Pre-Participation Evaluation: 2019 Update

Priscilla Tu, DO, FAOASM, FAAFP, FAAMA
AOASM at OMED
October 26, 2019
Objectives

• Describe goals, objectives, timing, setting, and structure of preparticipation exams (PPE)
• Discuss history, physical examination, and medical eligibility considerations (ie clearance)
• List medical eligibility and return to play guidelines
• Understand medicolegal and ethical concerns
PPE
PREPARTICIPATION PHYSICAL EVALUATION
5th Edition

American Academy of Family Physicians
American Academy of Pediatrics
American College of Sports Medicine
American Medical Society for Sports Medicine
American Orthopaedic Society for Sports Medicine
American Osteopathic Academy of Sports Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Purpose of PPE

- Promote health and safety of athletes
  - For >75% athletes, PPE is the only health care contact for the year
- NOT exclude athletes from competition
  - 0.3-1.37% denied
  - 3.2-13.9% needed further evaluation
- Meet legal and insurance requirements
Goals of PPE

• Determine general physical and psychological health
• Evaluate for conditions that may be life-threatening or disabling
• Evaluate for conditions that may predispose to injury or illness
• Provide an opportunity for discussion of health and lifestyle issues
• Serve as an entry point into the health care system for adolescents without a health care home or medical home
Qualification of Examiners

• Monograph notes DO, MD, NP, PA
• State-dependent
  • All but one state allows PA or NP
  • Some states allow chiropractors
  • 1 state allows naturopathic clinicians
  • Some advocate for sports physical therapists, athletic trainers, etc…
• College/Pro – depends on the organization
Timing of the PPE

• At least 6 weeks prior to the start of preseason practice
  • Allows time for referrals, testing, rehabilitation

• Recommend birthday month by PCP (medical home)
  • Allows for availability of medical records
  • Allows time for counseling
  • Allows ability for immunizations
Frequency of the PPE

- Dependent on age, state, program
- High School
  - AAP – annually 5-21yo
  - AAFP – q1-3 years
  - AHA – q2 years
- College: comprehensive 1st year, before competition
  - Interim history and BP yearly w focused exams as determined by history
Frequency of the PPE

- **2017 NFHS Survey**
  - 39 states: q12-13 months
  - 1 state: q18 months
  - 7 states: every other year with questionnaire intervening years
  - 2 states: q3 years with questionnaire each year
  - 1 state: no required; district decides
  - 1 state: entry level then statement of health yearly

- **Recommendation**
  - Comprehensive PPE q2-3 years through HS within medical home
  - Annual updates with history questionnaire focused on heart, head, heat injury, mental health, and if needed, problem-focused exam

- **Forms**
  - 17/51 states use 4th edition form
  - Many use modified version
Setting of the PPE

- Inappropriate Settings
  - Gymnasium or locker room
  - Urgent care
  - Retail clinic
- Should not be used as fundraiser
- IDEALLY in the office of an athlete’s PCP
- Group: clear protocol for clearance AND referrals
### Setting of the PPE

- **IF done in a group setting, should be in private settings**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting Area</td>
<td>Sign-in, registration, and review, including careful instruction on fully completing required forms</td>
</tr>
<tr>
<td>Vitals Station</td>
<td>Height, weight, BMI, BP, HR, visual acuity by qualified personnel (ie MA, medical students, student athletic trainers)</td>
</tr>
<tr>
<td>General Medical Exam</td>
<td>History review and PE performed by single physician. Medical eligibility status or referral plan determined</td>
</tr>
<tr>
<td>Specialty Examination</td>
<td>Orthopedic assessment, cardiological eval, pulmonary function testing, or other systems-based examination</td>
</tr>
<tr>
<td>Optional Stations</td>
<td>Education and immunization areas</td>
</tr>
</tbody>
</table>
Health Privacy

• HIPPA
  • Player’s medical eligibility can be communicated to coaches or schools WITHOUT other medical information
  • ROI must be obtained for details of medical eligibility
• FERPA – only if school receiving funding from US Dept of Education
  • Team physicians and athletic trainers employed by school and student health records maintained by school, record CAN be released without further consent
Ethical Issues

