STAFF

- Rec Well Athletic Training
  - Erin Clark MS, LAT
  - Jerod Keene MS, LAT
ATHLETIC TRAINING

Our athletic trainers currently support more than 2,100 sport club athletes and ensure that they are safely performing at the highest level. With three convenient locations across campus and flexible hours, our athletic trainers help with injury evaluation, post-injury rehabilitation, sports medicine education, and more.

VIRTUAL ATHLETIC TRAINING SERVICES

While our facilities are closed, we are offering telehealth appointments! Schedule on MyUHS or call (608) 265-5600.

BOOK AN APPOINTMENT
FALL 2020 AT Services

- Telemedicine Virtual Clinics (Schedule through myUHS)
  - Evaluation
  - Treatment Plans
  - Home exercise Programs

- In-person Appointments TBA
FALL 2020 AT Services

• Injury Prevention Program Development (team/individual specific)

• Equipment rental & purchase: Crutches, boots, braces, Tbands, etc
  • Contact erin.clark@wisc.edu
  • Rentals provided through RW, purchasing through UHS

• Resources:
  • Medical Resources on Campus
  • COVID Specific Resources
  • Blogs/articles
FALL 2020 AT Services

• AT Speaking Opportunities
  • Sport Club Council meetings
  • Q&A Sessions
  • Team meetings by request
  • Individual consults by request
Questions
COVID
Considerations for the Physically Active
UW-Madison Student
SYMPTOMS

> Present 2–14 days after exposure (5 days)

- Fever 88%
- Dry cough 68%
- Shortness of breath 19%
- Mucus production 33%
- Fatigue 38%
- Headache 15%
- Muscle pain 15%
- Sore throat 15%
- Nausea or vomiting 15%
- Congestion or runny nose 15%
- Difficulty breathing 15%
- Fatigue 15%
- New loss of taste or smell 15%
- Sore throat 15%
- Nausea or vomiting 15%
- Headache 15%
- Difficulty breathing 15%
- Fatigue 15%
- New loss of taste or smell 15%
- Sore throat 15%
- Nausea or vomiting 15%
- Headache 15%

SOURCE: WHO

> Fever or chills
  > Cough
  > Difficulty breathing
  > Fatigue
  > Muscle or body aches
  > Headache
  > New loss of taste or smell
  > Sore throat
  > Congestion or runny nose
  > Nausea or vomiting
  > Diarrhea
EMERGENCY - DIAL 911

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
COVID-19 Daily Symptom Tracker

healthscreen.wisc.edu/
CAMPUS TESTING

Student Testing on Campus

> Getting a Test
> Testing Locations

HOURS: M-F 8:30am-5pm

*Sign up through the myUHS portal*

> Campus Testing Sites

> Alliant Energy Center (Community)
PHMDC website

https://www.uhs.wisc.edu/medical/testing/

https://publichealthmdc.com/coronavirus/testing
CAMPUS DASHBOARD

On-campus testing to date
Testing began August 6

Total Tests: 11,369
Positive Results: 173

In addition to the positive tests reported through on-campus testing, 140 students and 14 employees have tested positive through off-campus testing reported by Public Health Madison Dane County since July 28.

New Positive Tests Reported By Day
(Students includes graduate students)

https://smartrestart.wisc.edu/dashboard/
SPECIAL CONSIDERATIONS

Masking
The 3 V’s
Slow the Spread
Returning following +COVID
MASK REQUIRED

Masks are required in this space to help prevent the spread of COVID-19.

Thank you for your cooperation.

Mask up, Badgers
MASKING (EXERCISE)

• It’s **SAFE** for the healthy individual
• CO2 toxicity is very **UNLIKELY**
• Exercise WILL be altered
  • Increased heart rate
  • Lightheadedness
  • Increased perceived effort
  • Longer recovery
• Masks were used **prior** to COVID to increase fitness levels!

**TIPS**
1. Return to activity SLOWLY
2. Use RPE vs HR
3. Find a mask that fits
4. Give grace (to self & others)
MASKING (EXERCISE)

What type of mask should I wear while exercising?

