

Date:

Athlete Name (Last, First, M.I.):

SUGGESTIONS FOR THE PHYSICIAN PERFORMING THE PPE

We have provided recommendations for next steps based on any of the preparticipation exam questions being abnormal. Ultimately, medical care is at the discretion of the treating physician and should be individualized to the athlete. All the scenarios below at minimum warrant an ECG, expanded cardiovascular history and physical exam in consultation with a sports cardiology specialist.

Chest pain or discomfort during exercise.
There are a multitude of causes of chest pain, many of which are non-cardiac in nature. The cardiac differential can include anomalous coronary artery, aortic dissection (connective tissue disease), arrhythmia, valvular heart disease, myocarditis and others. Evaluation like everything should include a thorough history and physical and in many cases echocardiogram and exercise stress testing, consideration of chest x-ray, troponin, CT chest and other tests based on clinical suspicion.
Syncope or Near Syncope during exercise.
Syncope during sport can be more ominous than syncope immediately following sport. It is important to look for structural heart diseases and arrhythmia with echocardiogram, exercise stress testing (ideally sport-specific trying to replicate symptoms) and an ECG event recorder.
More fatigued than teammates during exercise or shortness of breath during or after exercise.
Fatigue and shortness of breath can be related to cardiac, pulmonary or metabolic underlying issues. Basic labs should evaluate for anemia, a thyroid abnormality, electrolyte imbalance. Echocardiogram and exercise testing, specifically cardiopulmonary exercise testing, are key to helping to differentiate cardiac, pulmonary and metabolic causes. Often further downstream testing is required.
Palpitations.
Identification of arrhythmia requires careful evaluation of the ECG for underlying channelopathies or other arrhythmogenic conditions, echocardiogram, an ECG event recorder (ideally worn during sport while trying to replicate symptoms) and possibly an exercise test.
History of being restricted from play for possible heart condition, history of heart murmur or any cardiac testing performed in the past.
Ideally prior testing and specific medical decision making is available for further determination of what type of testing, if any, would need to be performed. The history and physical should help guide further testing.
Unexplained seizures.
Seizures can be neurologic, cardiovascular or metabolic in nature. Testing should include an electrolyte panel, echocardiogram, ECG event recorder and other testing based on history, including possibly an MRI of the brain.

We understand that the electrocardiogram (ECG) is incorporated into some preparticipation screenings. We have provided some basic background, ECG interpretation examples and resources at the following link:

http://caacc.org/athleticheart.html?_ga=2.241125898.800436727.1591819806-1512706726.1591819806

SUGGESTED FOLLOW-UP QUESTIONS FOR THE MEDICAL PROVIDER TO ASK THE ATHLETE (MODIFIED FROM THE 5TH PPE)

Have you ever experienced chest pain or discomfort with exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How would you describe your pain (squeezing, burning, stabbing)? Where is it located (under your breast bone, high on your back)?		
Are there things other than exercise or how hard you exercise that cause your chest discomfort?		
When does your chest discomfort occur during exercise? Beginning, middle, end, or after?		
How long does your chest discomfort last after you stop exercising (minutes to hours)?		
Have you ever passed out or felt like you were about to pass out while you had your chest discomfort?		



Is there anything else associated with your exertional chest discomfort?		
Does the discomfort in your chest make you slow down or stop exercising?		
Has anyone in your family (parents, sisters, brothers, grand- parents, uncles, aunts, or cousins) died of heart attack or heart problems?		
Has anyone in your family had an unexplained death, family born with a heart condition, been told they cannot play sports or implantable cardiac defibrillator?		
Do you take any medications or supplements, street or recreational drugs, or any nutritional supplements or drugs to improve your performance?		
Have you ever nearly lost or actually lost consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the collapse occur during or immediately after exercise?		
If the collapse occurred immediately after exercise, were you already stopped or still moving?		
Did you feel anything that warned you or made you feel like something was wrong, such as chest pain, palpitations (irregular heartbeat), visual changes, wheezing/shortness of breath, nausea, or itching?		
What happened after the collapse? Did you wake up quickly, or were you out for a long time? How long? Did you have a seizure? Did you lose control of your urine, pass stool, or bite your tongue?		
Were you ill in the days before your collapse or have you ever collapsed like this before?		
Is there a family history of collapse during exercise or of sudden cardiac arrest or death?		
Have you ever had excessive shortness of breath or fatigue with exercise beyond what is expected for your level of fitness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the shortness of breath recent or new for you or has it been there for weeks or months?		
Does this occur every time you exercise or only when you exercise hard?		
Do you get chest discomfort along with the shortness of breath, get light-headed or feel like you are spinning?		
Do you have a history of exercise asthma or allergies?		
Have you recently moved to a different home or recently moved to the area?		
Are you not playing as well as you should or could because of excessive fatigue? Are you getting tired during regular or usual daily activities?		
Do you experience skipped, irregular, or racing heartbeats (palpitations) with exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the palpitations associated with passing out or near passing out?		
Do the palpitations have an abrupt onset and end?		
Is there anything that stops or starts the palpitations consistently (breath holding, straining down, laying flat)?		