• Testicular, inguinal hernia, breast, pelvic exams are NOT a part of the routine health exams for PPE
  • If deemed needed by history, explain what needs to be done, offer chaperone, offer exam elsewhere if not comfortable
• ALWAYS have a chaperone available and offer
• Medical ineligibility should be shared decision-making discussion
Legal Concerns

• A team physician or institution has the legal right to restrict an individual from participating in athletics if the decision is individualized, reasonably made, and based on competent medical evidence.
• Exculpatory waivers or Risk release v Informed consent
• Mandatory reporting: concern for abuse, neglect, etc
Limiting Legal Risks

- Follow national guidelines, obtain consultant opinions
- Group setting: document appropriately; referrals
- Good Samaritan – usually does not cover PPEs
- Charitable Immunity – voluntary and within scope of practice for PPE, may be covered depending on state statute for PPEs
  - Be sure to verify medical liability coverage before volunteering for PPE and/or sports coverage
History

• Medical history alone detects
  • 88% general medical conditions
  • 67-75% musculoskeletal conditions
• Athletes younger than 18 – should ask athlete AND parent/guardian
  • Concordance 19-39%
• Recommendation: forms available to athlete and family prior to PPE so they can identify issues
  • Ask further questions, clarify answers on forms
History

• Mental health and high risk behaviors without parents
  • PHQ-2, PHQ-9, or PHQ-A to screen for depression: USPSTF
  • GAD-7 to screen for anxiety
  • CRAFFT for substance abuse
  • Brief Eating Disorder in Athletes Questionnaire
# Preparticipation Physical Evaluation

**History Form**

(Notes: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Date of Birth</th>
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</table>

**Health and Allergies**: Please list all of the prescription and over-the-counter medications and supplements (herbal and natural) that you are currently taking.

- **Medications**
- **Prescriptions**
- **Nonprescriptions**
- **Food**
- **Stinging Insects**

*Required: “+” answer below. Circle questions you don’t have the answers to.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>+</th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Do you have any allergies?</strong></td>
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<td>2. <strong>Have you ever had any trauma to the chest?</strong></td>
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<td>3. <strong>Have you ever been treated for any mental illness?</strong></td>
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<td>4. <strong>Have you ever been treated for any psychiatric disorder?</strong></td>
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<td>5. <strong>Have you ever had a heart attack?</strong></td>
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<td>6. <strong>Have you ever had a chest pain?</strong></td>
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<td>8. <strong>Have you ever been treated for any psychiatric disorder?</strong></td>
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<tr>
<td>9. <strong>Have you ever had any other heart problems?</strong></td>
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<tr>
<td>10. <strong>Have you ever had any other chest pain?</strong></td>
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<td>11. <strong>Have you ever been treated for any mental illness?</strong></td>
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<th>+</th>
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<tbody>
<tr>
<td>19. <strong>Do you have a family history of any heart problems?</strong></td>
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<td>20. <strong>Have you ever had a chest pain?</strong></td>
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<tr>
<td>21. <strong>Have you ever had a heart attack?</strong></td>
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<td>22. <strong>Have you ever had a heart attack?</strong></td>
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<td>23. <strong>Have you ever had a stroke?</strong></td>
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<td>24. <strong>Have you ever had a stroke?</strong></td>
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<td>25. <strong>Have you ever had a stroke?</strong></td>
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<td>26. <strong>Do you have a family history of any heart problems?</strong></td>
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</tbody>
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**Medical History**

- **Family History**
- **Past Medical History**
- **Current Activities**
- **Past Activities**

**Signatures**

**Carilion Clinic**

**Virginia Tech Carilion School of Medicine**
Heart History
Heart History

GENERAL QUESTIONS: Select "Yes" answers at the end of this form. Circle any that apply.

1. Do you have any concerns that would allow you to withdraw from your program?
2. Have you ever been limited in your participation in sports or activities for any reason?
3. Do you have any ongoing medical issues or mental health issues?

HEART HEALTH QUESTIONS ABOUT YOU:
4. Have you ever passed out or nearly passed out during or after exercise?
5. How was your last dental exam, pain, tightness, or pressure in your chest during exercise?
6. Does your heartbeat rise, flutter, or skip beats, or irregular beats during exercise?
7. Has a doctor ever told you that you have any heart problems?
8. Has a doctor ever prescribed a diet for your heart? For example, electrocardiography (EKG) or echocardiography.

