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Physical Exams Required for Prep Athletes, but Questions Linger

By Alan Goldenbach
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After 23 years of performing annual physical examinations on athletes at Osbourn High School, Fred Parker still worries if he's doing all he can.

"I think every night: 'Did I get every kid? Did I miss anything?' " said Parker, who also has been a team physician for the George Washington University athletic department since 1998. "Every time a kid drops and dies, you're crushed because you know someone did a physical. Did something slip through the cracks?

"It is obviously not a thorough exam, but I wish it were. It could be done."

As tryouts for winter high school sports begin this month, students will pile into doctors' offices for their annual physicals, seeking medical clearance to play. Many health-care experts agree with Parker that these exams fall far short of being a complete check of a teenager's fitness for athletics. Among the problems they cite:

- The exams can be performed in as little as five minutes.
- The exam itself relies more on a series of questions -- and the skill of the questioner -- than an actual physical examination, forcing teenagers and their parents to be honest and perceptive about their medical history.
- In many states, several different types of doctors are permitted to conduct the exam, including chiropractors in 36 states.
- The lack of a national standard for the exams.

The National Federation of State High School Associations (NFHS) said more than 7 million students participated in high school-sponsored sports during the last school year. Each was subject to a brief examination and battery of medical history questions to find the often-subtle indicators that could raise a red flag before a student is allowed on the playing field.

According to an annual survey of high school athletes by the National Center for Catastrophic Sports Injury Research, the number of deaths related to indirect catastrophic injuries -- fatalities brought on by a condition that could have been spotted during a physical, such as the death of Stafford High football player Joey Roberson in August -- has increased by 33 percent over the previous 10 years.

"We can create the best form in the world," said Vito Perriello, a Charlottesville pediatrician who is the

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chairman of the Sports Medicine Advisory Committee for both the NFHS and Virginia High School League. "But we have no control over what goes on when doctors see the patients."

Said Gordon Matheson, director of sports medicine at Stanford University: "What works against the physical exam is you don't have a lot of things to pick up. It's not fundamentally medical. It's fundamentally athletic."

A physical exam is broken into two parts: the actual examination, and a series of questions about the patient's medical history. Several physicians said about 75 percent of the information gleaned from a physical comes from investigating a patient's medical history.

"Most of it is in the history," said Eric Coris, director of the University of South Florida's Sports Medicine Institute and head team physician for the school's athletic program. "The physical part of the examination is unfortunately unreliable. The biggest thing you can do is ask questions."

Roberson, a 6-foot-2, 280-pound lineman who died from heatstroke Aug. 11, three days after collapsing at practice, received a standard physical in July from the same family doctor he had seen the previous 11 years. Sherry Roberson, Joey's mother, said no warning signs were discovered during the physical to give her or her son any reason to believe Joey should not play football this season. Even though Sherry said she had two instances of heart-related deaths in her family, they both occurred much later in life.

Said Parker: "You have to pick up subtle things, like when an athlete says, 'I get a little dizzy when I go running.' You check that out."

With increased attention drawn to fatalities induced by sudden cardiac arrest, some states have altered their physical forms to include leading questions about heart ailments. For example, the first question on the medical history section of the VHSL's form asks if the student has had a heart murmur, high blood pressure or any other heart problems.

But doctors know they cannot assume students will be honest or as perceptive about possible signal symptoms.

"They look at the exam as a reason to be disqualified" from gaining clearance, said Eric Small, a New York physician and co-chair of the Council on Sports Medicine and Fitness, part of the American Academy of Pediatrics (AAP).

Nick Damron, a senior wrestler at Patuxent High in Lusby, said he paid \$15 and was given a physical at the school in August. Damron said the examination took less than five minutes, and added, "I'm just glad to get it over with and get out of there."

For some doctors, dealing with an office full of athletes the week before tryouts invariably means there is not enough time to deal with subtleties of each teen. Further, some argue the questions on the exam don't target enough teen-specific issues.

"I'm a little chagrined by the doctors who go along with this," said Matheson, who oversaw the publication of "Preparticipation Physical Evaluation," a recommendation of tests endorsed by six pediatric and sports medicine organizations. "How about picking up an eating disorder early in life? Have you ever taken laxatives? What's your daily caloric intake? Simple questions like that."

