

# Skidmore College Health Services Policies and Procedures

## Mononucleosis and Return to Participation in Sports

Skidmore College Health Services recognizes that student/athletes who have been diagnosed with Infectious Mononucleosis (IM or “mono”) are anxious to return to athletic participation. This policy offers guidelines regarding safe and timely return to play. Its development was intended to ensure safety of student/athletes, consistency among health care providers at Health Services, and to offer a better understanding of IM to those who are involved with student/athletes. The policy is based on the natural history of IM.

1. The primary factors governing return-to-play decisions are: the presence of an enlarged spleen, the risk of splenic rupture, and the resolution of acute illness. Enlargement of the spleen occurs in more than 50% of patients with IM (Burroughs, 2000). Splenic rupture most commonly occurs in the second to third week of the illness, and in one-half of cases the rupture is associated with trauma to the chest or abdomen. Allowing athletes to return to competition prematurely puts them at potentially fatal risk for splenic rupture, which is estimated to occur in 0.1% of all cases of IM (Burroughs, 2000).
2. **Health Services has determined that a 4 week restriction on return to play is safest for our student/athletes.** Because of the risk of splenic rupture, patients are advised to avoid physical activity for at least the first month of illness (Cohen, 1998). This period may be extended at the discretion of Health Services staff. These restrictions apply even if there is no palpable splenic enlargement, as a study of 15 IM patients with splenic rupture indicates that the spleen was not palpable in more than half of the cases (MacKnight, 2002). The risk for splenic rupture is highest in the second and third weeks of illness. Before an athlete is allowed to return to play, there must be no signs of spleen enlargement. Current consensus supports that athletes be afebrile, well-hydrated, and asymptomatic with no palpable liver or spleen (Waninger, 2005). Clinical judgment incorporating these criteria 1 month after diagnosis has been suggested as a safe predictor for gradual return to competition.

References:

Burroughs, Kevin. "Athletes Resuming Activity After Infectious Mononucleosis". Archives of Family Medicine. November/December 2000.

Cohen, Jeffrey, in Harrison's Principles of Internal Medicine, 14<sup>th</sup> Ed., 1998, pp. 1089-1092.

MacKnight, John. "Infectious Mononucleosis-Ensuring a Safe Return to Sport". The Physician and Sports Medicine. Volume 30, No. 1, January 2002.

Waninger, Kevin. "Determination of Safe return to Play for Athletes Recovering from Infectious Mononucleosis: A Review of the Literature". Clinical Journal of Sport Medicine, 15(6): 410-416, November 2005

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