

FOR YOUR INFORMATION

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Office of the Deputy Superintendent, Instruction

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Span Schools and Selected Offices

SUBJECT: BULLETIN NO. Z-9  
PREPARTICIPATION PHYSICAL  
EVALUATION AND  
MEDICAL CLEARANCE OF  
STUDENTS PARTICIPATING IN  
INTERSCHOLASTIC ATHLETICS

ROUTING

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DATE: September 1, 2001

DIVISION: Student Health and Human Services

APPROVED: MARIA REZA, Assistant Superintendent

For further information, please call the Director, Student Medical Services, at (213) 763-8342, the Director, District Nursing Services, at (213) 763-8347, or the Director, Interscholastic Athletics, at (213) 743-3460.

This bulletin replaces Bulletin No. 9, "Medical Clearance of Students Participating in Interscholastic Athletics," issued August 29, 1996. The current revision is adapted from the "Preparticipation Physical Evaluation," 2<sup>nd</sup> edition, 1997, authored by the Pre-Participation Physical Evaluation Task Force and published by the American Academy of Pediatrics (AAP). It consists of the following five components in addition to the appendices and includes information useful to the authorized health care providers conducting pre-participation evaluations:

- I. Physical Examination for Interscholastic Athletics
- II. Procedures and Responsibilities
- III. Determining clearance for sports participation \*
- IV. Return to athletic participation
- V. Health clearance for cheerleaders, drill team and marching band

**PURPOSE**

The overall goal of the Preparticipation Physical Evaluation is to help maintain the health and safety of the athlete in training and competition and promote safe participation.

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\* Examples of conditions necessitating the determination of clearance described in this section can serve as guidelines for health care providers.

## **I. PHYSICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS**

The overall goal of the Preparticipation Physical Evaluation (PPE) is to help maintain the health and safety of the athlete in training and competition, which is achieved by three primary objectives:

- Detect conditions that may predispose to injury.
- Detect conditions that may be life threatening or disabling.
- Meet legal and insurance requirements.

Each student planning to participate in California Interscholastic Athletic Federation competition must undergo a PPE by a qualified health care professional. Qualification of health care professionals to perform the PPE is based on training and clinical expertise. Primary care physicians should consult specialty physicians when a problem requires additional expertise. Similarly, if specialist physicians perform the PPE, they should consult the primary care physicians/generalists regarding issues outside their areas of expertise.

The physical examination for all interscholastic athletics must be documented on the "Preparticipation Physical Evaluation" form, (Appendix A), developed by the AAP. While the ultimate responsibility for the PPE is of the evaluating physician, authorized qualified non-MD/DO health care professionals may perform appropriate components of the evaluation, under the supervision of a physician.

Volunteer physicians doing athletic physical examinations without charge in school must comply with LAUSD volunteer guidelines and the California State Education Code. A fee may not be charged for physical examinations done on school sites without the appropriate permit/lease from the Real Estate Branch. For further information, please see Bulletin No. Z-71.

A full evaluation should be conducted annually followed by an interim health information completed by parent/guardian (see appendix B) prior to the student's participation in each competitive athletic activity. The interim health information is reviewed by the school nurse. Further focused physical examination is necessary for those with abnormal findings. The purpose of the interim evaluation is to assess problems that have occurred since the athlete's full PPE.

The PPE should be ideally performed at least 1-2 months prior to preseason practice. This allows time for correction or rehabilitation of any identified problems. To avoid potential difficulties of scheduling PPE in mid-summer, evaluations may be performed at the end of the previous school year.

While the PPE is not intended to substitute for an athlete's routine health maintenance/physical examination, PPE offers an opportunity for physician/health care provider contact and attention to general health maintenance and counseling on health-related issues could be an added benefit to the athlete if time and circumstances permit.

