

# Table 1 Considerations and recommendations for recreational athletes returning to activity after COVID-19

From: [Considerations for Return to Exercise Following Mild-to-Moderate COVID-19 in the Recreational Athlete](#)

## Considerations

Each patient with COVID-19 is unique. Although general patterns in COVID-19 have been reported, there is a wide variance of disease expression.

Each patient with COVID-19 recovers at a unique rate. There is currently no algorithm guiding a patient's stepwise return to activity.

The severity of disease appears to affect the duration of recovery, although this has yet to be proven.

Return to activity after COVID-19 should be guided by a body-system approach that includes the cardiac, pulmonary, hematologic, musculoskeletal, and gastrointestinal systems.

Clinicians should advise patients to return to activity in a slow, gradual, stepwise manner.

Patients should be given instructions to speak with their health care provider should they develop symptoms in the body systems listed above.

## Recommendations

Exercise should not resume if a patient with COVID-19 has persistent fever, dyspnea at rest, cough, chest pain, or palpitations.

Any COVID-19 patient with an underlying cardiovascular or pulmonary condition should consult a physician prior to resumption of exercise, even if asymptomatic.

An otherwise healthy patient with a self-limited course of COVID-19 who has been asymptomatic for 7 days may begin resuming physical activity at 50% of normal intensity and volume.

Consultation with a physician is recommended if patients who have had COVID-19 develop chest pain, fever, palpitations, or dyspnea on the resumption of exercise.