



Co-management Guide

Pediatric Cardiology	Sports physicals
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Guidelines Referenced	https://www.acc.org/~media/fb92803045d249ae91b715650dd0ebe4.pdf https://www.nejm.org/doi/10.1056/NEJMoa1714719
Background	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.
Initial Evaluation	<p>Personal history:</p> <ol style="list-style-type: none"> 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 <p>Family history:</p> <ol style="list-style-type: none"> 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 <p>Physical examination:</p> <ol style="list-style-type: none"> 11. Heart murmur** 12. Femoral pulses to exclude aortic coarctation 13. Physical stigmata of Marfan syndrome 14. Brachial artery blood pressure (sitting position)*** <p>*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



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Pre-Visit Work Up	Records from sports physical including personal history, family history, vital signs, examination, and any prior diagnostic cardiology studies	
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	