NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name		-	Dat	e of birth
PHYSICIAN REMINDERS 1. 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 anaholic steroids or used any other performance supple Have you ever taken any supplements to help you gain or lose weight or imp Do you wear a seat belt, use a helmet, and use condoms? Consider reviewing questions on cardiovascular symptoms (questions 5–14).	ement? orove your per	formance?		
EXAMINATION				
Height Weight		J Female		
BP / (/) Pulse	Vision R 2	O/ NORMAL	L 20/	Corrected I Y I N ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscollosis, high-arched palate, pectus excavatum, arachnoda arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	actyly,	NUTINAL TO COLOR		ABRURINAL FINDINGS
Eyes/ears/nose/throat Pupils equal Hearing				
Lymph nodes			***************************************	
Heart ^a Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)				
Pulses • Simultaneous femoral and radial pulses Lungs			·····	*****
Abdomen				
Genitourinary (males only) ^b				
Skin HSV, lesions suggestive of MRSA, tinea corporis				
Neurologic ^c				
MUSCULOSKELETAL				
Neck				***************************************
Back Shoulder/arm		***************************************		
Elbow/forearm				***
Wrist/hand/fingers				
Hip/thigh Knee				
Leg/ankle				1-0-William data to the control of t
Foot/toes				
Functional • Duck-walk, single leg hop				
*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider GU exam if in private setting. Having third party present is recommended. *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.	n.	•		
 □ Cleared for all sports without restriction □ Cleared for all sports without restriction with recommendations for further evaluation 	n or treatment	for		
□ Not cleared □ Pending further evaluation				
☐ For any sports				
☐ For certain sports				
Reason				
Recommendations				
I have examined the above-named student and completed the preparticipation pl participate in the sport(s) as outlined above. A copy of the physical exam is on rec arise after the athlete has been cleared for participation, a physician may rescind to to the athlete (and parents/guardians).	eard in my off	ice and can be made	available to the	school at the request of the parents. If condition
Name of physician, advanced practice nurse (APN), physician assistant (PA) (prin	nt/type)			Date of exam
				Phone
Signature of physician, APN, PA				

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18:05:03

■ PREPARTICIPATION PHYSICAL EVALUATION

CLEARANCE FORM

Name	Sex D M D F Age Date of birth	
☐ Cleared for all sports without restriction		
☐ Cleared for all sports without restriction with recommendations for further eval	uation or treatment for	
□ Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations		
		••••
EMERGENCY INFORMATION		
Allergies	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
	·	
Other information		
Other information		

HCP OFFICE STAMP	SCHOOL PHYSICIAN:	
***************************************	Reviewed on	
	(Date)	_
	Approved Not Approved	
	Signature:	_
I have everying the shows named student and completed the grane	which stars where a succession. The elaborate data was not account annual	
I have examined the above-named student and completed the prepa clinical contraindications to practice and participate in the sport(s) a		
and can be made available to the school at the request of the parent	s. If conditions arise after the athlete has been cleared for participal	tion,
the physician may rescind the clearance until the problem is resolve (and parents/guardians).	d and the potential consequences are completely explained to the a	thiet
Name of physician, advanced practice nurse (APN), physician assistant (PA)		
Address		
Signature of physician, APN, PA		***************************************
Completed Cardiac Assessment Professional Development Module		
DateSignature		