## II. PROCEDURES AND RESPONSIBILITIES

### A. Athletic Director and Coaches

1. Distribute the following to students planning to try out for competitive athletics
  - a. Interim Health History/Insurance Certificate (Form 34-H-235) to be completed and signed by the student and the parent/guardian.
  - b. Athletic Record Card (Form 34-H-237A) to be completed and signed on the back by the student and the parent/guardian. Personal identifying information on the face of the card should be completed by the student.
  - c. The Preparticipation Physical Evaluation form (Form 34-EH-72) to be completed and signed by a physician/surgeon licensed in California and stamped by the clinic or physician's office where it was performed.
2. After removing the Insurance Certificate from Form 34-H-235, take the completed Interim Health History, Athletic Record Card (Form 34-H-237A), and the completed Preparticipation Physical Evaluation form to the school nurse. Medical approval is valid for one year only.
3. File the Insurance Certificate (Form 34-H-234) with the athletic director.
4. Keep a record of students who have been medically approved, deferred or disapproved.

### B. School Nurse

1. Evaluate Interim Health History (Form 34-H-235) and the Physical Examination for Competitive Sports (Form 33.196) and review Health Record.

2. Determine whether private physician's approval is in accord with PPE (Appendix A). Consult the Director, Student Medical Services, if medical approval by the private physician is questioned or if medical approval by the private physician is denied by the school nurse and the student and/or parent/guardian wishes to appeal this decision.
3. File Interim Health History (Form 34-H-235) and completed Physical Examination for Competitive Sports (Form 33.196) with the student's Health Record (Form 34-EH-6) in the school health office.

### **III. DETERMINING CLEARANCE FOR SPORTS PARTICIPATION**

The following information could assist health care providers with determining clearance. The most important decision in the PPE is determining clearance for sports participation. Clearance can be divided into:

- Unrestricted clearance
- Clearance after completion of further evaluation or rehabilitation
- Not cleared for certain types of sport or for all sports.

If the athlete cannot play the sport of choice, the physician/licensed health care provider must consider alternatives that allow some form of participation.

When an abnormality or condition is found that may limit an athlete's participation or predispose him/her to further injury, the following questions must be considered:

- Does the problem place the athlete at increased risk for injury?
- Is another participant at risk for injury because of the problem?
- Can limited participation be allowed while treatment is being completed?
- If clearance is denied only for certain sports or sport categories, in what activities can the athlete safely participate?

Recommendations for determining eligibility for competition in athletes with cardiovascular abnormalities can be found in the 26<sup>th</sup> Bethesda Conference Guidelines.

It is extremely important to ensure complete understanding by the athletes, parents, coaches, and when necessary, school administrators, of any restrictions, necessary work-up and treatment, and any alternative activities in which the athlete may participate. To respect confidentiality, however, the physician involved in restricting an athlete should obtain authorization from the athlete/parent(s) or guardian(s) if the athlete is a minor, prior to releasing information to coaches and school administrators.

Using a clearance form (Form 34-EH-41) separate from the history and physical examination form can be a means of providing the parent(s) and school with a copy of clearance decisions and follow-up recommendations while protecting the confidentiality of the athlete's history and physical findings. Alternatively, this form may be used just for athletes who are not fully cleared. (Appendix C)

The following are examples of conditions where determination for clearance may be warranted. This is not intended to be a comprehensive list, and for conditions not mentioned herein, the health care provider must use his/her clinical judgment in determining the clearance. See Appendix D for guidelines for clearance.

### **Acute Illness**

Denial of participation because of an acute illness usually does not occur because the PPE is conducted in advance of the sports season. When it is an issue, clearance should be based on individual assessment. Factors to consider include the risk of the illness worsening as a result of participation and the potential for spreading the disease to others. Clinicians should individualize the decision based on clinical findings and constitutional symptoms. AAP guidelines disallow participation during febrile illness with all but mild diarrhea. Limiting activity in students with fever and/or diarrhea is important in minimizing the risk of complications secondary to dehydration, thermoregulatory problems and viral infections

The presence of an infectious dermatologic condition such as herpes simplex, scabies, impetigo and others precludes participation in some contact/collision sports. Play may be resumed when the condition has resolved or is no longer contagious.

