PREPARTICIPATION PHYSICAL EVALUATION 5th EDITION

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OBJECTIVES

- Describe the purpose of the Preparticipation Physical Evaluation
- Describe the differences between the PPE 5th edition and prior versions of the PPE
- List the "red flag" items of the PPE-5 that would necessitate holding from participation
- Understand the impact of COVID-19 on the PPE

THE PREPARTICIPATION PHYSICAL EXAMINATION

- Some version of this has been done for a long time
 - First recommendations formalized in what we now see as the PPE in 1992
- Little to no evidence supporting the PPE for improving long term athlete health outcomes
- Still, by general healthcare system consensus, felt to be an important part of promoting the health and well being of athletes.
- Gap to those who don't participate in school-based sports
 - Prior to school sports, no sport at the school, general physically active youth
- Wide variability in frequency, form used, questions, who is allowed to perform
 - Every state has requirement for HS athletes
- Purpose is to promote safe participation, not exclude though this happens relatively often (03.-1.3% excluded, 3.2-13.9% require further evaluation)

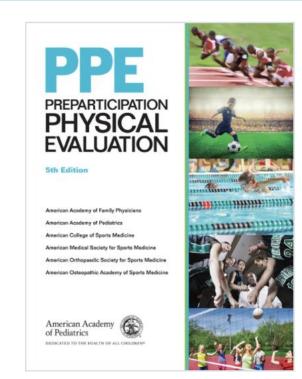
The preparticipation physical evaluation: an analysis of clinical practice

Awareness of the PPE

Physicians – 37% Athletic Directors – 6%

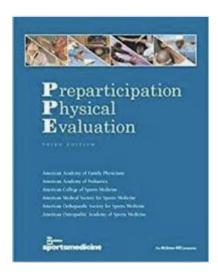
GOALS OF THE PPE

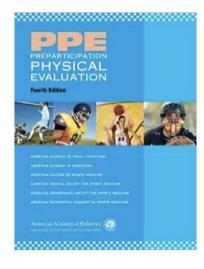
	GOALS OF THE PPE
1.	Determine general physical and psychological health
2.	Evaluate for conditions that may be life threatening or disabling
3.	Evaluate for conditions that may predispose to injury or illness
4.	Provide an opportunity for discussion of health and lifestyle issues
5.	Serve as an entry point in the health care system for adolescents without a health care or medical home

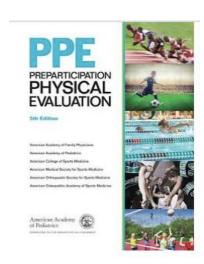


CHANGES FROM PRIOR EDITIONS

- History questions refined (less!!)
- Integration into periodic routine exam with PCP
 - Most appropriate care and advocating for EMR inclusion for future studies
- Dedicated questions regarding mental health
 - · Further discussions regarding bullying, substance abuse, sexual assault
- Section on transgender athletes
- More recent updated guidance on the PPE during COVID-19







MEDICAL HISTORY

his form	should be placed	into the athlete's	medical file	and should	not be shared wi	th schools o	r sports organizations

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

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 (ie, medicines, pollens, food, stinging insects).

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.)

Not at all Several days Over half the days Nearly every day

Feeling nervous, anxious, or on edge 0 1 2 3

Not being able to stop or control worrying 0 1 2 3

Little interest or pleasure in doing things 0 1 2 3

Feeling down, depressed, or hopeless 0 1 2 3

(A sum of >3 is considered positive on either subscale [questions I and 2, or questions 3 and 4] for screening purposes.)

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
Do you have any concerns that you would like to discuss with your provider?		
Has a provider ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

•		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. 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)?		
12. 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 poly- morphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

HEART HEALTH QUESTIONS ABOUT YOU

BONE AND JOINT QUESTIONS	Yes	No
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?		
MEDICAL QUESTIONS	Yes	No
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?		
 Do you have any recurring skin rashes or rashes that come and go, including herpes or methidlin-resistant Staphylococcus aureus (MRSA)? 		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
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?		
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 prob- lems with your eyes or vision?		

