



MIGHT HAVE HAD COVID-19? RETURNING TO EXERCISE?

Chief Medical Officer, Dr Dane Vishnubala (DV) examines the best advice on returning to play or exercise for those who have had COVID-19 symptoms or a diagnosis of COVID-19.

Q: AS ALL OF US ARE STARTING TO KNOW PEOPLE WHO HAVE HAD COVID-19 OR HAD SYMPTOMS, IT IS STARTING TO FEEL 'CLOSER TO HOME' FOR MANY OF US. CAN WE START BY CLARIFYING HOW WOULD SOMEONE KNOW THEY HAVE HAD COVID-19?

DV: While at this point in time only certain groups of people are being tested, this means the majority of people and likely our members at Basketball England could have symptoms but no confirmation by test, unless admitted to hospital with symptoms.

This uncertainty presents challenges, but it is probably worth considering that if you have symptoms of COVID-19, treat yourself as though you have COVID-19 until proven otherwise. COVID-19 commonly affects your lungs but can affect other areas including the heart, blood vessels and intestines. The most common symptoms include:

- Temperature
- Continuous cough
- Loss of smell and taste
- Fatigue
- Breathlessness
- Muscle aches

Less common symptoms which could also be a range of other illnesses include sore throat, headache, diarrhea amongst others.

Q: WHEN SHOULD SOMEONE START EXERCISING POST HAVING HAD SUSPECTED OR PROVEN COVID-19?

DV: This is actually a really difficult question as this depends on how they were affected, how they were treated, whether they needed admission to hospital, amongst many other factors. However, without specific tests and being cautious, if an individual had symptoms regardless of whether they were admitted or not, then we should likely be looking at 4 weeks before return to sport/high level exercise as a minimum.

If the heart is affected or inflamed (a condition known as myocarditis), then it may need to be as long as 3 months and would need specialist input. This is a diagnosis you would only know about through hospital tests likely going to having an ECG and blood tests. For elite sport, ideally, we need to consider the individual being examined by a doctor and various

tests to aid in that return to sport. However, being pragmatic depending on the sport, the funding we have, we may need to consider the stance we take while ensuring we protect our players while being realistic.

Q: WHAT ABOUT GETTING BACK TO ANY PHYSICAL ACTIVITY?

DV: Again, given the rapidly evolving nature of COVID-19, research and how fast we are learning this answer may change. However, if someone is feeling well with no symptoms following COVID-19 then it would be reasonable to start being physically active again.

Based on various papers and discussions with other doctors in other sports, my advice would be to ensure that 7 days clear of all symptoms before perhaps initially starting with walking and building up speed and time before slowly progressing over the 4 weeks back to full exercise. However, in the time in between, we should be encouraging people to walk around their house to break up their sitting time. We must be careful as we make exercise harder over the 4 weeks to look out for any signs or symptoms that suggest we may need to go back a step, stop or slow down what we are doing.

Q: YOU MENTIONED THAT YOU MAY NEED TO GO “BACKWARDS.” WHAT COULD THAT LOOK LIKE?

DV: For me if you have any re-occurrence of COVID-19 symptoms then you must stop. Exercising with a temperature regardless of whether the cause is COVID-19 or another, can cause strain to the heart. If the main remaining symptom is just earlier fatigue, then consider slowing down the progression. Always have a low threshold for seeking medical advice given the uncertain new illness we are dealing with. Many of those I have come in to contact with who have had COVID-19 have found the fatigue and return to their previous levels of fitness much harder and taking much longer than they expected.

Q: IS THERE ANYTHING ELSE WORTH LETTING OUR MEMBERS KNOW ABOUT AT THIS POINT?

DV: Watch this space, basically. Research and getting a consensus from key experts in the field on these topics is rapidly evolving and hopefully we can share more over the next few weeks. I am currently working with Imperial College University’s research team to create a consensus at the moment which I hope we will adapt for basketball once finalised.

At the moment the message is clear. There are risks and a slow progressive approach is best. We will keep you posted as things evolve and if you are unsure please do seek medical advice. As always, happy to answer any questions on anything we have discussed above.