ADOLESCENT PREPARTICIPATION PHYSICAL EXAM

RATIONALE

The purpose of a preparticipation physical examination is to assist with the maintenance of the health and safety of child and adolescent athletes in training and competition. The exam assists with detection of conditions that may be life threatening or disabling; detection of conditions that may predispose an individual to injury; and meeting legal and administrative requirements of educational institutions. The American Academy of Pediatrics Policy Statement on Pediatric Sudden Cardiac Arrest, April 2012, suggests the "use of standardized preparticipation physical examination forms and processes to minimize unnecessary variation" as a step for consideration in the prevention of sudden cardiac arrest.[1] The Child Health and Disability Prevention (CHDP) Program Physical Examination Form for Preparticipation, included below, is modeled closely after the forms that were developed by the American Academy of Pediatrics and other professional organizations. Similar forms have been adopted by a number of states, cities, and school districts, including Los Angeles Unified School District.

It is recommended that every child participating in strenuous extracurricular activities (for example, sports, cheerleading, marching band, and dance) receive routine preparticipation physical examination screening. Annual performance is recommended prior to participation. Frequency and timing of the preparticipation physical examination may be subject to local school district requirements.

Qualification of an examiner to perform the preparticipation physical examination is based on training and clinical expertise. Nurse practitioners and physician assistants, who are appropriately trained, licensed, and under the direct or indirect supervision of a California licensed physician may perform preparticipation physical examinations and sign the forms. Physician co-signatures on the forms signed by nurse practitioners and physician assistants are not required by law.

All providers should work within the scope of their license and use appropriate referral and consultation to address problems beyond their expertise. Additionally, local efforts should support education programs for effective bystander cardiopulmonary resuscitation and appropriate automated external defibrillator use.

SCREENING REQUIREMENTS

- Medical History
  Use of the *Preparticipation Physical Evaluation History Form*. This form includes history such as review of past injuries, surgeries or illnesses; abnormal signs or symptoms (especially during exertion); family history related to cardiac risk factors; menstrual history for females; medication usage; and drug allergies. See the CHDP Preparticipation Physical Evaluation History Form.

For additional information on the importance of the medical history questions (items 52-54) for females, the American Academy of Pediatrics article, Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign.

- Physical Examination
  - Use of the Preparticipation Evaluation Physical Examination Form for Preparticipation in Sports. This form includes medical and musculoskeletal examination and recommendations for clearance to participate. See the CHDP Physical Examination Form for Preparticipation.
  - See *Health Assessment Guidelines, Adolescent Health* for components of the adolescent physical examination.

Bright Futures*

Performing Preventive Services: A Bright Futures Handbook, Sports Participation, pages 93-99.

CONSIDERATIONS FOR REFERRAL TREATMENT AND/OR FOLLOW-UP

- 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 seatbelt, use a helmet, and use condoms?
  - Consider reviewing Preparticipation Physical Evaluation History Form questions on cardiovascular symptoms (questions 5-12).
- Abnormal findings must be referred to appropriate specialist for further evaluation.

Resources

- Preparticipation Physical Evaluation, 4th Ed. 2010**.** American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine.
- Preparticipation Physical Evaluation Forms and Materials, American Academy of Pediatrics, Council on Sports Medicine and Fitness.
- Pre-participation physical exam. American College of Sports Medicine. (2013).
- Los Angeles Unified School District Policy Bulletin, BUL-4948.1, October 1, 2010.

Reference

[1] Pediatric sudden cardiac arrest. Campbell, R., Berger, S., Ackerman, M.J. (2012). *PEDIATRICS.* 129. E1094-e1102. doi: 10.1452/peds.2012-0144.

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