Don't rush medical care for student athletes

By Janice Neumann
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Some cash-strapped parents see group sports physicals or quick exams at walk-in clinics as a convenient and inexpensive way for students to meet health exam requirements before entering a new school or athletics.

But pediatricians say they worry when these quickie exams are viewed as handy substitutes for annual physicals with a regular family doctor.

"I understand that families are busy and it's very tempting to say, 'Next Tuesday there's going to be a group sports physical that will address the requirement for sports,' but it doesn't address the requirement for ensuring good health care," said Dr. Jerold Stirling, a pediatrician and chair of the department of pediatrics at Loyola University Chicago Stritch School of Medicine.

Although there are no readily available statistics on the number of students using quick exams to meet school requirements, some pediatricians believe they are a popular option for many families pressed for money and time.

Stirling, for instance, said he occasionally sees a youngster regularly until age 12, when the preteen disappears from his radar after opting for a group sports physical at school or a health fair, or a drugstore clinic exam.

Fast forward a few years and the patient suddenly reappears with a vexing case of asthma or another brewing health problem.

"When you're going to the retail stores or even when they come to the school to do a quickie physical, they might see your kids when they're fine, but they don't know the difference between something that's regular and something that's abnormal," said Linda Kampe, of Berwyn, who has taken her 17-year-old son, Sean, to see Stirling since he was a baby, as she did her two daughters, who are now adults.

When Kampe's daughter Marissa was a teen runner with leg pain, Stirling quickly diagnosed an iliotibial band injury in the thigh and sent her for physical therapy.

Meanwhile, psychosocial issues and other sensitive subjects important to maturing teens are rarely addressed during quick exams, pediatricians say. If not addressed, they could blossom into health issues. But by taking time to get to know their patients and following their health and personal developments in a confidential setting, family doctors and pediatricians are more likely to get kids to open up to them about drugs or having unprotected sex.
"These important medical issues need to be discussed because they're really the cause of health problems, if not during their adolescence, then later in life," Stirling said.

The American Academy of Pediatrics for years has taken a strong stand against clinics found in drugstores, supermarkets and other retail outlets. In a policy statement issued in 2006, the academy said it "opposes retail-based clinics as an appropriate source of medical care for infants, children, and adolescents and strongly discourages their use."

The academy recommends that adolescents receive annual comprehensive health care visits between ages 11 and 21, which include confidential screening for behavioral, emotional and medical risks. Several screenings and immunizations not required by schools are also suggested: cholesterol testing between ages 9 and 11 and again between 17 and 21; meningococcal conjugate vaccination when they are 11 to 12, with a booster at 16; and HPV vaccination at 11 or 12 — for both girls and boys.

A student's best choice is usually to undergo a thorough physical exam by a familiar primary care doctor, but that option isn't always available for struggling families, said Dr. Cynthia LaBella, medical director of the Institute for Sports Medicine at the Ann and Robert H. Lurie Children's Hospital of Chicago.

"What do we do for people who don't have that medical 'home' and probably never will because they're not going to take that step to do that?" said LaBella, who is also associate professor in pediatrics at Northwestern University Feinberg School of Medicine.

That's why LaBella recently did her part to ensure some teens could participate in their favorite athletics by performing group sports physicals in the stadium at Lane Technical High School.

A sports physical — also known as a pre-participation physical examination — assesses basic vital signs and medical history and looks for any potential problems that could make a sport unsafe for a student. Doctors, physician's assistants and nurse practitioners can perform the physicals and sign the required forms, according to the Illinois High School Association.

During group sports physicals, health care providers perform tests at different stations.

Such events can be the most economical solution for families or even their only opportunity for exams, LaBella said.

"But the preferred way is really at their medical home, where their records are and where the doctor knows the family," she said.

Like Northwestern, other hospitals have teamed with schools to offer similar group physicals.

Mayo Clinic in Rochester, Minn., provides station-based sports physicals by nurses, orthopedists, physical medicine and rehabilitation specialists, physical therapists, athletic trainers and cardiologists.
"A station-based approach to the sports pre-participation examination enables a larger number of athletes to receive evaluations in a time-efficient manner," said Dr. Edward Laskowski, co-director of the Mayo Clinic Sports Medicine Center. "It also enables specialists who staff each station to evaluate their area of expertise in a more focused fashion."

Laskowski, also a professor in Mayo's department of physical medicine and rehabilitation, acknowledged that an office physical by a family physician provided a more personal, one-on-one evaluation.

But, "because of increased participation in youth sports over the last couple of decades, especially in the area of girls' youth sports, there is an associated need for increased pre-participation evaluations," Laskowski said.

Dr. George Harris, a pediatrician and medical staff president at Advocate Christ Medical Center and Advocate Hope Children's Hospital in Oak Lawn, said caring for teens can be tricky because their youth and apparent health can mask problems.

"Adolescents are probably the most difficult group to present for medical care because they're busy, they don't have as many acute needs and they're healthy," Harris said. "But some of the issues identified as important, such as smoking, diet and sex, you certainly don't address in a mass-setting physical."