- Moisture Wicking
- Antimicrobial
- Multiple masks
- Gaiter vs mask

**NO** paper masks
**NO** N95 or medical grade masks
**NO** elevation training masks
**NO** masks with valves

*Masks with valves DO NOT filter coronavirus particles*
**MASKING (EXERCISE)**

How do I wear and remove my mask?

- Be sure to cover NOSE, MOUTH, CHIN
- Wash hands before donning & after removal
- **WASH YOUR MASK!**

- **Fogging with Glasses?**
  - Make sure mask fits well
  - Choose mask wisely (nose bridge/wire)
  - Seal the mask
  - Wear glasses further down nose
  - De-fog product or use soap & water prior
THE 3 V’s

VENUE
• Greater spread indoor vs outdoors
• Bigger venue is Better
• Minimize time if indoor
• Keep #s small

VENTILATION
• Greater spread indoor vs outdoors
• Air Exchange is important

VOCALIZATION
• Wear a mask
• Consider: exercise, shouting, singing, etc
SLOW THE SPREAD

**STAY HOME** if you have symptoms OR if you have had any exposure to COVID–19

Visit the UW Madison COVID–19 Health Screen tool

healthscreen.wisc.edu/
CONSIDERATIONS

• **SLOW** return to activity
  • Many athletes haven’t had the same access to fitness

• **General Fitness > Sport Specific**

• **Opportunity to be BETTER**
  • Total Health
  • Injury Prevention
THE +COVID ATHLETE

TALK TO DOCTOR!!

Considerations
• Lingering Symptoms
• Deconditioning
• Adult onset Asthma
• Previous Risk factors
• Blood clotting concerns
• Cardiac & Pulmonary Injury

TIPS
1. Listen to your body
2. Track your progress
3. Start with low intensity
4. Break up your workouts
5. GRADUAL is key!

It can take WEEKS or MONTHS to return to your normal fitness level!
A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection

Dermot Phelan, MD, PhD; Jonathan H. Kim, MD, MSc; Eugene H. Chung, MD, MSc

A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection

High Intensity Athlete

• **Asymptomatic +COVID:** 2 week break ➔ Gradual return
• **Mild/Moderate +COVID:** 2 week break + Cardiac work up
  • 3-6 month break if abnormalities found

General Population Athlete

• **Asymptomatic:** 7–10 days rest after + test ➔ Gradual
• **Mild/Moderate:** 7+ days after symptom resolve
  • Testing not necessarily warranted (TALK TO DOCTOR)
Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic

*Recommendations for cardiac testing are based on expert consensus with limited evidence*

**Confirmed Past Infection (+) Antibody or Prior PCR Test**
- Mild to moderate illness or asymptomatic (managed at home)
  - Medical evaluation or routine PPE
  - Symptom screen
  - Consider ECG, Echo
  - Further work-up as indicated in conjunction with a cardiologist

- Severe illness (hospitalized) OR Ongoing CV symptoms (>14 days from onset of illness: chest pain, shortness of breath, exercise intolerance, palpitations)
  - Medical evaluation
  - Symptom screen
  - Additional testing*
  - *Cardiology consultation, ECG, Troponin, Echo
  - Consider Cardiac MRI, Holter, Stress Test or CPET, Chest X-ray, Spirometry, PFTs, D-Dimer, and Chest CT

**Confirmed New Infection (+) PCR or Antigen Test**
- Isolate and contact tracing per public health guidelines
- Asymptomatic
  - No exercise for 10 days
  - Monitor for development of symptoms during isolation
  - Consider ECG, Echo, and Troponin and medical evaluation before a return to exercise progression
  - Further work-up as indicated in conjunction with a cardiologist

- Mild illness (common cold-like symptoms without fever)
  - No exercise for at least 10 days or while symptomatic
  - Consider ECG, Echo, and Troponin and medical evaluation before a return to exercise progression
  - Further work-up as indicated in conjunction with a cardiologist

- Moderate illness (fever, flu-like illness or chest symptoms)
  - No exercise for at least 14 days or while symptomatic
  - Consider ECG, Echo and Troponin and medical evaluation before a return to exercise progression
  - Cardiology consultation and consider Cardiac MRI if initial evaluation is abnormal
  - Monitor for development of symptoms with exercise

- Severe illness (hospitalized)
  - For more severe illness, hospitalization, or ongoing CV symptoms, a comprehensive medical evaluation and cardiology consultation is recommended*
  - Consider Cardiac MRI