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:
9. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
10. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?
11. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
# Heart History

## Medical history*

### Personal history
1. Chest pain/discomfort/tightness/pressure related to exertion
2. Unexplained syncope/near-syncope†
3. Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise
4. Prior recognition of a heart murmur
5. Elevated systemic blood pressure
6. Prior restriction from participation in sports
7. Prior testing for the heart, ordered by a physician

### Family history
8. Premature death (sudden and unexpected, or otherwise) before 50 y of age attributable to heart disease in ≥1 relative
9. Disability from heart disease in close relative <50 y of age
10. Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members

### Physical examination
11. Heart murmur‡
12. Femoral pulses to exclude aortic coarctation
13. Physical stigmata of Marfan syndrome
14. Brachial artery blood pressure (sitting position)§
Cardiovascular Problems

- Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) RARE
- 95% SUDDEN DEATH in athletes <30 yo involve CV system
- Most common causes
  - Hypertrophic Cardiomyopathy
    - MCC young athlete – 8-36%
  - >35 yo - MCC CAD
  - 44% have NO structural abnormalities
    - Autopsy-Negative SUD
    - Likely arrhythmias
Cardiovascular Physical Exam

- Blood Pressure (brachial in seated position)
  - Murmurs
- Heart Auscultation
- Marfan’s Screening
- Femoral Pulses
  - Exclude coarctation

<table>
<thead>
<tr>
<th>BLOOD PRESSURE CATEGORY</th>
<th>SYSTOLIC mm Hg (upper number)</th>
<th>DIASTOLIC mm Hg (lower number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORMAL</td>
<td>LESS THAN 120</td>
<td>and</td>
</tr>
<tr>
<td>ELEVATED</td>
<td>120 – 129</td>
<td>and</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1</td>
<td>130 – 139</td>
<td>or</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</td>
<td>140 OR HIGHER</td>
<td>or</td>
</tr>
<tr>
<td>HYPERTENSIVE CRISIS (consult your doctor immediately)</td>
<td>HIGHER THAN 180</td>
<td>and/or</td>
</tr>
</tbody>
</table>
### Blood Pressure – Pediatrics

<table>
<thead>
<tr>
<th>TABLE 3 Updated Definitions of BP Categories and Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Children Aged 1–13 y</td>
</tr>
<tr>
<td>Normal BP: &lt;90th percentile</td>
</tr>
<tr>
<td>Elevated BP: ≥90th percentile to &lt;95th percentile or 120/80 mm Hg to &lt;95th percentile (whichever is lower)</td>
</tr>
<tr>
<td>Stage 1 HTN: ≥95th percentile to &lt;95th percentile + 12 mm Hg, or 130/80 to 139/89 mm Hg (whichever is lower)</td>
</tr>
<tr>
<td>Stage 2 HTN: ≥95th percentile + 12 mm Hg, or ≥140/90 mm Hg (whichever is lower)</td>
</tr>
</tbody>
</table>
Murmurs

• Auscultation of heart should be done supine and while standing
  - If hear murmur, squat with patient while auscultating (ie Valsalva)
• Pay attention to presence, character, timing of murmurs, extra heart sounds (S3, S4), and clicks
## Murmurs

<table>
<thead>
<tr>
<th>Auscultatory Finding</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Harsh, loud (≥ 3/6), systolic ejection murmur</td>
<td>HCM (LV outflow tract obstruction)</td>
</tr>
<tr>
<td>• Loudest right upper sternal border</td>
<td></td>
</tr>
<tr>
<td>• ↑ with maneuvers that ↓ venous return (ie Valsalva, standing fr/squat)</td>
<td></td>
</tr>
<tr>
<td>• Systolic ejection murmur heard best at R upper sternal border</td>
<td>Aortic Stenosis</td>
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<tr>
<td>• Radiation to neck</td>
<td></td>
</tr>
<tr>
<td>• ↓ with maneuvers that ↓ venous return (ie Valsalva); ↑ with maneuvers that ↑ venous return (ie squatting)</td>
<td></td>
</tr>
<tr>
<td>• Holosystolic murmur heard best at apex</td>
<td>Mitral Regurgitation/possible dilated cardiomyopathy OR HCM</td>
</tr>
<tr>
<td>• Radiation to axilla</td>
<td></td>
</tr>
<tr>
<td>• Diastolic murmur heard at R upper sternal border</td>
<td>Aortic valve insufficiency – possible Marfans OR bicuspid aortic valve</td>
</tr>
<tr>
<td>• Murmur ↑ with hand grip (increased systemic vascular resistance)</td>
<td></td>
</tr>
<tr>
<td>• High-frequency diastolic murmur heard best at L upper sternal border</td>
<td>Pulmonary valve insufficiency – primary pulmonary HTN (Graham Steele murmur)</td>
</tr>
<tr>
<td>• Soft early systolic murmur heard best at upper sternal border while supine (increased venous return)</td>
<td>Physiologic (hyperdynamic) flow murmur – well-trained athlete</td>
</tr>
<tr>
<td>• Often absent or ↓ when standing, sitting, or with Valsalva</td>
<td></td>
</tr>
</tbody>
</table>
Murmurs

Valsalva OR Standing

Squatting OR Passive leg raising
Marfan’s Screening

- Tall & thin
- Long extremities
- Kyphoscoliosis
- High-arched palate
- Pectus excavatum
- Acrachnodactyly
- Arm span > height
- Hypermobility of joints
  - Thumb sign
  - Wrist sign
ECG or Echo??

- AHA and ACC still recommend AGAINST routine screening
- AMSSM – position statement
- If do ECG, must use most recent screening criteria for athletes
Medical Eligibility with CV Disease

- AHA and ACC “Eligibility and Disqualification Recommendations for Competitive Athletes with CV Abnormalities” take into account:
  - Severity of disease
  - Potential for sudden death or disease progression
  - Type/intensity of the exercise involved
Cardiovascular
Physical Exam

- Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.
Nervous System History

10. Have you ever had a seizure?

20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?

21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?

Virginia Tech Carilion School of Medicine
Concerning Neurologic Conditions

- Sports-Related Concussions
- Cervical Cord Neuropraxia
  - Transient paraplegia, quadriplegia, tetraplegia
- Brachial Plexus Injuries
  - Stingers, Burners
- Seizure Disorders
- Headache Disorders
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?

15. Do you have a bone, muscle, ligament, or joint injury that bothers you?
Two Minute Orthopedic Exam

- Inspect symmetry
- Neck ROM
- Resisted shoulder shrug
- Resisted shoulder abduction
- Shoulder IR/ER
- Elbow F/E/S/P
- Clench and spread fingers
- Back extension
- Back flexion (scoliosis screen)
- Contract quads
- Duck walk
- Heel / Toe standing
PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

MUSCULOSKELETAL

- Neck
- Back
- Shoulder and arm
- Elbow and forearm
- Wrist, hand, and fingers
- Hip and thigh
- Knee
- Leg and ankle
- Foot and toes

Functional
- Double-leg squat test, single-leg squat test, and box drop or step drop test

**MUSCULOSKELETAL**

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>ENHANCED</th>
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<tbody>
<tr>
<td>Neck</td>
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<td>Back</td>
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<td>Shoulder and arm</td>
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<td>Elbow and forearm</td>
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<td>Wrist, hand, and fingers</td>
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<td>Hip and thigh</td>
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<td>Knee</td>
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<td>Leg and ankle</td>
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* Double-leg squat test, single-leg squat test, and box drop or step drop test

**Note:** Complete if more than 20 years old or if abnormal history or examination findings are present.

Name of healthcare professional (print or type):

Date:

Address:

Phone:

Signature of healthcare professional (print or type):

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### General Medical History

**Preparticipation Physical Evaluation**

**HISTORY FORM**

- **Date of examination:**
- **Sport(s):**
- **Sex assigned at birth (F, M, or intersex):**
- **How do you identify your gender? (F, M, or other):**

#### List past and current medical conditions.

Have you ever had surgery? If yes, list all past surgical procedures.

