Sports Physicals

Locations and Hours

1. Enterprise Quick Care | 1700 Wheeler Peak Drive  
   702-383-2565 | 8 a.m.- 6 p.m., 7 days a week
2. Nellis Quick Care | 61 N. Nellis Blvd.  
   702-383-6240 | M-F 8 a.m.- 7:30 p.m., Sat. and Sun. 8 a.m.- 4 p.m.
3. Peccole Ranch Quick Care | 9320 W. Sahara Ave.  
   702-383-3850 | M-F 8 a.m.- 7:30 p.m., Sat. and Sun. 8 a.m.- 4 p.m.
4. Rancho Quick Care | 4231 N. Rancho Drive  
   702-383-3800 | M-F 8 a.m.- 7:30 p.m., Sat. and Sun. 8 a.m.- 4 p.m.
5. Spring Valley Quick Care | 4180 S. Rainbow Blvd.  
   702-383-3645 | M-F 8 a.m.- 7:30 p.m., Sat. and Sun. 8 a.m.- 4 p.m.
6. Summerlin Quick Care | 2031 N. Buffalo Drive  
   702-383-3750 | M-F 8 a.m.- 7:30 p.m., Sat. and Sun. 8 a.m.- 4 p.m.
7. Sunset Quick Care | 525 Marks St.  
   702-383-6210 | M-F 8 a.m.- 7:30 p.m., Sat. and Sun. 8 a.m.- 4 p.m.
8. Blue Diamond Quick Care | 4760 Blue Diamond Road  
   702-383-2300 | 8 a.m.- 8 p.m., 7 days a week
9. Centennial Hills Quick Care | 5785 Centennial Center Blvd.  
   702-383-6270 | 8 a.m.- 8 p.m., 7 days a week
FORM C

Dear Health Practitioner;

Enclosed is the revised Nevada Interscholastic Activities Association (NIAA) packet for High School Pre-participation Physical Evaluations (PPE’s). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force (1997)(supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26th Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As discussed in the introduction to the monograph, there are multiple reasons for performing PPE’s; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between 1 and 2 deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE’s will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:

- Excessive shortness of breath, syncope or chest pain during exercise.
- Family history of premature death or cardiovascular morbidity. (Before age 50)
- Family history of HCM, dilated cardiomyopathy, long QT syndrome, or Marfan’s syndrome.

ABNORMALITIES ON THE PHYSICAL EXAM THAT SUGGEST THE NEED FOR ECHOCARDIOGRAPHY OR CARDIAC CONSULTATION INCLUDE:

- Any systolic murmur greater than II/VI.
- Any diastolic murmur.
- A murmur that increases in intensity from supine to standing (suggests HCM).
- Stigmata of Marfan’s syndrome. (Attachment 7).

A second goal of the PPE is to detect chronic illnesses or old injuries that may hamper the athlete’s performance (such as Exercise Induced Asthma) or lead to injury (“the most common cause of injury is reinjury”).

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada’s young athletes.

Published by the NIAA Sports Medicine Advisory Committee.

Approved: February 2000; June 2012
References:


Attachment 7

Suggested Screening Format for Marfan’s Syndrome

Screen all men over 6 feet and all women over 5 feet 10 inches in height with echocardiogram and slit lamp examination when any two of the following are found:

1. Family History of Marfan’s syndrome*
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ration more than one standard deviation below the mean
7. Myopia
8. Ectopic lens

*This finding alone should prompt further investigation.
## FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

<table>
<thead>
<tr>
<th>HISTORY</th>
<th>DATE OF EXAM: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>SEX:</td>
</tr>
<tr>
<td>GRADE:</td>
<td>SCHOOL:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>PHONE:</td>
</tr>
<tr>
<td>PERSONAL PHYSICIAN:</td>
<td></td>
</tr>
</tbody>
</table>

| IN CASE OF EMERGENCY, CONTACT - NAME: ___________________________ |
| RELATIONSHIP: | PHONE (H): ___________________________ (W): ___________________________ |

### EXPLAIN “YES” ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON’T KNOW THE ANSWERS TO.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you ever been hospitalized overnight?</td>
<td></td>
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</tr>
<tr>
<td>3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. a. Have you passed out or been dizzy during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you had chest pain (or pressure) with exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have you had excessive unexplained shortness of breath or fatigue with exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Is there any history in your family of hypertropic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan’s syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Has a physician denied or restricted your participation in sports for any heart problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. a. Have you had a head injury or concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you been knocked out, become unconscious, or lost your memory?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have you had a seizure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Do you have frequent or severe headaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Have you had numbness or tingling in your arms, hands, legs, or feet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you become ill from exercising in the heat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you cough, wheeze, or have trouble breathing during or after activity?</td>
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</tr>
</tbody>
</table>

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Over >
10. a. 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)?

