

Sports Medicine: When should we be restricting play?



Presented by:
Braeden Johnson, MD
Sarah Warren, PA-C

Presented by UCA Affiliate
HIPPO
EDUCATION

PRE-PARTICIPATION EVALUATION

Goals:

- Determine general health
- Identify issues affecting participation/predispose to injury
- Fulfill legal/insurance requirements

Patient/Provider forms endorsed by AAFP, AAP, etc.

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____

PHYSICIAN REMINDERS

- 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, 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 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____
MEDICAL	NORMAL	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin		

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

Date of Exam _____

Name _____

Sex _____ Age _____ Grade _____ School _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines.

Do you have any allergies? Yes No If yes, please identify specific allergies: _____
 Medicines Pollens _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur		

BLOOD PRESSURE CALCULATOR: AAP/MDCALC

AAP Pediatric Hypertension Guidelines ☆

Diagnoses hypertension in pediatric patients; official guideline of the American Academy of Pediatrics.

When to Use ▾	Pearls/Pitfalls ▾	Why Use ▾
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Age
Decimal values recommended (e.g. for a child who is 5 years and 6 months, enter 5.5)

years

Sex

Height

in ↵

Systolic BP
Normal values are age-dependent; do not use this calculator in patients with hypotension

mm Hg

Diastolic BP
Normal values are age-dependent; do not use this calculator in patients with hypotension

mm Hg

Result:

Please fill out required fields.

BLOOD PRESSURE

What's the next step if the BP is abnormally high?

- **If Mild-Moderate HTN (Stage 1):**
 - Evaluate etiology; Refer to primary care provider for follow-up to repeat BP and monitor
 - No restriction
- **If Severe-Very Severe HTN (Stage 2):**
 - 95th %tile + 12mm Hg OR $\geq 140/90$ (whichever is lower) for age, gender, and height
 - Restriction from high static sports until controlled
 - Full work-up from PCP and possible other consultations

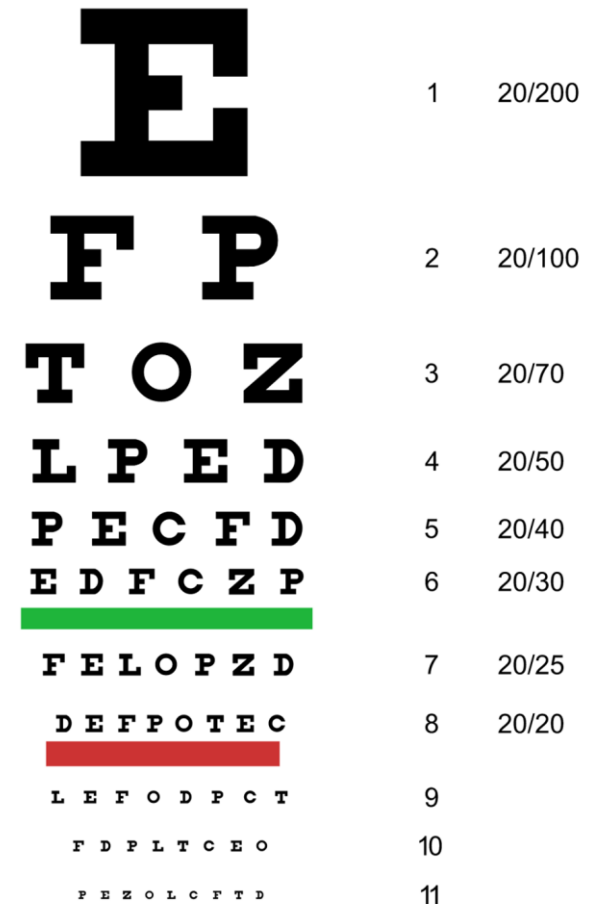
ABNORMAL VISION

What is ABNORMAL?

Less than half correct at 20/40 line
(ie, < 20/40) in either eye

OR

Two-line difference between eyes,
even within the passing range
(eg, 20/20 and 20/30)



E	1	20/200
F P	2	20/100
T O Z	3	20/70
L P E D	4	20/50
P E C F D	5	20/40
E D F C Z P	6	20/30
F E L O P Z D	7	20/25
D E F P O T E C	8	20/20
L E F O D P C T	9	
F D P L T C E O	10	
P E Z O L C F T D	11	

ABNORMAL VISION

“Functionally One-Eyed”

- Best corrected visual acuity in 1 eye $>20/40$
- Mandatory protective eyewear
- No boxing, wrestling, or full-contact martial arts
- Abnormal vision: general next steps and form
- ****Editor's note:** Athletes whose best corrected vision makes them 'functionally one-eyed' are **required** to wear protective goggles for sports participation. For these athletes, 'high risk' sports are those in which goggles cannot be worn (ex: wrestling, boxing, martial arts) and they should not be cleared to play.*

PROTECTIVE EYEWEAR

DRIVING **CHANGE** 2023
THE URGENT CARE CONVENTION



HIP

SPECIAL ISSUES

Concussion	Follow return to play guidelines
Seizure disorder	If poorly controlled: No archery, riflery, gymnastics, water sports
Sickle cell trait	No limitation of sports
Sickle cell disease	High exertion sports contraindicated
Solitary kidney	No limitation of sports
Solitary ovary/testicle	No limitation of sports. Solitary testicle must use protective cup during contact sports.

BOTTOM LINE

- The AAP PPE forms are a great resource to ensure a thorough history
- Great AAP reference for special issues:

Medical Conditions Affecting Sports Participation

Guidance for the Clinician in Rendering Pediatric Care

Stephen G. Rice, MD, PhD, MPH, and the Council on Sports Medicine and Fitness

ABSTRACT

Children and adolescents with medical conditions present special issues with respect to participation in athletic activities. The pediatrician can play an important role in determining whether a child with a health condition should participate in certain sports by assessing the child's health status, suggesting appropriate equipment or modifications of sports to decrease the risk of injury, and educating the athlete, parent(s) or guardian, and coach regarding the risks of injury as they relate to the child's condition. This report updates a previous policy statement and provides information for pediatricians on sports participation for children and adolescents with medical conditions.

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All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care.

Reminder: PPE is often the only medical evaluation for adolescents

Take Away Points

- The Pre-Participation physical is often the only medical evaluation that adolescents receive yearly. A thorough evaluation of history questions can identify conditions that need to be addressed.
- Abnormal vision is one of the most commonly found abnormalities on a sports physical. Vision < 20/40 in either eye OR a 2 line difference between eyes requires follow up.

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