

MEDWAY HIGH SCHOOL GRADUAL RETURN TO PLAY PROTOCOL FROM COVID-19

Below is a step-by-step chart for athletes who have tested positive for Covid-19, and have been cleared from a health care provider(MD, DO, PAC or ARNP) to begin a return to play. It is required that a player must complete 7 sessions of the RTP before returning to an event. A Certified Athletic Trainer (ATC) must be present throughout the protocol. The ATC will be monitoring the players progress using a pulse oximeter and a forehead no-contact thermometer. Players are only allowed to complete one session in the chart per 24 hours(1 day) except for Steps 1 and 4, these are two days minimum. Players also are only allowed to advance a step if they present zero signs and symptoms. Signs and symptoms will be documented on the back side of this page. Should symptoms arise during this process, the player should then return to the health care provider who signed their release to return, along with this form.

Step	Days in each step	Date	Activity	Symptoms/Comments
1- Light Activity	<i>2 days minimum</i>	..... .....	Player will begin <i>light cardiovascular fitness</i> . Heart Rate (HR) cannot be any higher than 70% of Maximum HR for a total of 15 min . No resistance training	
2- Complex Training	<i>1 day minimum</i>	..... .....	Player will continue <i>light cardiovascular fitness</i> and introduce <i>light resistance training (calisthenics)</i> . HR cannot be any higher than 80% of Max HR . No more than 30 min . Will be checked every 10 min	
3- Sport Specific Training- sideline	<i>1 day minimum</i>	..... .....	Player can return to the team with a modified practice plan. HR cannot be any higher than 80% of Max HR . No more than 45 min . Will be checked every 10 min.	
4- Normal Specific Training	<i>2 days minimum</i>	..... .....	Player can return to team and participate in a normal practice. HR cannot be any higher than 80% of Max HR . No more than 60 min . Will be checked every 10 min.	
5- Return to Full Practice	<i>1 day minimum</i>	..... .....	Player can return to team and participate in a normal practice, not a contest. No restrictions, check HR during water breaks.	

This player has complete all steps above and may return to sports without any restricitons:

Sign + Date:

Name:	Sport:	Date of first symptoms:	Date of testing positive:	Date of when cleared from health care provider: (MD/DO/PAC/ARNP)
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Below is a chart for the Athletic Trainer to monitor the athletes signs and symptoms while completing the Covid-19 return to play. Below is a list of sign and symptoms a player may experience during their return. If any symptoms arise, the player must cease all fitness/cardiovascular conditioning and be referred to the health care provider who signed their release form.

	Date/Time	Location	Forehead Temp FEVER	Pulse O2/HR	Headache	Chest Pain/Pressure	Difficulty/Shortness of Breath	Dizziness	Fainting	Decrease Exercise Tolerance	Other
1 before											
1 after											
2 before											
2 after											
3 before											
3 after											
4 before											
4 after											
5 before											
5 after											
6 before											
6 after											
7 before											
7 after											

This player has completed all steps listed on these pages and may return to sports without any restrictions.
Print + Sign:
Date: