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LIFE | SPORTS

Worried About Heart Defects, Some NCAA Schools Take Action

Routine cardiac testing of athletes has been adopted by some teams even though the American Heart Association doesn't recommend it

By **SHARON TERLEP**

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As a Kent State University football player, Jason Bitsko was seemingly healthy—until he died after practice on Aug. 20. The coroner determined that the cause of death was HCM, or hypertrophic cardiomyopathy, a condition whose first symptom often is death.

HCM, the most common cause of sudden cardiac death in young American athletes, is usually detectable via a routine EKG, or electrocardiogram. And while most colleges, including Kent State, don't subject athletes to EKGs, growing numbers of them do, including Louisiana State, Notre Dame and Washington.

“How can we not spend \$5,000 more on our student-athletes when we have a \$50 million budget?” said Ron Elliott, a team physician at Georgia, which requires athletes to undergo EKGs and echocardiograms. Elliott said the school has never turned up HCM



but has discovered a handful of serious defects, most of which were successfully treated.

A surprising medical trend is unfolding in the NCAA: Team physicians increasingly are taking action that the American Heart Association doesn't recommend. The AHA argues that routine EKG

testing of young athletes hasn't been proven to save lives, would miss some athletes with heart disease and would subject a high percentage of players to false positives that are costly to prove wrong. Legal experts say the AHA position provides a layer of protection to schools that don't screen athletes with EKG. Some skeptics warn that the costs of such programs could be prohibitive.

But some schools believe that the worst-case scenario would be if an athlete fell dead from a hidden cardiac condition that could have been detected. Loyola Marymount star Hank Gathers remains famous 25 years after he fell dead of a heart defect during a game.

The NCAA's highest-ranking physician—chief medical officer Brian Hainline—plans this fall to recommend EKG testing for at least male basketball players as part of an effort to overhaul health and safety measures in college sports.

“If you are at a school that has a death, what's the cost of that?” says Clifton Page, team physician at Miami (Fla.). “The costs, to us, are negligible.”

Kentucky has the resources to test athletes but opts not to. Team physician Robert Hosey said the AHA-recommended screening, coupled with vigilance on the part of team doctors, is a sufficient precaution. “You are looking for a very small number of individuals that have true disease,” he said. “What about the person who gets the abnormal EKG? They won't be able to participate in sports.”

At Kent State, Bitsko's school, officials discussed whether to offer EKGs before his death and revisited the issue after, said Trent Stratton, the school's director of sports medicine. Stratton said it is more practical and effective for players to rely on their own

doctors and specialists, and not school medical staff, to catch serious health problems. Indeed, a key argument of screening opponents is that schools often lack cardiologists with the expertise properly interpret EKG results.

A Wall Street Journal survey of 65 schools in the NCAA’s so-called power five conferences found that roughly half now require athletes to undergo either an EKG, which tests the electrical soundness of the heart, or an echocardiogram, which studies the structural soundness of the heart. Either test is effective at detecting HCM. A few schools require both tests.

At Miami, about 100 players a year are tested and three to four on average require intervention based on EKG findings. In seven years, a total of three or four players have been disqualified from play. The school has a contract with the local medical system to conduct EKG testing. If the athlete’s insurance doesn’t cover follow up-tests, Miami pays for it.

Colleges that already conduct EKG testing say they haven’t encountered the high costs and false-positive rates that critics say such screening might induce. Of the 36 institutions that told the Journal that they conduct EKG tests or echocardiograms,

officials at six of them said that in recent years they have detected potentially fatal heart defects in a small number of athletes, leading those players either to get treatment or, in rare cases, to quit sports.

Schools that require the tests say the financial impact is negligible to their athletic programs. The schools that don’t require testing, for the most part, say they believe in the sufficiency of the standard AHA-recommended evaluation, which involves a stethoscope, a physical exam and questions about family and personal history.

How many NCAA athletes suffer sudden cardiac death is a matter of debate, because the organization has never tracked such incidents. Estimates range from four to 10

NCAA Heart-Testing Requirements

Search:

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entries

School	Conference	Requirements
Alabama	SEC	EKG
Arizona	Pac-12	EKG
Arizona St.	Pac-12	None required
Arkansas	SEC	EKG and echocardiogram
Auburn	SEC	None required
Baylor	Big 12	None required
Boston	ACC	Didn't disclose

College

California	Pac-12	None required
Clemson	ACC	EKG
Colorado	Pac-12	None required

Showing 1 to 10 of 65 entries

Previous	1	2	3	4	5	6	7
Next							

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NCAA chief medical officer Brian Hainline. PHOTO: NCAA

deaths a year, from the total pool of about 400,000 NCAA athletes. Even if the number is 10, the AHA notes that that's fewer than the number of NCAA athletes who die each year from car accidents, suicide and drug overdoses.

But college athletics subjects players to extreme physical duress that can be fatal to a defective heart, leading some to believe that the NCAA bears an obligation to screen at least some high-risk groups, such as

basketball players. A 2011 study in the journal *Circulation* found that sudden cardiac arrest strikes about one in 4,000 African-American male NCAA basketball players—a rate at least 10 times higher than for other NCAA athletes.

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Kent State center Jason Bitsko, who died in August after a practice. *PHOTO: ASSOCIATED PRESS*

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