25. Do you worry about your weight? 26. Are you trying to or has anyone recommended that you gain or loss weight? 27. Are you on a special diet or do you avoid certain types of foods or food groups? 28. Have you ever had an eating disorder? FEMALES ONLY Yes 29. Have you ever had a menstrual period?	26. Are you trying to or has anyone recommended that you gain or lose weight? 27. Are you on a special diet or do you avoid certain types of foods or food groups? 28. Have you ever had an eating disorder? FEMALES ONLY Yes 30. How you ever had a menstrual period? 30. How old were you when you had your first menstrual period? 31. When was your most recent menstrual period? 32. How many periods have you had in the past 12 months?	26. Are you trying to or has anyone recommended that you gain or lose weight? 27. Are you on a special diet or do you avoid certain types of foods or food groups? 28. Have you ever had an eating disorder? FEMALES ONLY 29. Have you ever had a menstrual period? 30. How old were you when you had your first menstrual period? 31. When was your most recent menstrual period? 32. How many periods have you had in the past 12	MEDICAL QUESTIONS (CONTINUED)	Yes
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31. When was your most recent menstrual period?	months?	months?	31. When was your most recent menstrual period?	
	plain "Yes" answers here.	oplain "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:		
		or guardian:	
Date:	•		

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- Answers from parent/guardian AND athlete
 - Very low concordance
- Balance extended history and confidentiality
- Goal to gather history to allow safe participation not to exclude from

participation

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations.

= PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appoints

of examination: Snort(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.

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HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. 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)?		
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)?

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? rly every day
3
3
3
3
purposes)



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PREPARTICIPATION PHYSICAL EVA	LUATION			
HISTORY FORM				
Note: Complete and sign this form (with your pare Name:	ints if younger tha		of birth:	
Date of examination:	Sport		or orth:	
Sex assigned at birth (F, M, or intersex):			ender! (F, M, or other)	
List past and current medical conditions.				
Have you ever had surgery! If yes, list all past surgery!	gical procedures.			
Medicines and supplements: List all current presci	riptions, over-the	counter medicines, a	nd supplements (herba	and nutritional
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Do you have any allergies? If yes, please list all y	our allergies (ie,	medicines, pollens, for	od, stinging insects).	
Feeling nervous, anxious, or on edge Not being able to stop or control wornying	0	1	2	3
Uttle interest or pleasure in doing things	0	- 7	2	3
Feeling down, depressed, or hopeless	0	- 10		
			2	3
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	er subscale [ques		tions 3 and 4] for scre	
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- Primary goal is to identify conditions that may predispose to sudden cardiac death
- Secondary goal of identifying potential chronic/lifelong issues (eg HTN, CAD risk)
- Three highest yield questions:
 - History of EXERTIONAL syncope
 - History of unexplained seizure
 - Family history of SCA/cardiac issue prior to age 35

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
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PREPARTICIPATION PHYSICAL EVAL	LUATI	ON					
HISTORY FORM							
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List past and current medical conditions.							_
Have you ever had surgery! If yes, list all past surg	jeal pri	ocedures.					
Medicines and supplements: List all current prescri	iptions.	over-the-	counter medicines,	and suppleme	nts (herbal and nu	tritional).
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таые Causes of Common Cardiac Death in Young Athletes

Structurally Normal Heart	Structurally Abnormal Heart
Brugada syndrome	Hypertrophic cardiomyopathy
Long QT syndrome	Arrhythmogenic right ventricular cardiomyopathy
Catecholaminergic polymorphic ventricular tachycardia	Dilated cardiomyopathy
Commotio cordis	Left ventricular noncompaction
Other channelopathies	Congenital abnormalities of the coronary arteries
Electrolyte abnormalities	Marfan syndrome
Wolf Parkinson White syndrome	Valvular heart disease
	Myocarditis
	Coronary artery disease (athletes >35 years old)

EXAMIN	IATION										
Height:	·	·	·	\	Weight:					·	
BP:	/	(/)	Pulse:	Vision: R 20/	L 20/	Correc	ted: 🗆 Y 🗆	1 N	
									NORMAL	ABNORMAL	FINDINGS
	n stigma		-		s, high-arched palate [MVP], and aortic in	, pectus excavatum, aracl	nnodactyly, hyperla	xity,			
Eyes, ears • Pupils • Hearin	equal	and th	roat								
Limph no	daa										
	urs (aus	cultatio	on s	tandin	g, auscultation supine	, and ± Valsalva maneuve	r)				
Lungs											
Abdomer	1										
Skin .								ı			I

