Sports, Exercise, and COVID-19: Proceed with Caution

Moderator: Dr. Kim
Panelists: Drs. Finnoff, Gounder, Levine, Phelan, and Thompson
Disclosures

• Jonathan H. Kim, MD, FACC
  • Nothing to Disclose
• Jonathan Finnoff, DO
  • CONSULTANT FEES/HONORARIA - Aim Specialty Health, COVR Medical, Sanofi-Aventis
  • OTHER - Demos, Up To Date
• Celine Gounder, MD
  • Nothing to Disclose
Disclosures (cont.)

• Benjamin D. Levine, MD, FACC
  • OTHER - Amgen Inc.

• Dermot M. J. Phelan, BAO, MB BCh, PhD, FACC
  • Nothing to Disclose

• Paul D. Thompson, MD, FACC
  • CONSULTANT FEES/HONORARIA - Amarin, Amgen Inc., Kowa, Regeneron, Sanolfi Aventis
  • OTHER - Abbott Laboratories, Abbvie, CVS, General Electric, Johnson & Johnson, MEDTRONIC, Sarepta
  • RESEARCH/RESEARCH GRANTS - Amarin Pharmaceuticals, Esperion Pharmaceuticals
  • SPEAKER’S BUREAU - Boehringer Ingelheim Pharmaceuticals, Inc
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Key Takeaways

• Recommendations are based on *expert opinion*
• Conservative approach given embryotic understanding of virus
• COVID-19 should *not* be underestimated
• Recommendations based on observations in older inpatient population (sicker)
Key Takeaways

• Essential goal is to:
  • Protect athlete
  • Protect team including coaches and staff

• In the athlete, consider evaluating for subclinical myocardial injury post-symptomatic COVID

• A reasonable return-to-play cardiac workup includes:
  • Cardiac consultation
  • ECG, echocardiogram, troponin

• Be protective of sports becoming a major contagion
Daily self screen

Major Symptoms
- Fever (>99.6 F)
- Chills
- Shortness of breath
- Muscle aches
- Loss of smell/taste

Any major

COVID testing indicated; contact employee health
(alternative – follow 10 + 3 rule)

Minor Symptoms
- New cough
- Headache
- Sore throat
- Diarrhea/Nausea
- Fatigue

Risk factors
- Known COVID contact
- High risk exposure (gym, restaurant, bars)
- Travel
- Nursing home visit
- Public transit

≥ 2 minor symptoms or
1 minor + risk factor

1 minor symptom

Isolate/monitor for 48 hours for improvement (WFH)

As background infection prevalence increases, we will have a lower threshold for testing
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