### **Cardiovascular Abnormalities**

Clearance guidelines for cardiovascular conditions should be established by considering which conditions may be exacerbated by physical activity and which predisposes an athlete to sudden cardiac death during activity. For major cardiac abnormalities in athletes, please refer to the guidelines established by the 26<sup>th</sup> Bethesda Conference (which is beyond the scope of this bulletin). If any doubts remain about the cardiovascular condition after thorough evaluation by the athlete's personal/school physician, a full evaluation and clearance should be obtained by a cardiologist.

### **Blood-Borne Pathogen**

The blood-borne pathogens of greatest concern in sports at present are HIV and hepatitis B, C and D viruses. Participation by the HIV-infected athlete is a complex issue. First and foremost, the health status of the individual must be considered. Positive HIV status in an asymptomatic individual does not by itself mandate discontinuation of athletic participation. Proper care by a physician who understands the demands of the individual sport is paramount. The type of athletic activity, the athlete's health status, intensity of training, and the risk of transmission to others all need to be considered. Confidentiality of the health status of the individual must be maintained. For further information on students with HIV infection, see Bulletin Z-70.

Infection with HBV, HCV and HDV should be viewed as any other viral infection. Clinical symptoms of fatigue, fever, malaise, anorexia and abdominal pain should be evaluated in relation to the demands of athletic participation. Asymptomatic individuals may participate in sport under the guidance and monitoring of a knowledgeable physician.

### **Heat Illness**

Because of the increased likelihood of recurrence, the athlete with prior heat illness needs individual assessment to determine the presence of predisposing conditions and to arrange a prevention strategy. Recurrent heat illness may be due to a medical condition, medications, dehydration or insufficient acclimatization. If the athlete has a documented history of heat stroke or heat-related signs and symptoms, further evaluation by the athlete's physician is warranted.

### **Musculoskeletal Disorders**

Determining clearance for participation must be based on the degree and type of injury, the ability of the injured athlete to compete safely, and the requirements of a given sport. Participation may be possible in activities not directly affecting the injured part. Protective padding, taping or bracing may be designed to provide the athlete a safe means to compete. Consultation with a sports medicine specialist may be necessary before such devices are prescribed. Referral to an appropriate specialist is warranted when the examiner is uncertain of clearance guidelines. Reevaluation is required after rehabilitation.

### **Gynecological Disorders, Eating Disorder, Female Athlete**

Athletes with menstrual disorders usually may be cleared while undergoing further evaluation. However if pregnancy is suspected, clearance for contact/collision or strenuous sports participation should be withheld pending either a negative pregnancy test or a clearance by the athlete's physician who is following the pregnancy.

When eating disorder is suspected, evaluation and treatment using a multi-disciplinary approach is warranted. Eating disorder patterns may impair athletic performance and predispose athlete to recurrent injury. Athletic participation should be restricted when there is evidence of compromised performance or when the condition has threatened the athlete's health such that continued participation could cause injury.

### **Eye Disorder**

The potential loss of vision because of injury is always a concern in sports, but is particularly concerning for athletes whose vision is already impaired in one eye. For such athletes, loss of the better eye may result in a significant change in lifestyle. Sports in which eye protection cannot be effectively worn are contraindicated for one-eyed athletes. Sports with high risks for injuries should be evaluated on a case-by-case basis with appropriate protective eyewear. If the athlete has had previous significant eye injury or has had eye surgery, referral to an ophthalmologist is recommended.

### **Organomegaly**

Organomegaly is a cause of concern if there is increased risk of damage to the organ or malfunction of a vital organ. The underlying etiology must be determined. Even though the incidence of hepatic rupture among individuals with acute hepatomegaly is low, participation in all sports should be avoided. Full activity may be resumed after resolution of hepatomegaly. An athlete who has acute splenomegaly should not participate in sports. For individuals with chronic hepatosplenomegaly, participation should be assessed individually. Consultation with the student's physician may be warranted.

