

**OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM
UPDATED APRIL 2021**

PLEASE PRINT



NAME: _____ GENDER _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SCHOOL _____ ACTIVITIES _____

ADDRESS _____

PHYSICIAN'S NAME _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE OF EMERGENCY CONTACT _____

PLEASE EXPLAIN ALL YES ANSWERS ON A SEPARATE SHEET

	YES	NO
1. Have you had a medical illness or injury since your last check up or physical?		
2. Have you ever been hospitalized overnight?		
3. Have you ever had surgery?		
4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?		
5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?		
6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?		
7. Have you ever had a rash or hives develop during or after exercise?		
8. Have you ever passed out during or after exercise?		
9. Have you ever been dizzy during or after exercise?		
10. Have you ever had chest pain during or after exercise?		
11. Do you get tired more quickly than your friends do during exercise?		
12. Have you ever had racing of your heart or skipped heartbeats?		
13. Have you had high blood pressure or high cholesterol?		
14. Have you ever been told you have a heart murmur?		
15. Has any family member or relative died of heart problems or of sudden death before age 50?		
16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		
17. Has a physician ever denied or restricted your participation in activities for any heart problems?		
18. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?		
19. Have you ever had a head injury or concussion?		
20. Have you ever been knocked out, become unconscious, or lost your memory?		
21. Have you ever had a seizure?		
22. Do you have frequent or severe headaches?		

	YES	NO
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
24. Have you ever become ill from exercising in the heat?		
25. Have you ever tested positive for COVID?		
26. Do you cough, wheeze, or have trouble breathing during or after activity?		
27. Do you have asthma?		
28. Do you have seasonal allergies that require medical treatment?		
29. Do you or does someone in your family have sickle cell trait or disease?		
30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
31. Have you had any problems with your eyes or vision?		
32. Do you wear glasses, contacts, or protective eyewear?		
33. Have you ever had a sprain, strain, or swelling after injury?		
34. Have you broken or fractured any bones or dislocated any joints?		
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
36. If yes, circle appropriate affected area and explain below:		
37. Do you want to weigh more or less than you do now?		
38. Do you lose weight regularly to meet weight requirements for your activity?		
39. Do you feel stressed?		
40. Record the dates of your most recent immunizations for: Tetanus _____ Measles _____ Hepatitis _____ Chickenpox _____		

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF GUARDIAN _____ SIGNATURE OF STUDENT _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____

Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		

MUSCULOSKELETAL

Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____

Reason: _____

Recommendations: _____

Printed name of Examiner _____

Address: _____ Phone: _____

Date: _____ Signature: _____

(3)

OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT WITH A SCHOOL ADMINISTRATOR)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

- ☐ ☐ 1. If entering 7th grade, will you be 14 before September 1? If entering 8th grade will you be 15 before September 1? If entering 9th grade will you be 16 before September 1? If entering 12th grade will you be 19 before September 1?
- ☐ ☐ 2. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- ☐ ☐ 3. Are you currently failing any class? (Rule 3)
- ☐ ☐ 4. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- ☐ ☐ 5. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
- ☐ ☐ 6. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Rule 7)
- ☐ ☐ 7. Since entering 7th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?
- ☐ ☐ 8. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
- ☐ ☐ 9. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- ☐ ☐ 10. Do you live with someone other than your parents? (Rule 8)
- ☐ ☐ 11. Do you live with only one parent? (Rule 8)
- ☐ ☐ 12. Do you live outside this school district? (Rule 8)
- ☐ ☐ 13. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- ☐ ☐ 14. Have you ever attended school outside the district where your parents reside? (Rule 8)
- ☐ ☐ 15. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- ☐ ☐ 16. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- ☐ ☐ 17. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
- ☐ ☐ 18. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)
- ☐ ☐ 19. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-X)
- ☐ ☐ 20. Were you suspended, expelled, or under discipline at the previous school attended?
- ☐ ☐ 21. Were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8)
- ☐ ☐ 22. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
- ☐ ☐ 23. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Incorrect information could result in the student's eligibility being revoked. The penalty for use of an ineligible athlete could result in forfeiture of contests and additional penalties.

(Student) (Date) (Coach) (Date)

(Parent/Guardian) (Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination and an annual parent consent form. (Rule 1)
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____) ☐ is eligible ☐ is not eligible

to participate at (school) _____ for the school year 20__ 20__.

(School Administrator Name and Title)

(Date)

Concussion Facts

Parents & Caregivers



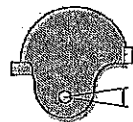
What is a concussion?

When an athlete gets their "bell rung" or gets "lit up" they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. When a child or adolescent sustains a concussion, their brain may bounce or twist inside the skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. This movement interrupts the brain's functioning and can impact your child physically, emotionally, cognitively, and behaviorally.



How do concussions happen?

Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Common causes are falls and being hit against or by another person or object. Your child's head does not have to be struck to cause a concussion - a body-to-body hit has the potential to cause a concussion.



Can concussion risk be reduced?

