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OPINION | COMMENTARY

Exercise Is Good for You, Even if You Have a Mild Case of Covid

The seven- to 10-day rest recommendation appears to be as arbitrary as the 6-foot social distancing one.

By [Allysia Finley](#) [Follow](#)

Jan. 23, 2022 1:04 pm ET



People wearing masks exercise at a fitness facility in San Francisco, Aug. 3, 2021.

PHOTO: DAVID PAUL MORRIS/BLOOMBERG NEWS

To exercise with Covid or not—that’s the question some fitness buffs are asking. The [American College of Sports Medicine](#) has suggested people under 50 who experience mild or no symptoms to rest for at least seven to 10 days after testing positive. Their recommendation appears to be motivated by the concern that even a mild Covid-19 infection may damage the heart and potentially cause sudden death during physical exertion.

There’s little evidence to support this recommendation. Because exercise boosts the immune system, it may even help people bounce back faster from Covid.

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Viral infections, including those that cause the flu and the common cold, are a major cause of myocarditis, the inflammation of the heart muscle. The condition can cause chest pain and irregular heartbeat, though it is often asymptomatic. This makes its prevalence hard to measure. According to some estimates, 1% to 5% of all people with acute viral infections may develop myocarditis.

Yet sudden death from myocarditis during physical activity appears to be rare. A study from 1980 to 2006 documented 41 sudden deaths in young athletes (under 40) linked to myocarditis—one-tenth as many as from blunt trauma.

Some experts feared Covid-19 would increase cardiac risk in otherwise young and healthy people. A study early in the pandemic from Germany reported signs of myocarditis in 60% of Covid-19 patients, including some with relatively mild illness. But criticisms of the study's design and data errors prompted more investigation, and recent studies have been mostly reassuring.

In one study, cardiac tests were performed on 789 professional athletes (soccer, baseball, basketball, football and hockey) with prior infections, most of whom had mild or no Covid symptoms. Only five (0.6%) had inflammation on cardiac imaging—in line with estimates for other viral infections—and all of them had symptoms that the researchers said “exceeded empirical definitions of mild COVID-19 illness” such as cough, fatigue or loss of taste.

In another study, only 0.7% of 3,018 college athletes who tested positive for Covid had abnormal cardiac test results that researchers believed were definitely, probably or possibly linked to the virus. (Extremely fit athletes are known to have “remodeled” hearts

that can cause abnormal findings on cardiac tests. That makes it hard for cardiologists to tell if the abnormalities result from the virus.)

A third study, involving 3,597 college athletes who had tested positive with symptoms ranging from none to chest pain and shortness of breath, found that only 1.2% experienced symptoms that persisted for more than three weeks. Only 4% experienced heart- or lung-related symptoms when they returned to exercise. Yet the vast majority of those who underwent more testing didn't show evidence of cardiac damage from Covid-19, and it's normal to experience fatigue or shortness of breath when returning to exercise after a flulike illness.

Studies on young competitive athletes are easier to perform than on the general population, and they may not be 100% applicable to recreational athletes. Still, they show that otherwise healthy and fit people who catch Covid are unlikely to suffer cardiac complications.

A recent study of U.K. healthcare workers found those who had mild or no Covid symptoms were no more likely to have cardiac abnormalities on tests six months after infection than those who hadn't been infected. "This study demonstrates that in healthy people, measured cardiovascular abnormalities are common, but no more common in those who had had mild SARS-CoV-2 6 months previously compared with those who had not," the researchers found.

The seven- to 10-day rest recommendation appears to be as arbitrary as the six-foot social distancing from early in the pandemic. Most people who don't know they have Covid won't follow it anyway.

"There is very little good quality data on exercise resumption post-Covid," Gabriel Vorobiof, a cardiologist at UCLA, says in an email. "At one point there was a big controversy when a few cardiac MRI papers showed some potentially concerning cardiac findings post-Covid." But since the studies didn't include a control group for comparison—such as athletes or young people without Covid who get an MRI—he says the "findings were later dismissed as associations, not necessarily causative links."

He adds: "I've seen quite a few young athletes requiring 'cardiac clearance' by their sporting club after having uncomplicated Covid prior to re-engaging in their respective sports, many of which were noncompetitive. The need to clear a young person following

an asymptomatic viral illness, like many things during this pandemic, seems to be an overreaction based on little if any science.”

Doctors generally advise people with head colds that they may exercise, but should listen to their bodies. This seems like sensible advice for otherwise healthy people with mild Covid. “However, if symptoms of chest pain or discomfort, lightheadedness or palpitations arise, one should stop and seek medical attention,” Dr. Vorobiof says.

Exercise has been found to protect people from other viral infections, including flu, herpes, Epstein-Barr and the common cold, and improve the immune response to vaccinations. Each workout mobilizes billions of immune cells, especially the T-cells that circulate, identify and kill virus-infected cells. Exercise also reduces levels of the stress hormone cortisol, which impairs white blood cells and increases inflammation.

As people learn to live with Covid, there’s no reason they shouldn’t work out with it too.

Ms. Finley is a member of the Journal’s editorial board.

Appeared in the January 24, 2022, print edition.

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