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

1. It has a doubte ever denied or restricted your participation in sports for a grow processor? 2. De you have any ongoing modical conditions? If so, please identify below. A charm Diabetes Infections 28. Is there are your printing who has sufficine? 2. Have you ever spent the night in the hospital? 3. Have you ever spent the night in the hospital? 4. Have you ever the study grey? 5. Have you ever spent the night in the hospital? 5. Have you ever spent the night in the hospital? 5. Have you ever the study grey? 5. Have you ever the study grey? 5. Does your heart ever race or skip beats (irregular beats) during exercise? 6. Day you have now that discountert, pain, tightness, or pressure in your cheek all that apply. 6. Has a doctor ever doily you that you have any heart problems? If so, check all that apply. 6. Has hospital in the following exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does you heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 8. Shows you have a leave you were that all the poly. 8. Has a doctor ever ordered a fact for your heart? For example, ECG/EKG, eccloser/disported A heart intended and the poly of t	Name					
Do you have any allergises? 'Yes No If yes, please identify specific allergy below. Splain "Yes" enswers below. Circle questions you don't know the answers to. CEMERAL QUESTIONS Yes No	Sex Age Grade Sch	ool	Sport(s)			
Medicines Politics	Medicines and Allergies: Please list all of the prescription and over	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking	
Medicines Politics	Management of the control of the con					
Selection of definition or estiticid your participation in sports for any reason?		ntify spe	ecific all			
1. Size a solution rew derivided or restricted your participation in sports for say research. 2. Do you have any engoling medical conditions? If so, please identify control. I was a stress of the control. I was a stress of enables, your opening of the stress of the control. I was a stress of enables, your opening of the stress of the control. I was a stress of enables, your opening of the stress of the control. I was a stress of enables, your opening of the stress of the control. I was a stress of enables, your opening of the stress of t	explain "Yes" answers below. Circle questions you don't know the an	swers t	٥.			
asty resour? So you have any orgoing medical conditions? If so, please identify below. Activate Activate Diabetes Infections Other.	GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
below: Actinon Annews Diabetes Infections other: 3. New you ever spent the night in the hospital? 4. Have you ever spent the night in the hospital? 5. Have you ever passed out or nearly passed out DIFRIGO or AFTER exercised. A program of the passed out or nearly passed out DIFRIGO or AFTER exercised. A program of the passed out or nearly passed out DIFRIGO or AFTER exercised. A program of the passed out or nearly passed out DIFRIGO or AFTER exercised. A program of the passed out or nearly passed out DIFRIGO or AFTER exercised. A program of the passed out or nearly passed out or nea				after exercise?		
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4. Hake you ever had surgery? 5. Have you ever had surgery? 5. Have you ever had sometive? 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 7. Does your have ever rule or skip beats (firegular beats) during exercise? 8. Has a doctor ever rold you that you here any heart problems? If so, check all that apply. 8. Has a doctor ever rold you that you here any heart problems? If so, check all that apply. 9. Has a doctor ever rold you that you here any heart problems? If so, check all that apply. 9. Has a doubt over ordered a test for your hereit? (For example, ECG/EKS, echocks) of the start problems? 9. Has a doubt over ordered a test for your hereit? (For example, ECG/EKS, echocks) of the start problems? 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained sizuer? 12. Do you or mer had an unexplained sizuer? 13. Has any tamily member or relative more quickly than your friends during exercise? 13. Has any tamily member or relative did of heart problems or had an unexpected or inexplained sudden death before age 50 (including exercise). 13. Has any tamily member or relative side of heart problems or had an unexpected or inexplained sudden death before age 50 (including exercise). 14. Boe you ever had an unexplained sudden death before age 50 (including exercise). 15. Does surplied or a doctor, and any problems, the relative side of heart problems or had an unexpected or inexplained sudden death before age 50 (including exercise). 15. Does you have all your gets grown in your family have lapertrophic cardiomyopathy, Martina syndrome, arrhythmogenic right verified read formyopathy, Martina grown, and you beginned and adden, and a did not you have any one cardiomyopathy, Martina grown, and you will have you went will be a discussed problem, not cardiomyopathy, Martina grown, and you will have you were the and an injury that play that unexplained size of your play that you will have you wer						
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check all that apply: High blood pressure A heart murmur Kawasaki disease Other: Sawasaki disease Other: Sawa					<u> </u>	ļ
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13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholarninergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained selzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury to a bone, muscle, and injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, a cast, or cruches? 23. Do you have any history of juvenile arthritis or connective tissue disease?	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No			
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■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exa	m					
Name				Date of birth		
Sex	Age	Grade	School	Sport(s)		
1. Type of	disability					*******
2. Date of						
	cation (if available)			· .		.~~~~~~
4. Cause o	rf disability (birth, d	isease, accident/trauma, other)				
	sports you are inte	•				
					Yes	No
6, Do you	regularly use a bra	ce, assistive device, or prosthetic	3			
7. Do you	use any special bra	ace or assistive device for sports	?			
8. Do you	have any rashes, p	ressure sores, or any other skin	problems?			
		s? Do you use a hearing aid?				
<u> </u>	have a visual impa					
***************************************	-	vices for bowel or bladder functi	on?			
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			nermia) or cold-related (hypothermia) iline	SS?		
	have muscle spast	icity? ures that cannot be controlled by	Capitantian			
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Please Indic	ate if you nave ev	er had any of the following.				illusiasi asastuasi
10.000.000.000.00	5				Yes	No
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	oints (more than or					
Easy bleeding		ioj				
Enlarged sp	***************************************					***************************************
Hepatitis						
	or osteoporosis		***************************************			····
Difficulty co	ntrolling bowel					
Difficulty co	ntrolling bladder			·		
Numbness o	or tingling in arms o	or hands				
Numbness o	or tingling in legs o	r feet				
	arms or hands					
Weakness in	legs or feet					
	ige in coordination	······································				
	ige in ability to wal	k				
Spina bifida						
Latex allerg	у					
Explain "yes	" answers here					
			<u> </u>			
I hereby stat	e that, to the best	t of my knowledge, my answer	s to the above questions are complete	and correct.		
Signature of att	ılete		Signature of parent/guardian		Date	



Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a traumatic brain injury that can be caused by a blow to the head or body that disrupts the normal functioning of the brain. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells, disrupting the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting balance, reading (tracking), problem solving, planning, memory, attention, concentration, and behavior. Concussions can range from mild to severe. Having a concussion increases the risk of sustaining another concussion. Second-impact syndrome may occur when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death.

