

COVID-19 and the school-based mass preparticipation physical evaluation:

The anvil that broke the camel's back?

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Abstract: The preparticipation physical evaluation is required in the vast majority of states for participation in high school athletics. These examinations are commonly performed at school-based mass events. Given the current climate surrounding the COVID-19 pandemic and recommendations for social distancing, primary care and sports medicine providers should use this opportunity to encourage athletes to have their preparticipation physical evaluations performed by their primary care provider in their medical home in accordance with recommended best practices both now and in the future. The school-based mass preparticipation physical evaluation should not return in the post-COVID world.

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It is 10 a.m. and I have just completed my second virtual meeting for the day on yet another digital platform I did not know existed two months ago. After weeding through emails, I review my upcoming schedule for the month to remove events that have already been or are likely to be canceled. The next event on the chopping block: the “physical night” at the local high school that I have volunteered for. Typically, I bring a group of 4-6 residents and we perform 100-150 preparticipation physical evaluations (PPE) in a matter of 2 hours. These exams fulfill the yearly physical exam requirement of our state high school athletic governing body. This event serves as both a fundraiser for the school athletic department and a convenient service for local athletes who for whatever reason did not have their exam performed by their primary care provider. These mass PPE events are so common they are both a rite of passage for the residents I bring with me and the athletes that are being examined. Currently, to hold this event would be in clear violation of our state’s “stay-at-home” order and would contradict the Center for Disease Control’s (CDC) social distancing guidelines. It will need to be canceled. Despite knowing that these guidelines will eventually be relaxed, I can’t help but ask myself: is the school performed mass PPE dead? I follow up my initial thought with another question: is that a bad thing?

The PPE for high school athletes is ubiquitous. It is required in some part by the vast majority states and the District of Columbia. Despite this common requirement there is very little data to support its use as a cost-effective screening tool for any particular metric (1,2). Furthermore, many providers misinterpret the purpose of the PPE as simply to identify athletes at risk of sudden cardiac death (SCD). Much of the literature has focused on adding a screening EKG to

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the PPE to improve its utility but this intervention in the United States high school population is of questionable benefit. Given the rarity of SCD in high school athletes in general, it is reasonable to view this as a pricey solution in search of a problem (3-5). In recent years, there have been calls to end the required PPE altogether (2, 6). While this drastic measure is controversial and not personally supported by me, the assertion that the PPE is not data driven is valid. Further, the benefits of performing the exam in a crowded gym in “cattle call” fashion likely exacerbates its deficiencies. Recent recommendation updates state that PPE is best performed in the athlete’s medical home by their primary care provider and discourages the performance of the exam in retail clinics or at schools as a fundraiser (1). These updates, however, do provide best practice recommendations if a station-based exam is performed. Despite these recommendations, many providers may be ambivalent about their content or unaware they exist. These recommendations did not seem to decrease the requests for my services at many local schools prior to the COVID-19 pandemic. In my experience, despite my skepticism of the mass event PPE in general, they did not dissuade me from agreeing to participate.

But, the climate has clearly changed. While many states move towards relaxing social distancing guidelines, the idea of holding a mass event PPE still seems premature and ill conceived. Aside from the poor optics of such an event, personal protective equipment requirements and logistics are prohibitive. No one knows what the landscape will look like for the 2020-2021 school year

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in regard to reopening schools let alone extracurricular activities such as organized athletics. Mass PPEs will likely take a year off.

It is my belief that family physicians, pediatricians, and sports medicine physicians should unite in support of the PPE 5 recommendations and encourage our state governing bodies to ease recommendations on frequency of the PPE to every 2-3 years while moving to make the mass PPE a relic. We should be encouraging our athletes to have these examinations done by a primary care provider in a medical home and not providing a subpar alternative. Loosening requirements in states that require yearly PPEs we would allow athletes more time to have their examination done under the guise of primary care in a medical home where other preventive health can be adequately addressed in accordance with accepted recommendations (7).

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