



CIF COVID Graduated Return to Play (GRTP) Protocol



Instructions:

- This recommended CIF GRTP Protocol should be completed before returning to FULL COMPETITION no earlier than day 8.
 - An adult (e.g. parent) or school personnel (e.g., certified athletic trainer, AD, coach) should monitor you during this protocol.
 - This protocol can take longer than 7 days if instructed by your physician/healthcare provider.
 - The symptom-free period (part of the Rest Period) can also take longer than 7 days depending on the severity of your illness.
- If symptoms return at any time in this progression, IMMEDIATELY STOP any physical activity and follow up with your physician/healthcare provider. You will need to be cleared by your healthcare provider to return to the GRTP Protocol.
 - Symptoms can include chest pain, chest tightness, palpitations, lightheadedness, feeling faint or fainting, shortness of breath, fatigue
- Seek medical attention if you feel uncomfortable at any time during the progression.

Days	Activity Description	Exercise Allowed	Objective of the Stage
Minimum 10 days	Rest Period: Limited physical activity for: -10 days from asymptomatic (+) test OR -10 days from onset of symptoms <i>with at least 7 days with no symptoms (exception is loss of taste and smell)</i>	<ul style="list-style-type: none"> Activities of daily living (ADLs), walking okay No activities requiring any exertion (weightlifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> Recovery and/or reduction/elimination of symptoms to protect the cardiorespiratory system
	Before starting, must be able to complete ADLs and walk ~1/4th mile without fatigue or breathlessness		
1	Light aerobic activity	<ul style="list-style-type: none"> 10-15 minutes (<i>min</i>) of brisk walking or light stationary biking, light elliptical No resistance training 	<ul style="list-style-type: none"> Increase heart rate to ≤ 50% of perceived maximum (<i>max</i>) exertion (e.g., < 100 beats per min) Monitor for symptom return
2	Light aerobic activity	<ul style="list-style-type: none"> 15-20 min of brisk walking or light stationary biking, light elliptical No resistance training 	<ul style="list-style-type: none"> Increase load gradually Increase heart rate to 50% max exertion (e.g., 100 bpm) Monitor for symptom return
You should have medical clearance from your healthcare provider before continuing to day 3 below			
3	Moderate aerobic activity Light resistance training	<ul style="list-style-type: none"> 20-30 min jogging, light biking, swimming Body weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total 	<ul style="list-style-type: none"> Increase load gradually Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) Monitor for symptom return
4	Strenuous aerobic activity Moderate resistance training	<ul style="list-style-type: none"> 30-45 min running, biking, swimming Weightlifting ≤ 50% of max weight 	<ul style="list-style-type: none"> Increase load gradually Increase heart rate to > 75% max exertion Monitor for symptom return
5	Non-contact training with sport-specific drills No restrictions for weightlifting	<ul style="list-style-type: none"> 45-60 min of non-contact drills, sport-specific activities (cutting, jumping, sprinting) 	<ul style="list-style-type: none"> Coordination and skills/tactics Acceleration/deceleration with total body movement Monitor for symptom return
6	Limited practice including limited contact	<ul style="list-style-type: none"> Controlled drills including contact drills (but no scrimmaging) 	<ul style="list-style-type: none"> Restore confidence and assess functional skills Assess readiness for return to play Increase acceleration, deceleration and rotational forces Monitor for symptom return
7	Full unrestricted practice	<ul style="list-style-type: none"> Return to normal unrestricted training (with contact) 	
8	Return to play (competition)	<ul style="list-style-type: none"> Normal game play (competitive event) 	<ul style="list-style-type: none"> Return to full sports activity without restrictions

Athlete's Name: _____ Date of + COVID Test: _____ Symptoms? ___ No ___ Yes: Date of Symptom Onset _____