury College Student-Athlete Post-COVID-19 Infection Return to Activity Clearance Form,* A release form allowing your MD, DO, or NP to have all pertinent clinic notes and test results faxed to Sports Medicine at 802-443-2094.
3. **Upload relevant documents** to your health portal.
    a. Log in to your student health portal.
    b. Click on tab for "document upload."
    c. Select document type from the drop down menu for each document you are uploading:
        i. "COVID 19 test result" for uploading COVID-19 test results
        ii. "Post-COVID Return to Play (Middlebury Athletics)" if participating on an Athletics Team
    d. Browse to select your file.
    e. Upload.
4. **If necessary, sign the release form** and ask that your MD, DO, or NP send all pertinent clinic notes and any test results faxed to Sports Medicine at 802-443-2094.
5. **Follow any and all guidance** regarding safe return to activity.
6. Contact Amal Duprey (aduprey@middlebury.edu ; 802-443-3636) in Sports Medicine if you are unable to complete this requirement.

*Students not participating in Athletics are strongly encouraged to speak with their personal MD, DO, NP, or PA about safe participation and follow safe return guidance to activity but are not required to provide a clearance form.

WMP 20210525

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Middlebury College Student-Athlete Post-COVID-19 Infection
Return to Activity Clearance Form

Post-COVID-19 ACTIVITY CLEARANCE MD, DO, NP, or PA Instructions - Please:

1. Assess and advise your patient about any concerns you have regarding their clearance for athletic activities
    a. see AMSSM/ ACC guidance and BJSM Infographic, resources 1 & 3 below
2. Provide appropriate guidance and precautions for return to athletic activity
3. Check either cleared or not cleared from the options listed below and provide supporting information.

☐ **CLEARED FOR ALL ACTIVITIES**. I have reviewed this patient's personal health history and completed an assessment. The patient is cleared for full athletic participation without restriction.

☐ **NOT CLEARED**:

- ☐ pending further evaluation
- ☐ for any activities or athletics
- ☐ for certain activities /athletics

REASON: ____

RECOMMENDATION: ____

MD, DO, NP, PA Name (PRINT):____

Phone: ____________________________________ **Fax:** ___________________________

Address: ____

City, ________________________ **State:** ___________________ **Zip:** __________________

Date of Exam: _______________________ **MD, DO, NP, PA Signature:** ______________________

Medical Staff Resources:

1. https://www.amssm.org/Content/pdf-files/COVID19/NCAA_COVID-19_30-APR-2021.pdf Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic
2. https://bjsm.bmj.com/content/54/19/1157 Cardiorespiratory considerations for return-to-play in elite athletes after COVID-19 infection: a practical guide for sport and exercise medicine physicians
3. https://bjsm.bmj.com/content/54/19/1174 Infographic. Graduated return to play guidance following COVID-19 infection
4. https://bjsm.bmj.com/content/54/16/949 The Stanford Hall consensus statement for post-COVID-19 rehabilitation
5. https://bjsm.bmj.com/content/54/19/1132 Return to play after COVID-19: a sport cardiologist's view
6. https://journals.lww.com/cjsportsmed/Fulltext/2021/01000/Interim_Guidance_on_the_Preparticipation_Physical.1.aspx
7. https://www.ncaa.org/themes-topics/health-and-safety
8. https://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-developing-standards-practice-and-competition See section: Cardiac and Exercise Considerations for Resumption of Exercise After COVID-19 Infection
9. Contact Amal Duprey (aduprey@middlebury.edu ; 802-443-3636; fax number 802-443-2094) in Sports Medicine if necessary.