YES! There are ways to reduce your child's risk of a concussion. Talk to your child about practicing good sportsmanship and following coaches' instructions for safe game play. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn't prevent a concussion, it does protect your child's head from more severe head injuries. Make sure your child's school and sports organizations have established concussion policies and protocols; they should have procedures in place for coach training and returning to learn and play after a concussion.



Can my child keep playing after a concussion?

The brain needs time to heal after a concussion. A youth athlete who *continues to play* or who *returns to play too soon* - before the brain has finished healing - has a greater chance of getting another concussion. **A repeat concussion that occurs while the brain is still healing can be very serious and can affect a child for a lifetime. It can even be fatal.** If you suspect your child has sustained a concussion during a practice or a game, make sure they are **immediately** removed from play. Do **not** allow your child to return to play on the same day as the injury.



SIGNS AND SYMPTOMS

There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may observe these signs in your child or your child may report symptoms to you.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feels tired
- Tingling
- Does not "feel right"
- Seems dazed, stunned

Emotional/Behavioral

- Becomes irritable
- Becomes sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes, such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feels sluggish, hazy, foggy, or groggy
- Feels "slowed down"
- Repeats questions or answers questions more slowly
- Confusion
- Forgets routine things

DANGER SIGNS

If one or more of these signs emerges after a hit to the head or body, **IMMEDIATELY** call 911 or take your child to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more: concussion.health.ok.gov | 405.271.3430

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OKLAHOMA
State Department
of Health



RETURN TO PLAY: BACK TO SPORTS AFTER A CONCUSSION

Before you begin:



An athlete's progression through the return to play protocol should be monitored by a designated return to play case manager, such as a coach, athletic trainer, or school nurse.



Each step should take a *minimum* of 24 hours; it should take at least one week to proceed through the full return to play protocol. This process can take several weeks or months, depending on the individual and the injury.



If concussion symptoms return at any step during the return to play process, the protocol must be stopped. The athlete may only resume return to play activities when they have been symptom-free for a *minimum* of 24 hours. Return to play progression must resume at the step *before* symptoms reemerged.

Example: An athlete going through return to play protocol has progressed to Step 5 (practice and contact) when concussion symptoms return. Return to play activities must be halted until the symptoms stop and remain absent for at least 24 hours. At that point, the return to play protocol resumes; however, the athlete restarts at Step 4 (heavy non-contact activity), the step before concussion symptoms reemerged.

WHEN IN DOUBT, SIT THEM OUT

Athletes should not begin the return to play protocol on the same day of the injury. A licensed health care professional must evaluate the athlete and provide written clearance for the athlete to return to activity. Continuing to play, or returning to play too soon, after a concussion increases the chances of sustaining another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

RETURN TO PLAY PROTOCOL

STEP 1: BACK TO REGULAR ACTIVITIES



Goal: Complete normal activities and remain symptom-free for at least 24 hours



STEP 2: LIGHT AEROBIC ACTIVITY



Goal: Minimal increase in heart rate

Time: 5-10 minutes

Feels easy: walking \leq 2 mph, stretching exercises

NO weight lifting, resistance training, jumping, or hard running.



STEP 3: MODERATE ACTIVITY



Goal: Noticeable increase in heart and respiratory rates with limited body and head movement

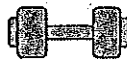
Time: Less time than typical routine

Feels fairly easy to somewhat hard: brisk walking (15 min/mile)

NO head impact activities. **NO** helmet or other equipment use.



STEP 4: HEAVY NON-CONTACT ACTIVITY



Goal: High-intensity activity without contact

Time: Close to typical routine

Non-contact training drills in full uniform, weight lifting, resistance training, running, high-intensity stationary cycling.



STEP 5: PRACTICE AND CONTACT



Goal: Return to practice, full contact as applicable to sport



STEP 6: RETURN TO PLAY



Goal: Return to full game play, practice, and competition



Learn more: concussion.health.ok.gov | 405.271.3430

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OKLAHOMA
State Department
of Health



Concussion Facts

Youth Athletes



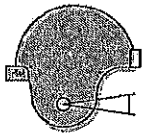
What is a concussion?

When an athlete gets their "bell rung" or gets "lit up" they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Falling or being hit against or by another person or object are common causes of concussions. Your head doesn't have to be struck to cause a concussion; for example, a body-to-body hit has the potential to cause a concussion.



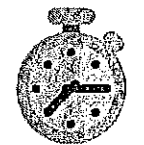
What does a concussion do to my brain?

When you experience a concussion, your brain may bounce or twist inside your skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. A concussion interrupts your brain's functioning. When your brain is injured by a concussion, the injury can affect you physically, emotionally, behaviorally, and/or cognitively (how you think).



Can the risk of concussion be reduced?

YES! There are ways to reduce your risk of a concussion. Practice good sportsmanship and follow your coach's instructions for safe game play. If you play contact sports, learn the fundamentals and appropriate techniques. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn't prevent a concussion, it does protect your head from more severe injuries.