Past studies have stated that between 0.3 and 1.3 percent of athletes are denied clearance during their

physical exams. Teri McCambridge, team physician for the Towson University athletic department and co-chair of the AAP's Council on Sports Medicine and Fitness, recalled giving a physical to a female high school cross-country runner before this season. McCambridge diagnosed amenorrhea, the abnormal absence or suppression of menstruation, and discovered the girl had a body-mass index of 15, a figure classified as "underweight."

McCambridge said she worried about the potential for cardiac problems for someone with such a low body weight and refused to clear the runner until she could achieve a more acceptable weight and address her other medical concerns. McCambridge said the girl protested, but the parents agreed with her decision.

Another area of concern among doctors is what type of doctor can administer a physical. In 1990, the American Medical Association recommended that only MDs and licensed osteopaths perform physicals. In 36 states, however, chiropractors are allowed to give physicals, according to the American Chiropractic Association. Some medical experts say these doctors are better suited to give a physical than doctors whose expertise is more specialized. Others are concerned that chiropractors do not have the background in critical areas, such as the cardiovascular system.

Chiropractors "convinced us there is a qualification they have to go through that says they can give" physical evaluations, said William Reader, commissioner of the Colorado High School Activities Association, which allows chiropractors to sign off on physicals. Reader did not cite specifically how chiropractors are qualified. "When it happens, it's the parents' choice to send their child to a chiropractor for a physical," he said. "I don't think schools would go out and request their students get a physical from a chiropractor."

Chiropractors first must receive the training to administer physicals, much like general practitioners.

"Even though they can sign off on it, you probably wouldn't want to have a psychiatrist who's an MD doing a pre-participation physical as much as you wouldn't want to have a chiropractic radiologist doing the same thing," said Ted Forcum, who practices in Oregon and is a member of the American Chiropractic Board of Sports Physicians. "It just comes down to who has the training to perform these types of sports screening exams."

Virginia and Maryland do not allow chiropractors to administer physicals; the District leaves it up to individual schools.

The lack of a national standard for physicals is a matter that raises concern both in medical and school administrative circles.

In 1998, the Journal of the American Medical Association published a study that showed eight states had no "approved history and physical examination forms." Forty-two states and the District did have the forms, but "questions deemed essential for detecting abnormalities were missing from half of the history forms and more than 60 percent of the physical forms."

It was not until that year that the NFHS issued a statement that physical exams "are a necessary and desirable precondition to interscholastic athletic practice and competition."

Still, the federation has no real power over the states.

"We can't require anything," said Jerry Diehl, NFHS assistant director and liaison to its Sports Medicine

Advisory Committee. "Our position is, we really encourage a strong medical history so a physician can review it. . . . Each of our 51 state organizations is autonomous."

The D.C. Interscholastic Athletic Association and VHSL each have a physical form that is required for students at all member schools. The Maryland Public Secondary Schools Athletic Association has a form that it recommends, but does not require, each school district use, according to Executive Director Ned Sparks. The MPSSAA does require all participating athletes to be screened.

William Roberts, past president of the American College of Sports Medicine, has been performing physicals for 25 years. He believes that annual physicals should not be the standard, even though conventional wisdom says a teen's rapidly developing body should be checked more often for changes.

Instead, he suggests physicals should occur every three years, as required by the high school athletic associations in Minnesota and Utah. In the intermittent years, athletes are required to fill out a detailed questionnaire, which, Roberts said, forces them to highlight subtle occurrences that could tell more than an exam.

"Whether it should be every year or every two or three years is controversial," Roberts said. "My hypothesis is that annual exams are performed more perfunctorily, and some things are missed. [An exam held every three years] gears physicians to ask the right questions."

The push for biennial and triennial physicals has gathered momentum nationwide, but administrators -- as well as some physicians -- are reluctant to institute it as policy. Sparks said that about five or six years ago, the MPSSAA's Board of Control voted down a measure that would require physical exams every two years.

"From my standpoint, at the high school level, even though it seems to be redundant [to have a physical] every year, it's important," Parker said. "For many [athletes], especially those from lower-income families, it's their only contact with a doctor."

The number of athletes with warning signs who slip through the cracks remains minuscule, which is the main reason why the standards applied to physical exams haven't improved.

"You get away with it because the risks are pretty low," Matheson said. "You could pass a wand over them and say they're okay. The thing is, we have a pretty healthy population."

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