METHODS AND SETTING OF THE EVALUATION

The most common methods for performing PPEs are individual examinations or group-based assessments. The PPE writing group considers gymnasium- or locker room–based examinations inappropriate to accomplish the goals and objectives of the PPE process. Likewise, examinations done in an urgent care or retail clinic lack access to an athlete's medical record and are considered inappropriate. Using the PPE to accrue market share in a community or as a fundraiser for the school or athletic department is also inappropriate. Athletes often arrive at these examinations with forms either partially completed or not completed at all and without a parent, so the data are inadequate for physician assessment and decision-making. Group-based examinations away from the medical home should be a last resort for high school and younger athletes. In college settings with formal medical teams, group examinations may be preferred when full access to past medical history is available.

When a group of medical personnel work together to complete the PPE, the history review, physical examination, and sports medical eligibility process should still be a one-on-one examination with a single provider rather than split into body system stations where the athlete has the heart and lungs examined at one station, the head and neck at another, and so on. A quiet examination room is required to auscultate the heart. Adolescent athletes should be seen apart from their parents or guardians for at least part of the examination so that the provider can inquire about risk-taking behaviors.

Ideally, the PPE is performed in the office of an athlete's PCP, allowing for better continuity of care. The athlete's PCP has an established relationship, is likely to know the personal history, and usually has a complete set of medical records, including family history, immunizations, and previous laboratory and imaging studies. Access to the complete medical record during the PPE reduces the possibility that a previously detected abnormality or family risk factor that would predispose the athlete to unnecessary risk will be missed or omitted. The PCP may be less likely to overlook health issues inadvertently or consciously omitted on the PPE History Form by the athlete. In addition, the PCP should have a better appreciation of the student-athlete's known medical problems, a sense of the athlete's current health status, and knowledge of potential changes in treatment that would optimize participation. For example, an asymptomatic athlete with a heart murmur and echocardiogram showing benign findings can be readily cleared for participation. If needed, the PCP can coordinate care with consultants and ensure proper follow-up for medical conditions considered a risk for sport participation before determining medical eligibility.

The office setting typically offers privacy and a chance to discuss confidential issues. Familiarity also provides an opportunity to counsel an athlete on sensitive issues such as mental health, gender identity, birth control, and prevention of sexually transmitted infections in addition to a variety of risk-taking behaviors such as tobacco use, alcohol and recreational drug use, appearance- and performance-enhancement drug and supplement use, and unsafe nutritional practices. Young athletes are often more willing to discuss these issues with someone they know and trust, rather than a stranger in a group examination.