Auscultatory Finding	Significance
 Harsh, loud (usually ≥ grade 3), systolic ejection murmur Loudest right upper sternal border Increases with maneuvers that decrease venous return (ie, Valsalva, or moving from squatting to standing) 	HCM-associated LV outflow tract obstruction
 Systolic ejection murmur heard best at right upper sternal border Radiation to neck Diminishes with maneuvers that decrease venous return (ie, Valsalva) and increases with maneuvers that increase venous return (ie, squatting) 	Aortic stenosis
 Holosystolic murmur heard best at the apex Radiation to axilla 	Mitral valve regurgitation and pos- sible dilated cardiomyopathy or HCM
 Diastolic murmur heard at right upper sternal border Murmur accentuated with hand grip (increased systemic vascular resistance) 	Aortic valve insufficiency and pos- sible Marfan syndrome or bicuspid aortic valve
 High-frequency diastolic murmur heard best at left upper sternal border 	Pulmonary valve insufficiency from primary pulmonary hypertension (Graham Steele murmur)
Soft early systolic murmur heard best at the upper sternal border while supine (increased venous return) Murmur often absent or diminished when standing or sitting and with Valsalva maneuver	Physiological (hyperdynamic) flow murmur in a well-trained athlete

- Electrocardiogram can be considered as an additional component of the PPE
- Controversial topic worthy of ongoing debate and refinement
- Consider athlete specific and systems issues in your area
- If ECG is performed always interpret based on International Criteria for interpretation of ECG in athletes

Strength of Rationale for ECG Screening

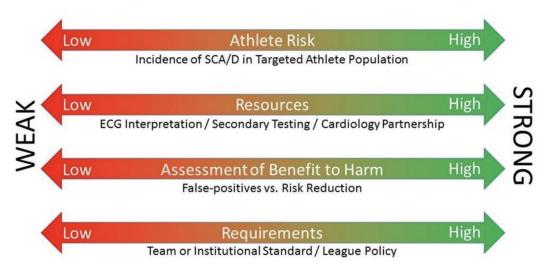


Figure 1 Major considerations and strength of rationale for electrocardiogram screening. SCA/D, sudden cardiac arrest/death.

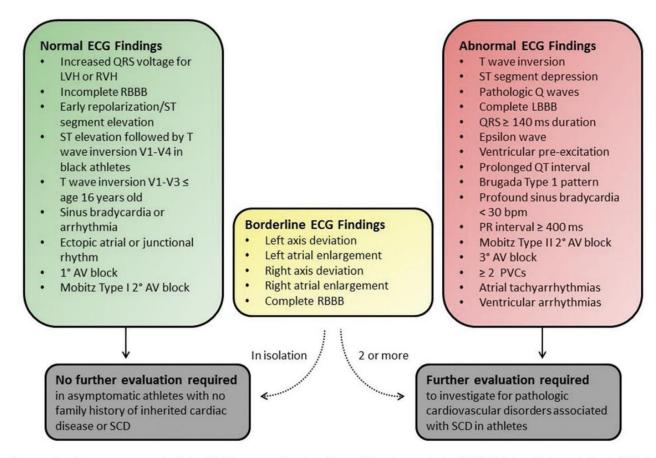


Figure 1 International consensus standards for ECG interpretation in athletes. AV, atrioventricular; LBBB, left bundle branch block; LVH, left ventricular hypertrophy; PVC, premature ventricular contraction; RBBB, right bundle branch block; RVH, right ventricular hypertrophy; SCD, sudden cardiac death.

