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Editorial
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# Sports Medicine in the Time of COVID-19

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## Editorial

Sports Medicine Team Physicians are used to change. Time was when most team doctors were orthopedic surgeons volunteering to provide medical help for sports teams. Sudden cardiac death from hypertrophic cardiomyopathy required that we all learn cardiology and become facile in the use of the AED. We learned how to prevent Herpes Gladiatorum caused by the herpes simplex virus on contaminated wrestling mats. Our medical colleagues entered the subspecialty of sports medicine and have educated us on the more non-musculoskeletal aspects of the field. We now have COVID-19 to manage.

Day by day we are learning what works, what fails and what should be tried next. The needs are prevention, treatment and monitoring the sequela of those who have recovered. For prevention, we know from professional American basketball, that sequestering all players and staff in a closed "bubble" can reduce the spread of the virus to zero. Unfortunately, that kind of isolation is not possible in most other situations. Compromises are made and infections occur. Many colleges have limited or completely cancelled fall sports due to surges in infection. It appears that asking athletes to wear masks and remain socially distant from others is not a viable strategy. Until there is a safe, successful vaccine, athletics will remain relatively high-risk for infection.

Once infected, treatment continues to evolve. As of this writing, dexamethasone and monoclonal antibodies seem to hold the most promise. Even Remdesivir, initially hailed as a potent anti-viral against COVID-19, has lost its luster and is no longer seen as preventing death. For those with mild cases, quarantine to prevent the spread of infection to others has worked. The length of quarantine is evolving and better tests to detect whether there is still virus in the athlete may ultimately determine when the athlete is no longer contagious.

Perhaps the most challenging task for Sports Medicine doctors is determining return to play after COVID-19 infection. Morbidity can be significant and affect cardiac, pulmonary, G-I, hematologic, and the musculoskeletal systems. As with treatment, recommendations prior to returning to sport after both mild symptoms and serious symptoms are variable and evolving. A conservative approach is to recommend 2 to 3 weeks of rest followed by thorough physical exam and evaluation of cardiac, pulmonary, and the musculoskeletal system. Internal medicine doctors recommending EKG and chest X-ray as well as laboratory studies. Some have recommended exercise testing for those who have had serious illness. Because of the increased incidence of clotting after COVID-19, increased surveillance for signs of DVT or other clotting events needs to be mandatory.

COVID-19 is and will be society's principle issue for many more months, and perhaps years, to come. Sports Medicine is no exception. Sports Medicine physicians must continue to remain current in all aspects of COVID-19 management. Most important, we must remember to place our athletes' safety and well-being ahead of all other considerations.

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