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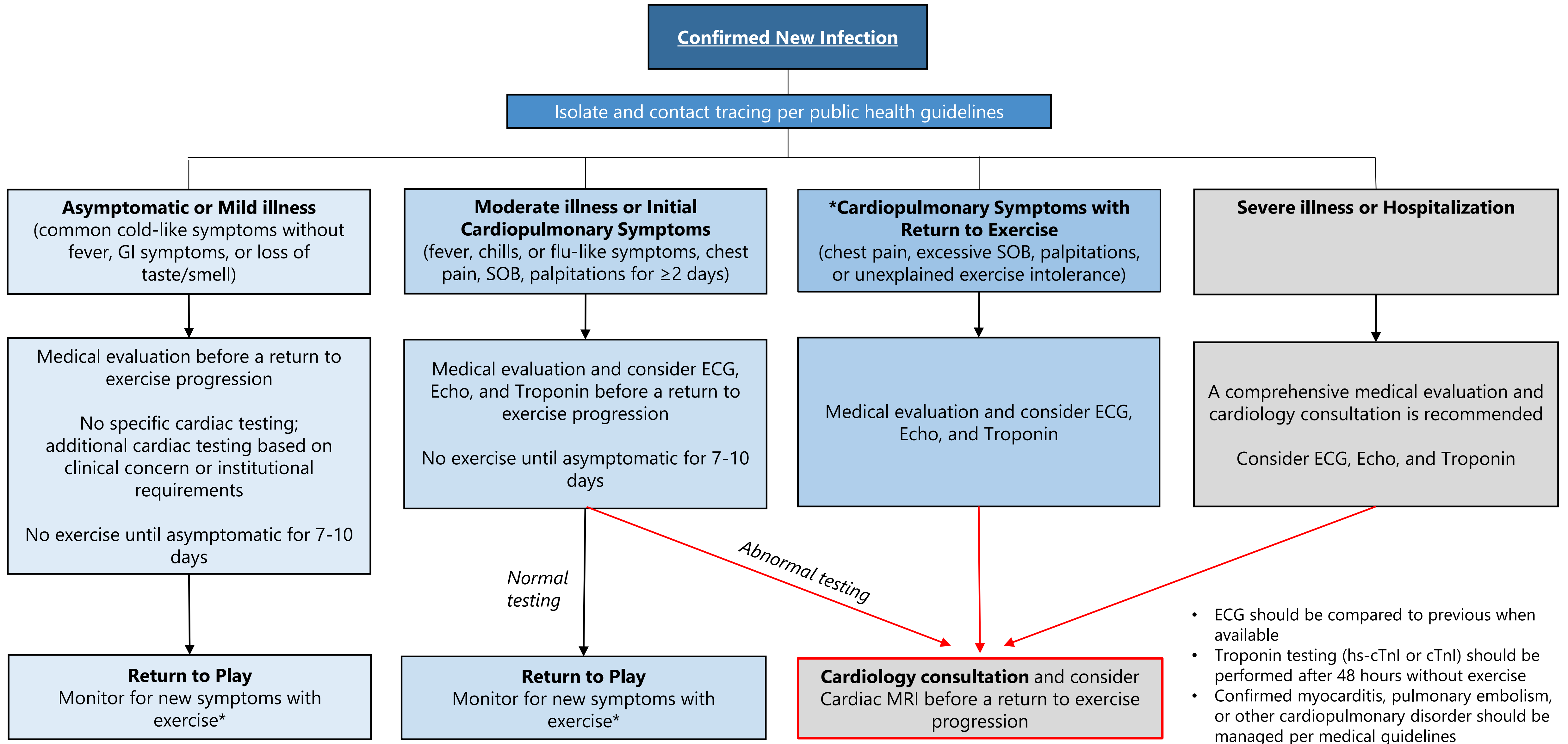
Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic

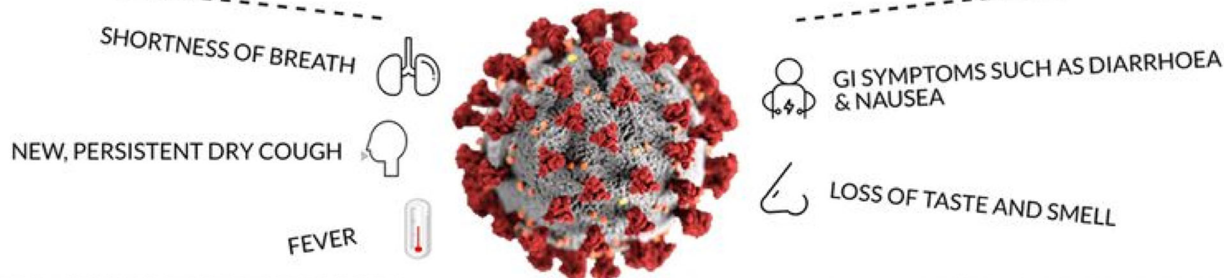
*Recommendations for cardiac testing are based on expert consensus and informed by current evidence



Considerations were developed by an expert panel with members from the American Medical Society for Sports Medicine and the American College of Cardiology

COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE ATHLETES: GUIDANCE FOR MEDICAL PROFESSIONALS

INDICATORS OF COVID-19 INFECTION



THIS GUIDANCE IS AIMED AT ATHLETES WITH MILD TO MODERATE SYMPTOMS OF COVID-19. ATHLETES SHOULD FOLLOW LOCAL GOVERNMENT GUIDELINES OF COUNTRY OF RESIDENCE FOR MANAGEMENT OF SYMPTOMS INCLUDING ISOLATION AND TESTING PROCESSES. ATHLETES WHO HAVE MORE COMPLICATED INFECTIONS, OR REQUIRED HOSPITAL SUPPORT SHOULD HAVE A MEDICAL ASSESSMENT BEFORE COMMENCING GRTP. ASSESSMENT MAY INCLUDE:

BLOOD TESTING FOR MARKERS OF INFLAMMATION (HS-TROP, BNP, CRP), CONSIDER RENAL & HAEMATOLOGY MONITORING

CARDIAC MONITORING (ECG, ECHO, ETT, CARDIAC MRI)

RESPIRATORY FUNCTION ASSESSMENT (SPIROMETRY)

GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

	STAGE 1 10 DAYS MINIMUM	STAGE 2 2 DAYS MINIMUM	STAGE 3A 1 DAY MINIMUM	STAGE 3B 1 DAY MINIMUM	STAGE 4 2 DAYS MINIMUM	STAGE 5 EARLIEST DAY 17	STAGE 6
ACTIVITY DESCRIPTION	MINIMUM REST PERIOD	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE. NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX		<70%	<80%	<80%	<80%	RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME. PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY. MANAGE ANY POST VIRAL FATIGUE SYMPTOMS	EXERCISE, COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)

NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT

sportscotland institute of sport | ENGLISH INSTITUTE OF SPORT | ATHLETE HEALTH | sport wales chwaraeon cymru | Sport Northern Ireland | Sports Institute

INFOGRAPHIC CREATED BY UK HOME COUNTRIES INSTITUTES OF SPORT; ELLIOTT, N. ELLIOTT, J. BISWAS, A. MARTIN, P. HERON, N.

Parton Center for Health & Wellness
Middlebury College, Middlebury VT 05753
Health Services / Counseling / Sports Medicine

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Student Name: ____ **DOB:** ____/ ____ / ____
Last name *First name* *Middle initial*

Phone number: ______________________ **Midd Student ID:**______________________

I request and authorize the release, use or disclosure of the above named student's protected health information. Please release my health information:

☐ **from** Parton Center for Health & Wellness **to** below: OR ☐ **from** below **to** Parton Center for Health & Wellness:

Name/Organization ____

Street Address/City/State/Zip Code ____

Phone (______) ______________________ Fax (______) ______________________

I agree to have information exchanged between both parties reciprocally: ☐ ***Yes*** ☐ ***No***

I authorize release, use or disclosure of following information (check all that are applicable):

☐ Immunizations

☐ All clinical information related to specific condition or issue (please specify):
____

☐ Specific visit/encounter note (please specify):
____

☐ Lab results (please specify):
____

☐ Radiology reports (please specify CT, MRI, X-Ray, etc.):
____

☐ Other (please describe):
____

Counseling: Please contact Counseling 802-443-5141 to consult with a counselor when checking either of the boxes below.
☐ Counseling summary note(s).
☐ Substance Use Assessment records.

Limit this release to the following dates of service: ____

I have the right to receive a copy of this Authorization, and may revoke it at any time by providing a written notice of revocation; however, such revocation would not affect any action taken by Parton Center for Health & Wellness in reliance on this Authorization before receipt of my written revocation. The information released/disclosed by this Authorization, except information protected by federal regulations about confidentiality of drug and alcohol abuse record, may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations or other applicable state or federal laws. ***Authorization to release this information is valid for 12 months from the date of signature on this release unless otherwise specified above.***

____/______________________ Date______________________

Signature of student or personal representative (e.g. legal guardian) / Relationship to patient

Signature of witness: ____Date______________________

Health Services
Office 802.443.5135 /fax 802.443.2066

Counseling
Office 802.443.5141 /fax 802.443.3407

Sports Medicine
Office 802.443.5259 /fax 802.443.2094