Williams College Student Post-COVID-19 Infection Return to Activity Guidance and Student-Athlete Requirement

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 recommendations for reintegration to sport following COVID-19 diagnosis were 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, Williams College students who participate on an Athletics team and have had COVID-19 are now required to:

1. Notify Sports Medicine staff if they have been diagnosed with COVID-19.
   a. Upload a copy of your test result to the Patient Portal. ([https://williams.medicatconnect.com/](https://williams.medicatconnect.com/))

2. Provide (and upload to the Patient Portal) a note 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.

**Student-athletes who were cleared to participate “on-campus” in Williams College athletics during the 2020-21 academic year, after being diagnosed and recovered from COVID-19, should already have the appropriate clearance documentation in their health file and are exempt from this request**

**Recommended steps to meet this requirement:**

1. Schedule an appointment now or as soon as possible after your diagnosis with your personal primary health care provider.
2. Bring the following to the appointment:
   a. A copy of your positive test result.
   c. The attached RTP Protocol.
   d. A copy of the clearance form which your primary health care provider may complete.

3. Upload your signed clearance form to your health portal.
4. Follow any and all guidance regarding safe return to activity.
5. Contact Sports Medicine if you are unable to complete this process.
Williams College Student Post-COVID-19 Infection
Return to Athletic Activity Clearance Form

Patient Name: ________________________________________________________
Date of exam: _______________ Date of positive COVID infection: ______________

Post-COVID-19 ACTIVITY CLEARANCE: Please advise your patient about any concerns you have regarding clearance for athletic activities (see AMSSM/ ACC guidance and BJSM Infographic as possible resources) and select from the list below:

☐ 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: ____________________________________________________

Health Care Provider (Not a relative; Please Print):_______________________________
Address:_________________________________________________________________
________________________________________________________________________
Phone: (_______)___________________ Fax: (_______)_________________________
Provider’s Signature:_____________________________ Date:_____________________

Medical Staff Resources:
1. Resocialization of Collegiate Sport: Developing Standards for Practice and Competition, Second Edition

2. COVID-19: Return to play or strenuous activity following infection - UpToDate
## Stages of return to play after COVID-19 infection

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity level</th>
<th>Objectives</th>
<th>Percent of maximum HR permitted</th>
<th>Duration of exercise session</th>
<th>Exercise intensity and examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I 10 days minimum</td>
<td>Initial rest</td>
<td>Allow time for recovery</td>
<td>N/A</td>
<td>N/A</td>
<td>Activities of daily living</td>
</tr>
<tr>
<td>Stage II 2 days minimum</td>
<td>Light activity</td>
<td>Gradual increase in heart rate</td>
<td>&lt;70%</td>
<td>&lt;15 minutes</td>
<td>Begin light exercise (eg, walking, light jogging, light stationary bicycle) No resistance training</td>
</tr>
<tr>
<td>Stage III 2 days minimum</td>
<td>Moderate activity</td>
<td>Increase in exercise frequency and duration</td>
<td>&lt;80%</td>
<td>&lt;45 minutes</td>
<td>More challenging aerobic activities (eg, 2- to 3-km run at 12 to 15 minutes/mile [20 to 25 minutes/km] or at easy pace for elite runners; stationary bicycle at 50 to 125 watts; other activity at RPE 9 to 12) Begin resistance training (eg, bodyweight exercises that can be performed for 15 to 20 repetitions without difficulty; weight training at 50% of 1RM or less)</td>
</tr>
<tr>
<td>Stage IV 2 days minimum</td>
<td>Advanced activity</td>
<td>Increase in exercise intensity; restoration of functional skills</td>
<td>&lt;80%</td>
<td>&lt;60 minutes</td>
<td>More intense aerobic activities (eg, 3- to 5-km run at 10 to 15 minutes/mile [15 to 25 minutes/km] or at moderate but not fast pace for elite runners; stationary bicycle at &gt;150 watts; other activity at RPE 11 to 14) More intense resistance training (eg, full bodyweight exercises; weight training at 70% of 1RM or less)</td>
</tr>
<tr>
<td>Stage V</td>
<td>Normal training</td>
<td>Gradual resumption of standard fitness routine</td>
<td>N/A</td>
<td>N/A</td>
<td>Normal training* Re-introduction of sprints, interval training, and agility (multi-directional) training* Full resistance training*</td>
</tr>
</tbody>
</table>

The table provides a general scheme for progressing to full play following infection with COVID-19. The duration of each stage will vary widely depending upon a range of patient factors, including severity of infection, comorbidities, age, baseline fitness, and goals. Clinicians must monitor patients appropriately and modify activity based on patient response and any symptoms or signs that may develop. HR: heart rate; N/A: not applicable; 1RM: one repetition maximum; RPE: rate of perceived exertion.

* Training volume and intensity should be increased gradually. A good rule of thumb is that increases should not exceed 10% each week. For aerobic activities, increases in volume should precede increases in intensity.

References:


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