NEUROLOGIC

,, ,		
MEDICAL QUESTIONS	Yes	No
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		
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?		
22 Have you ever become ill while evercising 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 prob- lems with your eyes or vision?		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
		110
II. 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)?		
12. 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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

NEUROLOGIC CONCUSSION

- Sport related concussion is common in all sports and under-reported
- Return to sport requires resolution of symptoms and graded return to activity progression
- Most symptoms resolve in 1-2 weeks some last months +
- Consider other psychosocial factors in prolonged recovery
- There is no "too many" concussion number, individualized evaluation and decision making

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	Your Visit Con-	ditions <u>Clinics</u>	Research	Health & Safety	
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	Seattle Spo	orts Concuss	ion Prog	ram	
		ttle Sports Concus Program is an affiliate program amo			
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Make an Appointment

206.744.8000

Jefferson St., 5th Floor, Seattle, WA



Patient details		
Name:		
DOB:		
Address:		
Examiner:		
Date of Injury:	Time:	

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.

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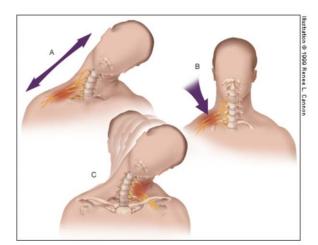
NEUROLOGIC

SPINAL CORD/BRACHIAL PLEXUS

- Cervical cord neuropraxia
 - Motor and/or sensory symptoms in one or more extremity
 - Spinal cord injury by definition
 - Should prompt evaluation of cervical spinal stenosis regardless of circumstances
- "Stinger" ("burner") is transient brachial plexus injury
 - ALWAYS unilateral
 - Can return to play when symptoms resolved and exam normal

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?







NEUROLOGIC SEIZURE

- Unexplained seizure should be evaluated as underlying cardiac condition
- Diagnosed seizure disorder should not preclude from participation
 - Rather flag to ensure appropriate evaluation and management.
 - Specific sport participation eg swimming, diving, prolonged isolated training should prompt further informed conversation

10. Have you ever had a seizure?

Recognition of SCA

- SCA should be suspected in any athlete who is collapsed and unresponsive
- SCA should be suspected in any non-traumatic collapse
- Brief seizure-like activity is common after collapse from SCA
- Seizure = SCA until proven otherwise
- Occasional gasping is not normal breathing... think SCA

GENERAL MEDICAL

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

All and the second seco	Date of birth:
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	l procedures.
Medicines and supplements: List all current prescript	ions, over-the-counter medicines, and supplements (herbal and nutritional).
Do you have any allergies? If yes, please list all your	r allergies (ie, medicines, pollens, food, stinging insects).

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.)

Not at all Several days Over half the days Nearly every day

Feeling nervous, anxious, or on edge 0 1 2 3

Not being able to stop or control worrying 0 1 2 3

Little interest or pleasure in doing things 0 1 2 3

Feeling down, depressed, or hopeless 0 1 2 3

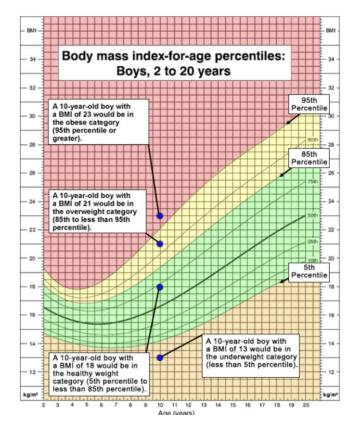
(A sum of >3 is considered positive on either subscale [questions I and 2, or questions 3 and 4] for screening purposes.)

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
Do you have any concerns that you would like to discuss with your provider?		
Has a provider ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical issues or recent illness?		

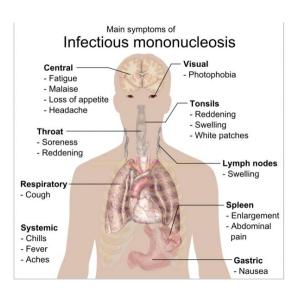
HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including		

GENERAL MEDICAL

- Typically, used to reveal medical issues not answer/asked elsewhere
 - Eg prior restriction or medication
- Also, can serve goal of establishing care/entry into medical system for non-participation limiting medical issues
 - Eg weight, allergies







HEAT RELATED ILLNESS

BONE AND JOINT QUESTIONS	Yes	No
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?		
MEDICAL QUESTIONS	Yes	No
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)?		
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		
ranning:		
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 11		
lems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12		

Explain	"Yes"	answers	here.