### **Neurologic Disorders**

The most common serious head injury in contact/collision sports is cerebral concussion. In determining clearance for athletes who have a history of concussion, familiarity with commonly referenced classification and management guidelines is recommended. Individual assessment and clinical judgment should prevail, but generally athletes with a history of concussion who have been asymptomatic for an extended period and show no residual neurologic deficits can be allowed to participate in all sports. If there is any doubt, further evaluation by a neurologist or a clinician with expertise in this area should be arranged.

Current American Academy of Pediatrics guidelines clear athletes who have a well-controlled convulsive disorder for participation in conventional school –sponsored sports. However, if a sport entails high risk and concern persists, consultation with or a referral to a neurologist may be warranted.

### **Pulmonary Disorders**

The most prevalent pulmonary problem is exercise-induced asthma. There is no need to withhold an athlete with asthma from participation in sports, although appropriate treatment is necessary to ensure optimal performance. If the medication used is a beta agonist taken by inhalation, the clinician must ensure that the athlete is using the inhaler correctly.

### **Kidney Abnormalities**

Because of the potential for kidney injuries ranging from contusion to complete rupture, special consideration should be given when determining clearance for an athlete who has a single functioning kidney. If the single kidney is normal, the athlete may participate but should be advised as to the risk involved. Evaluation by a specialist may be necessary.

### **Inguinal Hernia/Testicular Disorders**

Although such athletes can participate in any activity, it may be wise to have an athlete with an inguinal hernia consult a general surgeon in case symptoms requiring elective or emergency surgery arise.

The athlete with a solitary testicle who wishes to participate in contact/collision sports must be informed of the potential risk of injury and loss of this testicle. Wearing a protective cup may reduce the incidence of injury but does not guarantee complete protection. If the athlete has an undescended testicle that has not been thoroughly evaluated, the examining physician should refer him for evaluation.

This is only a partial list of conditions, which could serve as guidelines. For others not listed herein, please consult with the student's primary care physician or specialists as necessary. Clinical judgment is called for individual situations where a case-by-case determination is necessary. For additional information, please refer to Appendix D.



#### **IV. RETURN TO ATHLETIC PARTICIPATION**

##### **A. Minor Illness or Injury**

A student absent from athletic practice or competition for five or more consecutive school days due to illness or injury must present a written statement from the private physician indicating the diagnosis and a recommendation for return to athletic participation. The student shall be referred to the school nurse, who will determine eligibility and notify the coach.

##### **B. Serious Illness or Injury**

The student returning with written approval from the private physician following a serious injury or illness, including but not limited to, concussion, fracture, ruptured kidney, spleen or liver; extensive lacerations; torn ligaments; etc., must be referred to the school nurse for reevaluation prior to resuming competitive athletics.

#### **V. HEALTH CLEARANCE FOR CHEERLEADERS, DRILL TEAM, MARCHING BAND**

Cheerleaders, members of the drill team, and members of the marching band are not covered by the California Interscholastic Federation (C.I.F.) regulations.

The school nurse shall obtain and evaluate an Interim Health History (Form 34-H-235) and screen the Health Record each year for District clearance.

Students who have no record at school of a previous physical examination must provide evidence of an examination before participating in these activities.

#### **REFERENCES:**

1. Preparticipation Physical Evaluation: American Academy of Family Physicians, (et. al.); Preparticipation Physical Evaluation Task Force, David M. Smith, Chairman. 2<sup>nd</sup> ed., 1997. McGraw-Hill, Philadelphia PA.
2. American Academy of Pediatrics Committee on Sports Medicine and Fitness: Medical conditions affecting sports participation. Pediatrics 1994; 94(5):757-60.
3. 26<sup>th</sup> Bethesda Conference: Recommendations for determining eligibility for competition in athletes with cardiovascular abnormalities. January 6-7, 1994. Med Sci Sports Exerc 1994; 26(10 suppl):S223-83. Also in J Am Coll Cardiol 1994; 24(4):845-99.