**Medicines and supplements:** List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects).

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**Bone and Joint Questions**

- **14.** Have you ever had a stress fracture or an injury to any bone, ligament, joint, or tendon that caused you to miss practice or game?
- **15.** Do you have a bone, muscle, ligament, or joint pain that bothers you?
- **16.** Do you have any swelling, bruising, inflammation, or joint pain that bothers you?
- **17.** Are you or a family member, or a friend in your sport, at risk for arthritis?
- **18.** Do you have any previous varsity or junior varsity or varsity competition?
- **19.** Do you have any previous junior varsity or varsity competition?
- **20.** Do you have any previous senior varsity or varsity competition?
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- **43.** Do you have any previous junior varsity or varsity competition?
- **44.** Do you have any previous senior varsity or varsity competition?
- **45.** Do you have any previous varsity or varsity competition?
- **46.** Do you have any previous junior varsity or varsity competition?
- **47.** Do you have any previous senior varsity or varsity competition?
- **48.** Do you have any previous varsity or varsity competition?
- **49.** Do you have any previous junior varsity or varsity competition?
- **50.** Do you have any previous senior varsity or varsity competition?
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- **62.** Do you have any previous senior varsity or varsity competition?
- **63.** Do you have any previous varsity or varsity competition?
- **64.** Do you have any previous junior varsity or varsity competition?
- **65.** Do you have any previous senior varsity or varsity competition?
- **66.** Do you have any previous varsity or varsity competition?
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- **68.** Do you have any previous senior varsity or varsity competition?
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- **92.** Do you have any previous senior varsity or varsity competition?
- **93.** Do you have any previous varsity or varsity competition?
- **94.** Do you have any previous junior varsity or varsity competition?
- **95.** Do you have any previous senior varsity or varsity competition?
- **96.** Do you have any previous varsity or varsity competition?
22. **Have you ever become ill while exercising in the heat?**

23. **Do you or does someone in your family have sickle cell trait or disease?**
24. Have you ever had or do you have any problems with your eyes or vision?
GENERAL QUESTIONS
Student "Yes" answer, number as question:

1. Do you have any allergies?
2. Has anyone in your family had a recent severe allergic reaction?
3. Do you have any food allergies?

HEALTH HISTORY

16. Do you cough, wheeze, or have difficulty breathing during or after exercise?
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
1. Consider additional questions on more-sensitive issues.
- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?
## PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

**Name:**

**Date of Birth:**

### PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues.
   - Do you have a history of hypertension?
   - Do you smoke tobacco?
   - Are you taking any medications?
   - Do you have a history of alcohol abuse?
   - Do you have a history of allergies?

### EXAMINATION

**Height:**

**Weight:**

**BP:** / ( / )

**Pulse:**

Vision: R 20/ L 20/

**Corrected:** ☐ Y ☐ N

### MEDICAL

**Appearance**

- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)

**Eyes, ears, nose, and throat**

- Pupils equal
- Hearing

**Lymph nodes**

**Heart**

- Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)

**Lungs**

**Abdomen**

**Skin**

- Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis

## NORMAL

## ABNORMAL FINDINGS
### Mental Health History

**Patient Health Questionnaire Version 4 (PHQ-4)**

*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)*
Mental Health Disorders

- Depression
  - Understand breadth of depressive disorders
  - Risk factor for suicide
    - 4th cause of death college athletes
    - 2nd in college students
- Anxiety
  - 1/3 adolescents with anxiety
- ADHD
- Substance Use D/O
- Risk-Taking Behaviors
- Bullying / Hazing
- PTSD
- Sexual Abuse
- Sleep Disorders
**Female Athlete History**

<table>
<thead>
<tr>
<th>BONE AND JOINT QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL QUESTIONS (CONTINUED)**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
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<tr>
<td>27. Are you on a special diet or do you avoid certain types of foods or food groups?</td>
<td></td>
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<tr>
<td>28. Have you ever had an eating disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. When was your most recent menstrual period?</td>
<td></td>
<td></td>
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<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td></td>
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</tbody>
</table>

Note: You may wish to consult with your healthcare provider about the questions on this form.
Female Athlete Triad
## Risk Assessment