HEAT RELATED ILLNESS

- Exertional heat stroke third leading cause of death in H.S. athletes
- Gradual acclimatization particularly in "harsher" environments
- Warning signs and prompt treatment education
- If history probe for underlying etiology
 - · Eg medications, malignant hyperthermia
- Sickle cell trait increases risk of sudden death with exercise particularly in hot environments or at altitude
- Screening required for NCAA, not widely recommended otherwise

23. Do you or does someone in your family have sickle cell trait or disease?	22. Have you ever become ill while exercising in the heat?	





VISION/EYE DISORDERS

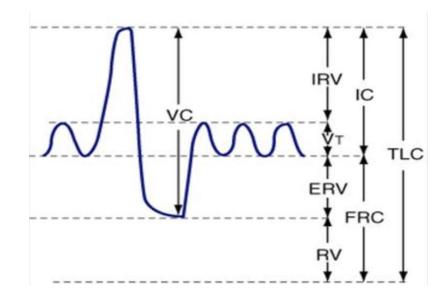
,, ,		
MEDICAL QUESTIONS	Yes	No
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22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have		
24. Have you ever had or do you have any prob- lems with your eyes or vision?		

- Vision should be checked at each PPE
- Refer for correction if worse than 20/20 in either eye
- Worse than 20/40 and high risk sports should always wear eye protection
 - Specifically sports with projectile

RESPIRATORY

BONE AND JOINT QUESTIONS	Yes	No
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?		
HEDIONE MOLOTIONS	100	140
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
The year mooning a reality, an eye, a cooker		
(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)?		
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?		
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 prob- lems with your eyes or vision?		

- Primary goal is identification of asthma or exercise induced bronchospasm (EIB)
- Question for appropriate diagnostic testing and adequacy of treatment
- "diagnosis" of EIB that is not proven via testing or has + bronchodilator response should raise concern for other etiology (eg cardiac)



GI/GU

BONE AND JOINT QUESTIONS	Yes	No
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?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty		
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?		
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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 prob- lems with your eyes or vision?		

- Absence of paired organ is rarely disqualifying
 - Individualized assessment and consider additional protective gear
- Abdominal or inguinal hernia on exam should not limited participation
 - Fix if symptomatic
- Organomegaly should prompt evaluation prior to clearance
- Recommend additional GI/GU questions
 - Bowel and bladder patterns
 - Any evidence of bleeding
- GU exam in private, also allows for further GU related questions

DERMATOLOGIC

BONE AND JOINT QUESTIONS	Yes	No
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?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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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 prob- lems with your eyes or vision?		

- Infectious skin conditions are a common rationale for TEMPORARY exclusion from sport
- Most common
 - Molluscum contagiosum, warts, impetigo, tinea gladiatorum, MRSA
- Particularly for sports with frequent skin to skin contact and shared equipment
 - Wrestling, football, rugby, martial arts
- Also pay attention to non-sport environment, eg time in shared locker room to prevent widespread outbreaks



MUSCULOSKELETAL

Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Footand toes		
Functional Double-leg squat test, single-leg squat test, and box drop or step drop test		

- Screen for unresolved MSK injuries
- Stress fractures flag for RED-S
- ROM for all joints
- Neuro based strength
- LE functional tests (eg duck walk)
- Focused MSK exams depending on sport
 - Shoulder/elbow for throwing athlete
 - Knee/hip/ankle for soccer athletes
 - Back for rowing athletes

BONE AND JOINT QUESTIONS	Yes	No
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?		
INIDIONE QUESTIONS		
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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 vou have any recurring skin rashes or		

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

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.)

Not at all Several days Over half the days Nearly every day

Feeling nervous, anxious, or on edge 0 I 2 3

Not being able to stop or control worrying 0 I 2 3

Little interest or pleasure in doing things 0 I 2 3

Feeling down, depressed, or hopeless 0 I 2 3

(A sum of >3 is considered positive on either subscale [questions I and 2, or questions 3 and 4] for screening purposes.)

MENTAL HEALTH

- PHQ-4 now included in PPE monograph
 - Score of >3 for EITHER 1+2 or 3+4 considered a positive screen
- Consider input of parent/guardian as well as private conversation
- Sports can be protective but also a major source of stress and pressure
- Increasingly from very young ages
- Other considerations
 - ADHD, substance abuse, bullying, sexual abuse, sleep disturbances
- Important to have referral network established.

FEMALE ATHLETES

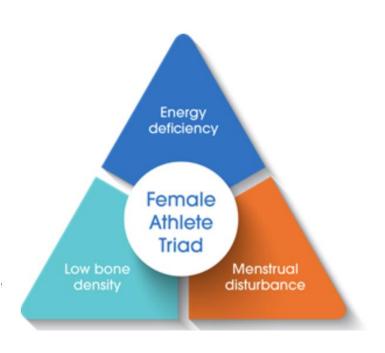
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14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?				25. Do you worry a 26. Are you trying that you gain of
13.	injury that bothers you?				27. Are you on a sp
ME	DICAL QUESTIONS	Yes	No		28. Have you ever
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?				FEMALES ONLY
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?				29. Have you ever 30. How old were you menstrual periods.
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				31. When was your
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			L	32. How many perimonths? Explain "Yes" ans
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?				
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 prob- lems with your eyes or vision?				

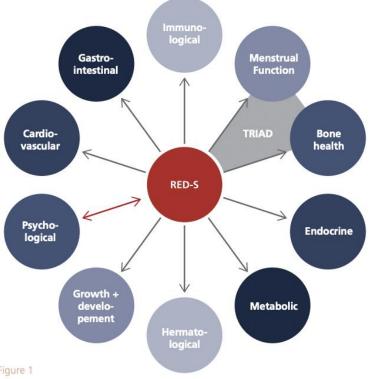
MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain	"Yes"	answers	here.

- "Female" athlete category, recommend considering these issues more broadly
- Some male:female injury risk difference, questionable relevance in the PPE visit
- Primary focus of these questions historically is to identify those with or at risk for the female athlete triad
 - Contraception use can complicate one corner of the triad

FEMALE ATHLETES





- Figure 1
- Traditional female athlete triad transitioning to RED-S
 - Relative Energy Deficiency in Sport
- Acknowledgement that any athlete can have energy deficiency and associated physiologic changes
- Further screening/evaluation tools if concern noted on PPE
- Evaluation and management should be with multi-disciplinary team
 - Particularly important for eligibility determinations

Relative Energy Deficiency in Sport (RED-S) Clinical Assessment Tool (CAT) For use by medical professionals only



TRANSGENDER ATHLETES

- Rapidly evolving/changing approach to transgender athletes
- Highly variable rules depending on sport, governing body, local/state jurisdiction
- Recent trend has been:
 - Trans male athletes may compete on men's teams
 - Trans female athletes my compete on women's teams with certain length of testosterone suppression or below certain serum testosterone level
- Very recently changed by International Olympic Committee
- Recommend consultation with a sports medicine physician knowledgeable about the sports athlete is participating in

International Olympic Committee issues new guidelines on transgender athletes

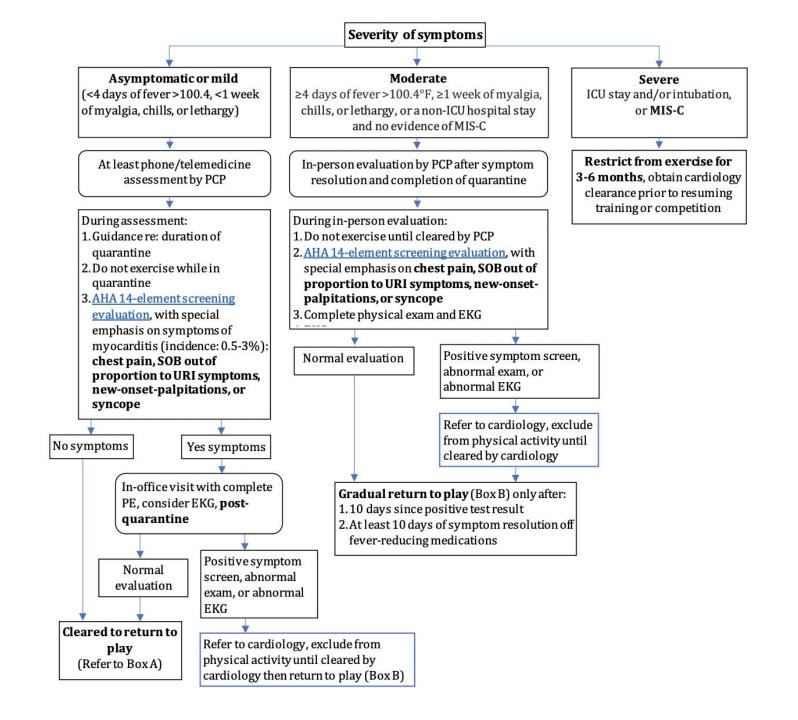
Athletes will no longer be required to undergo "medically unnecessary" hormone treatments to compete, the IOC said.