Can I keep playing after a concussion?

Your brain needs time to heal after a concussion. If you *continue to play* or *return to play* too soon - before your brain has finished healing - you have a greater chance of getting another concussion. **A repeat concussion that occurs while your brain is still healing can be very serious and can affect you for a lifetime. It can even be fatal.** If you think you may have sustained a concussion during a practice or game, **immediately** talk to your coach, game official, athletic trainer, or parent/guardian and **remove yourself from play**. Do **not** return to play on the same day as the injury. You need to see a health care professional to be evaluated for a concussion and given written clearance to return to play.



SIGNS AND SYMPTOMS

There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may notice these symptoms yourself or someone else may observe them. If you experience any of these symptoms after a blow to the head or body, tell someone immediately.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feel tired
- Tingling
- Do not "feel right"
- Seem dazed, stunned

Emotional/Behavioral

- Become irritable
- Become sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feel sluggish, hazy, foggy, or groggy
- Feel "slowed down"
- Repeat questions or answer questions more slowly
- Confusion
- Forget routine things

DANGER SIGNS

If one or more of these symptoms emerges after a hit to the head or body, **IMMEDIATELY** call 911 or get someone to drive you to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

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OKLAHOMA
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TYPES OF HEAT ILLNESS:

Heat Cramps:

- Some students may experience heat cramps. This type of cramp is the tightening and spasms experienced in muscle. It is often preceded by heavy sweating and large electrolyte losses, this may look like white residue on clothing or equipment.
- If an student is experiencing heat cramps, he or she should stop the activity, find a cool spot to gently stretch and massage the muscle, and drink appropriate fluids like sports drinks (or salty foods and other fluids) that contain significant levels of sodium.

Heat Exhaustion:

- Another type of heat illness is heat exhaustion. Conditions and signs of this problem can include profuse sweating, dehydration, fatigue, lightheadedness, rapid pulse, and low blood pressure. Body temperature may be slightly elevated. If heat exhaustion is suspected, the student should lie in a cool place with legs elevated, have cool, wet towels applied to the body, drink cool fluids, and have someone monitor their vital signs. With heat exhaustion, often the ill student feels better when he or she rests in a cool place and replenishes fluids by drinking cool liquids. Continue to monitor the student. If signs are present that the illness is severe or progressing, activate the emergency action plan. Check the student for warning signs. Call 911 or the local emergency number immediately. Have someone administer your emergency care plan.

Heat Stroke:

- This is the most serious heat-related illness. With heat stroke, an student will have a high body temperature – 104° F or higher - and could have red, hot, dry or moist skin, vomit, be incoherent or lose consciousness, have shallow breathing and/or a weak pulse. He or she might experience mild shock, convulsions, or a coma, and can die from heat stroke.
- If he or she goes into respiratory or cardiac arrest, begin rescue breathing or CPR, as appropriate. Cool by any means possible, as quickly as possible. If necessary, medical or coaching personnel should place the player in an ice bath or “cool pool” and call for emergency medical services (EMS). Continue to cool and monitor the student while awaiting EMS.

HEAT INDEX	HEAT-RELATED EFFECTS
80-89	Fatigue
90-104	Heat cramps, and heat exhaustion
105-129	Heat cramps or heat exhaustion likely
130+	Heat Stroke Highly likely

HEAT RELATED ILLNESS CHART

Under 95 degrees Heat Index	<p>All activities</p> <ul style="list-style-type: none"> ➤ Provide ample amounts of water. This means that water should always be available and students should be able to take in as much water as they desire. ➤ Optional water breaks every 30 minutes for 10 minutes in duration ➤ Ice-down towels for cooling ➤ Watch/monitor students carefully for necessary action.
95 degrees to 99 degrees Heat Index	<p>All activities</p> <ul style="list-style-type: none"> ➤ Provide ample amounts of water. This means that water should always be available and students should be able to take in as much water as they desire. ➤ Mandatory water breaks every 30 minutes for 10 minutes in duration ➤ Ice-down towels for cooling ➤ Watch/monitor students carefully for necessary action. ➤ Helmets and other possible equipment removed while not involved in contact. ➤ Reduce time of outside activity. Consider postponing practice to later in the day. ➤ Re-check temperature and humidity every 30 minutes to monitor for increased Heat
100+ degrees	<p>All activities</p> <ul style="list-style-type: none"> ➤ Provide ample amounts of water. This means that water should always be available and students should be able to take in as much water as they desire. ➤ Mandatory water breaks every 30 minutes for 10 minutes in duration ➤ Ice-down towels for cooling ➤ Watch/monitor students carefully for necessary action. ➤ Alter uniform by removing items if possible ➤ Allow for changes to dry t-shirts and shorts. ➤ Reduce time of outside activity as well as indoor activity if air conditioning is unavailable. ➤ Helmets and other possible equipment removed if not involved in contact or necessary for safety. If necessary for safety, suspend activity. ➤ Re-check temperature and humidity every 30 minutes to monitor for increased Heat

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **NonInherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***