

## Recommendations for exercise in young individuals/athletes with anomalous origins of coronary arteries

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>
When considering sports activities, evaluation with imaging tests to identify high-risk patterns and an exercise stress test to check for ischaemia should be considered in individuals with AOCA.	<b>IIa</b>	<b>C</b>
In asymptomatic individuals with an anomalous coronary artery that does not course between the large vessels, does not have a slit-like orifice with reduced lumen and/or intramural course, competition may be considered, after adequate counselling on the risks, provided there is absence of inducible ischaemia.	<b>IIb</b>	<b>C</b>
After surgical repair of an AOCA, participation in all sports may be considered, at the earliest 3 months after surgery, if they are asymptomatic and there is no evidence of inducible myocardial ischaemia or complex cardiac arrhythmias during maximal exercise stress test.	<b>IIb</b>	<b>C</b>
Participation in most competitive sports with a moderate and high cardiovascular demand among individuals with AOCA with an acutely angled take-off or an anomalous course between the large vessels is not recommended. <sup>c</sup>	<b>III</b>	<b>C</b>

AOCA = anomalous origin of coronary arteries.

<sup>a</sup>Class of recommendation.

<sup>b</sup>Level of evidence.

<sup>c</sup>This recommendation applies whether the anomaly is identified as a consequence of symptoms or discovered incidentally, and in individuals <40 years of age.