## Recommendations

- 1. Athletes with anomalous origin of a coronary artery from the pulmonary artery can participate only in low-intensity class IA sports, whether or not they have had a prior myocardial infarction, and pending repair of the anomaly (Class I; Level of Evidence C).
- 2. Athletes with an anomalous origin of a right coronary artery from the left sinus of Valsalva should be evaluated by an exercise stress test. For those without either symptoms or a positive exercise stress test, permission to compete can be considered after adequate counseling of the athlete and/or the athlete's parents (in the case of a minor) as to risk and benefit, taking into consideration the uncertainty of accuracy of a negative stress test (Class IIa; Level of Evidence C).
- 3. After successful surgical repair of an anomalous origin from the wrong sinus, athletes may consider participation in all sports 3 months after surgery if the patient remains free of symptoms and an exercise stress test shows no evidence of ischemia or cardiac arrhythmias (Class IIb; Level of Evidence C).
- 4. After repair of anomalous origin of a coronary artery from the pulmonary artery, decisions regarding exercise restriction may be based on presence of sequelae such as myocardial infarction or ventricular dysfunction (Class IIb; Level of Evidence C).

- 5. Athletes with an anomalous origin of a left coronary artery from the right sinus of Valsalva, especially when the artery passes between the pulmonary artery and aorta, should be restricted from participation in all competitive sports, with the possible exception of class IA sports, before surgical repair. This recommendation applies whether the anomaly is identified as a consequence of symptoms or discovered incidentally (Class III; Level of Evidence B).
- 6. Nonoperated athletes with an anomalous origin of a right coronary artery from the left sinus of Valsalva who exhibit symptoms, arrhythmias, or signs of ischemia on exercise stress test should be restricted from participation in all competitive sports, with the possible exception of class IA sports, before a surgical repair (Class III; Level of Evidence C).