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Magnitude of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low EA with or without DE/ED</strong></td>
<td></td>
</tr>
<tr>
<td>□ No dietary restriction</td>
<td>□ Some dietary restriction; current/past history of DE:</td>
</tr>
<tr>
<td><strong>Low BMI</strong></td>
<td></td>
</tr>
<tr>
<td>□ BMI ≥ 18.5 or ≥ 90% EW&lt;sup&gt;‡‡&lt;/sup&gt; or weight stable</td>
<td>□ BMI 17.5 &lt; 18.5 or &lt; 90% EW or 5 to &lt; 10% weight loss/month</td>
</tr>
<tr>
<td><strong>Delayed Menarche</strong></td>
<td></td>
</tr>
<tr>
<td>□ Menarche &lt; 15 years</td>
<td>□ Menarche 15 to &lt; 16 years</td>
</tr>
<tr>
<td><strong>Oligomenorrhea and/or Amenorrhea</strong></td>
<td></td>
</tr>
<tr>
<td>□ &gt; 9 menses in 12 months&lt;sup&gt;‡&lt;/sup&gt;</td>
<td>□ 6-9 menses in 12 months&lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Low BMD</strong></td>
<td></td>
</tr>
<tr>
<td>□ Z-score ≥ -1.0</td>
<td>□ Z-score -1.0&lt;sup&gt;+++&lt;/sup&gt; &lt; -2.0</td>
</tr>
<tr>
<td><strong>Stress Reaction/Fracture</strong></td>
<td></td>
</tr>
<tr>
<td>□ None</td>
<td>□ 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cumulative Risk (total each column, then add for total score)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ points</td>
<td>+</td>
</tr>
<tr>
<td>____ points</td>
<td>+</td>
</tr>
<tr>
<td>____ points = ____ Total Score</td>
<td></td>
</tr>
</tbody>
</table>
## PREPARTICIPATION PHYSICAL EVALUATION

**ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of birth:</th>
</tr>
</thead>
</table>

1. Type of disability:
2. Date of disability:
3. Classification (if applicable):
4. Causes of disability (birth, disease, injury, or other):
5. List the sports you are playing:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?
7. Do you use any special brace or assistive device for sports?
8. Do you have any eczema, psoriasis, or other skin problems?
9. Do you have a hearing loss? Do you use a hearing aid?
10. Do you have a visual impairment?
11. Do you use any special devices for bowel or bladder function?
12. Do you have burning or discomfort when urinating?
13. Have you had autonomic dysreflexia?
14. Have you ever been diagnosed with a heart-related (hypertension) or blood-related (hypercoagulation) illness?
15. Do you have muscle weakness?
16. Do you have frequent seizures that cannot be controlled by medication?

Explain “Yes” answers here.

Please indicate whether you have ever had any of the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiography or x-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterosis or pancreatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
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<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
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<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
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<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine instability</td>
<td></td>
<td></td>
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<tr>
<td>Latex allergy</td>
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</tr>
</tbody>
</table>

Explain “Yes” answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete:

Signature of parent or guardian:

Date:


Athletes with Disability

Carilion Clinic

Virginia Tech Carilion School of Medicine
Transgender Athletes

• National Federation of State High School Associations
  • State by state determination for specific policies
  • Cannot discriminate – covered by Title IX

• NCAA Inclusion of Transgender Student-Athletes
  • Specific to if undergoing hormonal treatment or not

• International Olympic Committee
  • Female to male – no restrictions
  • Male to female with restrictions on testosterone level and identity must remain unchanged for 4 years
Medical Eligibility

• When considering what may influence, consider:
  • Does participation put the athlete at risk for illness or injury above inherent hazards of activity?
  • Does participation increase risk of injury or illness for other participants?
  • Will treatment allow safe participation (meds, rehab, bracing)?
  • Can limited participation be allowed while treatment or evaluation is completed?
  • If medical eligibility is denied for certain sports, can athlete safely participate in other activities or sports?
Medical Eligibility

• 5 categories
  • Medically eligible for all activities without restriction
  • Medically eligible for all activities with recommendations for further evaluation or treatment (and then state what that is)
  • Not medically eligible for any activities until additional evaluation, treatment, or rehabilitation is completed
  • Not medically eligible to participate in specific activities (list)
    • Supplement with activities CAN participate in
  • Not medically eligible to participate in any sports or physical activities
PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: ______________________ Date of birth: ______________________

☐ Medically eligible for all sports without restriction
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation
☐ Not medically eligible for any sport

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to participate and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): ______________________ Date: ______________________

Address: ______________________ Phone: ______________________

Signature of health care professional: ______________________ MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: ______________________

Medications: ______________________

Other information: ______________________

Emergency contacts: ______________________

Questions?
Reference