Requirements addressing sports-related concussions and head injuries for student athletes and cheerleaders

- All school districts, charter, and non-public schools that participate in interscholastic sports are required to distribute this educational fact to all student athletes and cheerleaders and obtain a signed acknowledgment from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the
 prevention and treatment of sports-related concussion and other head injuries sustained by
 interscholastic student-athletes and cheerleaders.
- Any cheerleader or student-athlete who participates in an interscholastic sports program and is
 suspected of sustaining a concussion will be immediately removed from competition or practice. The
 student-athlete will not be allowed to return to competition or practice until they have written
 clearance from a physician trained in concussion treatment and have completed his/her district's
 graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion,
- Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian/Caregiver, Teammate, and others)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g., unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention

- Answers questions slowly or inaccurately
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision trouble reading
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess fatigue
- Difficulty with concentration, short term memory, and/or confusion

Dangerous Signs & Symptoms of a Concussion

- New onset of symptoms
- One pupil is larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting, nausea, or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out); even a brief loss of consciousness should be taken seriously.

What should a student-athlete do if they think they have a concussion?

- Do not hide it. Tell your athletic trainer, coach, school nurse, or parent/guardian.
- Report it. Do not return to competition or practice with symptoms of a concussion or head injury.
- Take time to recover. If you have a concussion, your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodation made for student-athletes who have suffered a concussion?

- Most students will only need help through informal, academic adjustments as they recover from a concussion.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations
- · Contact the school nurse if symptoms persist to discuss whether additional accommodations are

necessary.

To recover, cognitive rest is just as important as physical rest. Reading, texting, computer use and even watching movies can slow down recovery. Limit screen time during recovery.

Students who have sustained a concussion may not return to practice or competition until they receive written clearance from a physician trained in the evaluation and management of concussion and complete the graduated <u>Six-step return to play protocol outlined by the CDC</u>:

Step 1: Back to regular activities (such as school)

Athletes or cheerleaders are back to their regular activities (such as school).

Step 2: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

Step 3: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact

Athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

Young athletes may return to competition.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- CDC Heads Up
- Keeping Heads Healthy

Student athlete's name (print)	Student athlete's signature	Date	
Parent / Guardian name (print)	Parent / Guardian signature	Date	

Website Resources

- Sudden Death in Athletes http://tinyurl.com/m2gjmvq
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics

Hamilton, NJ 08619 3836 Quakerbridge Road, Suite 108 **New Jersey Chapter**

www.aapnj.org (f) 609-842-0015 (p) 609-842-0014



American Heart Association Union Street, Suite 301

(p) 609-208-0020 Robbinsville, NJ, 08691

www.heart.org

Trenton, NJ 08625-0500 (p) 609-292-5935 PO Box 500 New Jersey Department of Education

www.state.nj.us/education/

New Jersey Department of Health

www.state.nj.us/health (p) 609-292-7837 P. O. Box 360 renton, NJ 08625-0360



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Sudden Cardiac Death The Basic Facts on n Young Athletes





DEPARTMENT OF EDUCATION STATE OF NEW JERSEY

DEDICATED TO THE HEALTH OF ALL CHILDRENT American Academy of Pediatrics



Learn and Live

CARDIAC DEATH IN YOUNG ATHLETES What are the most common causes?

udden death in young athletes

SUDDEN

done to prevent this kind of What, if anything, can be and 19 is very rare. between the ages of 10

in the young athlete? What is sudden cardiac death

tragedy

pumping adequately, the athlete quickly defibrillator (AED). is restored using an automated external ultimately dies unless normal heart rhythm collapses, loses consciousness, and without trauma. Since the heart stops time) during or immediately after exercise heart function, usually (about 60% of the Sudden cardiac death is the result of an unexpected failure of proper

How common is sudden death in young

about one in 200,000 per year. to any individual high school athlete is The chance of sudden death occurring very rare. About 100 such deaths are Sudden cardiac death in young athletes is reported in the United States per year.

in other races and ethnic groups. other sports; and in African-Americans than in football and basketball than in common: in males than in females; Sudden cardiac death is more

ventricular fibrillation (ven-TRICK-you-lar fibby one of several cardiovascular abnormalities roo-LAY-shun). The problem is usually caused heart to quiver instead of pumping unnoticed in healthy-appearing athletes. and electrical diseases of the heart that go blood to the brain and body. This is called loss of proper heart rhythm, causing the Research suggests that the main cause is a

also called HCM. HCM is a disease of the heart, develops gradually over many years. genetic disease runs in families and usually problems and blockages to blood flow. This with abnormal thickening of the heart muscle, which can cause serious heart rhythm (hi-per-TRO-fic CAR- dee-oh-my-OP-a-thee) an athlete is hypertrophic cardiomyopathy The most common cause of sudden death in

(con-JEN-it-al) (i.e., present from birth) The second most likely cause is congenital attack). disease," which may lead to a heart abnormalities of the coronary (commonly called "coronary artery occur when people get older differs from blockages that may heart in an abnormal way. This the main blood vessel of the arteries. This means that these blood vessels are connected to

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful istening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at http://www.hhs.gov/familyhistory/index.html.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation; such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- including any of grades K through 12, the following must be available:

 An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation. (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.
 The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being