   YES  NO

b. Are you missing an eye, kidney, testicle or ovary?

11. a. Have you had any problems with your eyes or vision?

   YES  NO

b. Do you wear glasses, contacts, or protective eyewear?

12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?

   YES  NO

b. If yes, check appropriate item and explain below.

   Head  Elbow  Hip
   Neck  Forearm  Thigh
   Back  Wrist  Knee
   Chest  Hand  Shin/Calf
   Shoulder  Finger(s)  Ankle
   Upper Arm  Foot  Toe(s)

13. Are you actively trying to gain or lose weight?

   YES  NO

14. Would you like to talk to someone about stress, anger, depression or other issues?

   YES  NO

15. Record the dates of your most recent immunizations (shots) for:

   Tetanus  Measles
   Hepatitis B  Chickenpox

** FEMALES ONLY **

16. When was your first menstrual period?

   When was your most recent menstrual period?

   How much time do you usually have from the start of one period to the start of another?

   How many periods have you had in the last year?

   What was the longest time between periods in the last year?

EXPLAIN “YES” ANSWERS HERE:

______________________________

Name of physician (print/type): ____________________________  Phone: ____________

Address: ____________________________

   Street  City  State  Zip Code

I, ____________________________, hereby certify that I am a licensed ________________________, and have reviewed the information in this FORM B prior to conducting a physical examination for the assigned student.

Signature of Health Practitioner  License Number  Office Phone Number  Date

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete  Signature of Parent/Guardian  Date

** Revised 5-2010; June 2012 **
### NIAA PRE-PARTICIPATION PHYSICAL EVALUATION

(Physical to be completed during an athlete's first and third year of participation)

<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION</th>
<th>DATE OF EXAMINATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>DATE OF BIRTH:</td>
</tr>
<tr>
<td>HEIGHT:</td>
<td>WEIGHT:</td>
</tr>
<tr>
<td>% BODY FAT (optional)</td>
<td>PULSE:</td>
</tr>
<tr>
<td>BP: <em><strong><strong>/</strong></strong></em></td>
<td>(<strong><strong>/</strong></strong>, <strong><strong>/</strong></strong>)</td>
</tr>
<tr>
<td>VISION: R 20/</td>
<td>L 20/</td>
</tr>
<tr>
<td>CORRECTED: Y / N</td>
<td>PUPILS: Equal</td>
</tr>
<tr>
<td>INITIALS</td>
<td>Unequal</td>
</tr>
</tbody>
</table>

#### MEDICAL

<table>
<thead>
<tr>
<th>NORMAL / ABSENT</th>
<th>ABNORMAL FINDINGS</th>
<th>EXPLAIN</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/Ears/Nose/Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia (Males Only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### CARDIOVASCULAR

- Murmur that Increases From Supine to Standing
- Systolic Murmur Greater Than II/VI
- Any Diastolic Murmur
- Radial & Femoral Pulses

#### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
<th>Back</th>
<th>Shoulder / Arm</th>
<th>Elbow / Forearm</th>
<th>Wrist / Hand</th>
<th>Hip / Thigh</th>
<th>Knee</th>
<th>Leg / Ankle</th>
<th>Foot</th>
<th>Stigmata of Marfan’s Syndrome</th>
</tr>
</thead>
</table>

**CLEARED after completing evaluation/rehabilitation for:**


**NOT CLEARED FOR:**


**REASON:**


**Recommendations:**


**Name of physician (print/type):** ___________________________ **Phone:** ___________________________

**Address:**

Street

City

State

Zip Code

I, ___________________________, hereby certify that I am a licensed ___________________________, qualified to perform NIAA Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the NIAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NIAA sanctioned sports.

**Signature of Health Practitioner:** ___________________________

**License Number:** ___________________________

**Office Phone Number:** ___________________________

**Date:** ___________________________

Revised 5-2010; June 2012