| Guidelines Referenced | https://www.acc.org/~/media/fb92803045d249ae91b715650dd0ebe4.pdf  
<table>
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<tbody>
<tr>
<td>Background</td>
<td>Recent data suggests that cardiac conditions exist in 2.4% of young athletes participating in pre-participation sports screening. Current guidelines recommend use of the 14-Element Cardiovascular Screening Checklist for Congenital and Genetic Heart Disease as part of a comprehensive history and physical examination to detect or raise suspicion of genetic/congenital cardiovascular disease. Data from regional sports screenings suggest cardiovascular disease is being underdetected.</td>
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| Initial Evaluation | **Personal history:**  
1. Chest pain/discomfort/tightness/pressure related to exertion  
2. Unexplained syncope/near-syncope*  
3. Excessive exertional and unexplained dyspnea/fatigue or palpitations, associated with exercise  
4. Prior recognition of a heart murmur  
5. Elevated systemic blood pressure  
6. Prior restriction from participation in sports  
7. Prior testing for the heart, ordered by a physician  
**Family history:**  
8. Premature death (sudden and unexpected, or otherwise) before age 50 attributable to heart disease in ≥1 relative  
9. Disability from heart disease in close relative <50 y of age  
10. Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of certain cardiac conditions in family members  
**Physical examination:**  
11. Heart murmur**  
12. Femoral pulses to exclude aortic coarctation  
13. Physical stigmata of Marfan syndrome  
14. Brachial artery blood pressure (sitting position)***  
*Judged not to be of neurocardiogenic (vasovagal) origin; of particular concern when occurring during or after physical exertion.  
**Refers to heart murmurs judged likely to be organic and unlikely to be innocent; auscultation should be performed with the patient in both the supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.  
***Preferably taken in both arms. |
<p>| Initial Mgt | N/A |
| When to Refer | Abnormalities in the initial evaluation as noted above |</p>
<table>
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<tr>
<th>Pre-Visit Work Up</th>
<th>Records from sports physical including personal history, family history, vital signs, examination, and any prior diagnostic cardiology studies</th>
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</table>
| Co-management Strategy (as appropriate) | **Specialist scope of care**  
As appropriate | **Primary care scope of care**  
Continue routine primary care |
| Return to Primary Care Endpoint | Cardiac disease ruled out or adequately treated |