COVID-19

Sex assigned at birth (F, M, or intersex):	How do you identify your gender? (F, M, or other):	_				
Have you had COVID-19? (check one): □ Y □ N						
Have you been immunized for COVID-19? (check one): □ Y □ N If yes, have you had: □ One shot □ Two shots						
List past and current medical conditions.						
		_				
יין די						
COVID-19 VACCINE						
Previously received COVID-19 vaccine: \Box Y \Box N						
Administered COVID-19 vaccine at this visit: □ Y □ N	If yes: □ First dose □ Second dose					
MEDICAL	NORMAL ABNORMAL FINDINGS					

- PPE forms updated (interim nature) to ask COVID-19 history and vaccination questions.
 - Post-COVID risk primarily of myopericarditis (0.5-3%)
 - Recommended PCP evaluation (PE and ECG) if:
 - Asymptomatic or mild COVID symptoms with cardiac symptoms on return to exercise (chest pain, DOE out of proportion, new palpitations or syncope)
 - Moderate or severe COVID symptoms
 - If symptoms, exam, ECG concerning recommend Cardiology consult
 - Consider echo +/- cardiac MRI
 - ECG finding suggestive of myocarditis: ***

COVID-19



ATHLETES WITH DISABILITIES

PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

_Date of birth: Type of disability: 2. Date of disability: Classification (if available): 4. Cause of disability (birth, disease, injury, or other): 5. List the sports you are playing: 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 rashes, pressure sores, 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 as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? 15. Do you have muscle spasticity? 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: Atlantoaxial instability Radiographic (x-ray) evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Numbness or tingling in arms or hands Numbness or tingling in legs or feet Weakness in arms or hands Weakness in legs or feet Recent change in coordination Recent change in ability to walk Spina bifida Latex allergy Explain "Yes" answers here.

Might not replace team or event specific forms (eg Special Olympics)

I hereby etate that to the heet of my knowledge, my answers to the questions, on this form are complete, and correct

MEDICAL ELIGIBILITY

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name:	Date of birth:
□ Medically eligible for all sports without restriction	
$\hfill\square$ Medically eligible for all sports without restriction with recom	mendations for further evaluation or treatment of
□ Medically eligible for certain sports	
□ Not medically eligible pending further evaluation	
$\hfill\Box$ Not medically eligible for any sports	
Recommendations:	

MEDICAL ELIGIBILITY

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name:	Date of birth:
□ Medically eligible for all sports without restriction Ov	verwhelming majority of evaluations
□ Medically eligible for all sports without restriction with	recommendations for further evaluation or treatment of
Concern raised on PPE that does no	ot impact sports participation
□ Medically eligible for certain sports	
Formal diagnosis with specific sport	ts restriction
Torriar diagnosis with specific spor	ts restriction
□ Not medically eligible pending further evaluation Tru	ue red flag on PPE that would impact health
□ Not medically eligible for any sports Should es	sentially never be used
Recommendations:	

OBJECTIVES

- Describe the purpose of the Preparticipation Physical Evaluation
- Describe the differences between the PPE 5th edition and prior versions of the PPE
- List the "red flag" items of the PPE-5 that would necessitate holding from participation
- Understand the impact of COVID-19 on the PPE

PREPARTICIPATION PHYSICAL EVALUATION 5th EDITION

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