- Considerations were developed by an expert panel from the American Medical Society for Sports Medicine and the American College of Cardiology
GRADUATED RETURN TO PLAY PROTOCOL
UNDER MEDICAL SUPERVISION

STAGE 1
10 DAYS MINIMUM

STAGE 2
2 DAYS MINIMUM

STAGE 3A
1 DAY MINIMUM

STAGE 3B
1 DAY MINIMUM

STAGE 4
EARLIEST DAY 17

STAGE 5

STAGE 6

ACTIVITY DESCRIPTION
MINIMUM REST PERIOD

LIGHT ACTIVITY

FREQUENCY OF TRAINING INCREASES

INTENSITY OF TRAINING INCREASES

RESUME NORMAL TRAINING PROGRESSIONS

EXERCISE ALLOWED
WALKING, ACTIVITIES OF DAILY LIVING

WALKING, LIGHT JOGGING, STATIONARY CYCLE, NO RESISTANCE TRAINING

SIMPLE MOVEMENT ACTIVITIES, RUNNING DRILLS

PROGRESSION TO MORE COMPLEX ACTIVITIES

NORMAL TRAINING ACTIVITIES

RESUME NORMAL TRAINING PROGRESSIONS

% HEART RATE MAX
70%

80%

80%

80%

RESUME NORMAL TRAINING PROGRESSIONS

DURATION
10 DAYS

+15 MINS

+30 MINS

+45 MINS

+60 MINS

RESUME NORMAL TRAINING PROGRESSIONS

OBJECTIVE
ALLOW RECOVERY, TIME, PROTECT CARDIO RESPIRATORY SYSTEM

INCREASE HEART RATE

INCREASE LOAD GRADUALLY, MANAGE ANY POST VIRAL FATIGUE SYMPTOMS

EXERCISE COORDINATION AND SKILLS/TACTICS

RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS

RESUME NORMAL TRAINING PROGRESSIONS

MONITORING
SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS

SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE

SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE

SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE

SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE

RETURN TO COMPETITION
IN SPORT SPECIFIC TIMELINES

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT), RPE (RATED PERCEIVED EXERTION SCALE)
NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT

INFOGRAPHIC CREATED BY UK HOME COUNTRIES INSTITUTES OF SPORT, ELLIOTT N, ELLIOTT J, BISWAS A, MARTIN R, HERON N.

BMJ

Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic

**Other Considerations**
- Close Contact/Household Member with COVID-19, or Medical Condition* at Risk of More Severe COVID-19, or Prior symptoms suggestive of COVID-19.
- Consider evaluation by a medical provider to discuss the need for further evaluation, management, or counseling.

**Confirmed Past Infection Test (+)**
- **Mild to moderate illness or no symptoms** (managed at home)
  - Medical evaluation
  - Symptom screen
  - Consider ECG^ (Additional testing may be indicated)

- **Severe illness (hospitalized)**
  - Medical evaluation
  - Symptom screen
  - Additional testing (Cardiology consult, ECG, hs-Tn, Echo)
  - Consider Cardiac MRI, Holter, Stress Test, Chest X-ray, Spirometry, PFTs, and Chest CT

- **Ongoing CV symptoms** (chest pain, shortness of breath, exercise intolerance, palpitations)
  - Medical evaluation
  - Symptom screen
  - Additional testing (Cardiology consult, ECG, hs-Tn, Echo)
  - Consider Cardiac MRI, Holter, Stress Test or CPET, Chest X-ray, Spirometry, PFTs, D-Dimer, and Chest CT

**Confirmed New Infection Test (+)**
- Isolate and contact tracing per public health guidelines
  - No exercise x 14 days
  - Consider ECG^ before a return to light exercise
  - Light exercise can resume 7 days after symptom resolution
  - More severe illness, hospitalization, or ongoing symptoms requires a comprehensive medical evaluation and cardiology consult

*Diabetes, obesity, serious heart conditions, moderate to severe asthma, chronic kidney or liver disease, weakened immune system

†Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorder should be managed per medical guidelines

^ECG changes suggestive of myocarditis include: diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves, and PR depression
USE YOUR RESOURCES.