

# Planning Ahead for Return to Sports, Other Activities

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Given the unprecedented and frequently changing events of the past several weeks, there is some hesitancy in writing about the COVID-19 pandemic. However, there are some important issues that administrators and coaches should be considering. Therefore, realizing that some of this information may be outdated by the time this issue is published, following are several important areas for consideration.

## Back to “normal”

Clearly, there is no timeline for a return to “normal” life. It is highly likely that when we do “open up,” it will be slow and vary by state and city declarations. While the Centers for Disease Control and Prevention (CDC) will continue to be an important source of information, it is vital for school leaders to stay current with their state and local health department recommendations. When there is variation among cities within a state, it will be incumbent upon state athletics/activities associations to develop policies to address those variations, respecting competitive equity and the need for students in less affected areas to return to participation.

## Current Activity and Exercise

All students should be encouraged to stay physically active during this time. As long as students are adhering to local guidelines on social distancing and restrictions on leaving the home, then running, hiking, cycling and other aerobic activity should continue. In addition, in-home workouts (which require no special equipment) such as push-ups, abdominal crunches, air squats and “core work” can be done.

Even though many such workout programs are widely available through the internet and social media, coaches should be encouraged to stay connected with their teams by providing guidance. Students should be encouraged to participate in such workouts, but not required or mandated.

## Return to Sports

When social distancing parameters are relaxed and organized sports resume, students and coaches will need guidelines on how to safely return to high-level physical activity. The first safety concern with the return to sports conditioning and practices is for overuse injuries, resulting from going “too hard, too fast.” These include muscle strains, overuse tendon injuries and stress fractures.

It is paramount that coaches carefully review practice and competition schedules prior to the beginning of the season and decide upon realistic goals for pre-season conditioning. The conditioning process generally takes at least three to four weeks for athletes to begin to realize measurable improvements in fitness.

Increasing the pre-season workload in an attempt to accelerate “getting into shape” often leads to undue fatigue and greater injury risk.

Injuries may also be minimized through a limited progression of activity at the beginning of a sport season (e.g., no more than a 10 percent increase in activity per week). It is also vital, when applicable, to consider and implement effective heat acclimatization progressions and accommodations in this process ([see NFHS Heat Acclimatization Position Statement at www.NFHS.org](#)).

## Sports Physicals

While the COVID-19 pandemic has presented myriad challenges to school athletic administrators, one area of increasing concern is the ability of students to access primary care providers and obtain the required preparticipation physical evaluation (PPE) to participate in sports during the upcoming 2020-21 academic year. Currently, most primary care clinics are seeing patients for only acute illness and other urgent or emergent health issues. Well child care and PPEs have come to a halt in most of the country due to social distancing and “stay-at-home” policies.

The duration of the pandemic and social distancing restrictions is obviously unknown at this time. When primary care providers do start seeing patients for non-urgent conditions there is likely to be a significant delay in routine care appointments as those providers prioritize patients with chronic or subacute medical problems. Thus, there will likely be significant delays in students being able to obtain PPEs in their medical home. Therefore, state associations should confer with their state health departments and, of course, with their sports medicine advisory committees regarding various options, e.g., allowing a one-year extension for existing PPEs. Students who have not had an initial PPE should still be required to have one prior to participation.

## Budget Concerns and Effects Upon Athletics

The economic devastation seen across the nation will undoubtedly impact state budgets and lead to loss of funding for education and athletic programs. From a sports medicine perspective, there is a concern about potential cuts in athletic programs and opportunities for students to participate in education-based athletics. This loss of opportunity is especially troubling after students have been through a traumatic event and can greatly benefit from the camaraderie, teamwork, discipline and self-confidence gained through athletics and other activities.

There is also a concern about the potential loss of athletic trainers in the high school setting. Many sports medicine clinics and hospitals have been reducing staff over the past month and have projected revenue shortfalls for the foreseeable future. If an athletic trainer is provided to a high school through this “outreach” model, that position may be in jeopardy.

If employed by the school district, an athletic trainer may be viewed by some as a “luxury” and their position may be at risk. Coaches and athletic administrators must emphasize the vital role the athletic trainer plays in minimizing athletic injury risk and providing care when athletics-related illnesses and injuries occur. Risk management specialists within the school district can also play a role in that discussion, emphasizing the importance of having an athletic trainer at the school.

### **Opportunity for Research**

When high school sports resume, there will be an opportunity to study injuries with students returning to play after months of relative physical inactivity. Will we see more injuries because they are “out of shape” or fewer injuries because their bodies are rested? How can we assess the effects of stress and social isolation? Researchers may be able to answer these questions and others. If applicable, administrators should support their athletic trainers in participating injury epidemiology studies such as High School RIO and Datalys.

### **Plan to Adapt**

We have all been reminded over the past several weeks of our inability to predict the future. While we cannot plan on what is going to happen, we can plan to be ready to adapt to new situations and challenges. Now more than ever, the importance of having upto- date emergency action plans and an adequate number of AEDs cannot be over-emphasized. No one can be certain that come late summer, fall sports will happen in a “normal” fashion. We should, however, prepare athletic administrators, coaches and athletes that if those sports do begin, they may include things like temperature checks before practice, wearing masks, no fans in the stands during games, a shortened season, or the risk of having to suspend play for a week or two if one or more team members become infected. Normal? No. But, better than not playing at all.