

Our school's Athletic Department cares about your child's heart health, so we are partnering with the Cypress ECG Project to screen athletes with an ECG (electrocardiogram). An ECG, also known as an EKG, can detect issues in the heart that can be missed in a standard physical. Please consider signing your child up for this very important screening.

Here are some Frequently Asked Questions (FAQ) on the program:

WHY SHOULD MY CHILD GET A CARDIAC SCREENING?

The human body changes during puberty both externally and internally in a variety of ways. One of these internal changes is the structure of the heart. In middle school, student athletes learn how to push their bodies to new levels as they mature and get bigger and stronger. Because of these physical changes and the increased stresses on a student athlete's heart, cardiac screening should be part of a physical at least once while in middle school and once in high school.

A simple cardiac screening can help detect problems before they become major medical issues. While we recommend all student athletes get an ECG, you should definitely be screened if you:

- ✓ compete in high impact sports that increases your heart rate for long periods of time
- ✓ have a family history indicating that there is a heart disease risk
- ✓ get dizziness during athletics
- ✓ experience fainting spells or weakness while participating
- ✓ get shortness of breath that does not clear quickly
- ✓ get chest pain while participating

HOW IS THE CARDIAC SCREENING DONE?

Cardiac screening can be done to detect a variety of potentially catastrophic genetic diseases. The simplest level of testing is an Electrocardiogram (ECG). This test looks at the electrical signals that the heart uses to contract and circulate blood through the body and lungs. An ECG takes four minutes start to finish and requires electrodes to be placed around the heart to record the signals that it produces. A Cardiologist familiar with the student athlete heart can detect a large number of heart diseases based on the timing of muscles contracting, valves opening and closing, and muscles releasing. Diseases like Hypertrophic Cardiomyopathy (HCM) or thickening of the heart, Long QT Syndrome, Wolff-Parkinson-White Disease, Arrhythmia, and Abnormal Right Ventricular Disease, which are all electrical conduction issues, can be detected with an ECG.

HOW OFTEN DO YOU FIND A PROBLEM?

On average 95% of all student athletes have no problems or issues.

In about 4.5% of all athletes, results are inconclusive or suggest something that an ECG cannot verify, and an Echocardiogram (Echo) is recommended. The Echo is used to get a picture of the heart using sound waves. This is similar to an ultrasound to look at a baby during pregnancy. The Echo looks for valve and vein structure, muscle thickness, and proper operation of the heart. This, in conjunction with an ECG, can detect diseases like Brugada Syndrome or Occlusions of the aorta and veins.

Most rarely, but most importantly, we find that 1 in 2000 student athletes are at risk for sudden cardiac death (0.5% overall).

For more information, visit www.cypressecgproject.org or call 713-487-6704.

CYPRESS
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ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

EXAMPLE ISD

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am either electing or declining an ECG screen provided by the Goose Creek Consolidated Independent School District for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (e.g. an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for Example ISD athletic teams. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Example ISD, its employees, trustees, consultants, and contractors that relate to the student's election regarding and/or participation in the ECG screening project. I authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Education Privacy Rights Act and Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the ECG screen on behalf of that of my minor child. I agree to pay \$15 fee for this service.

I DECLINE participation in the ECG screen on behalf of my minor child.

Child's Name Printed

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent E-Mail address

Athlete Information

Ethnicity: Caucasian _____ Hispanic _____ African American _____ Asian _____ Other _____

Student ID #: _____ Name: _____

Age: _____ Gender: Male _____ Female _____ Birthdate ____/____/____

Height: _____ Weight: _____ Family Cardiac History: _____

Example ISD School Attending 2013-2014: _____

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Cardiac Screening

Follow Up Request

Your child participated in a cardiac screening at school. An ECG was performed and reviewed by a licensed Cardiologist with specific training on the student athlete heart.

Initial findings of that ECG indicate that secondary testing is necessary.



Cardiomyopathy

Cardiomyopathy refers generally to diseases of the heart muscle. These diseases have many causes, signs and symptoms, and treatments. In cardiomyopathy, the heart muscle becomes enlarged, thick, or rigid. In rare cases, the muscle tissue in the heart is replaced with scar tissue.

As cardiomyopathy worsens, the heart becomes weaker. This can lead to heart failure or irregular heartbeats. Some people who have cardiomyopathy have no signs or symptoms and need no treatment. For others, the disease develops quickly, symptoms are severe, and serious complications occur.

It could be something that can progress quickly, and it could be just as easily something that won't be an issue until your child is in his or her 20s or 30s.

For this reason, it's important to have the disease qualified by a Cardiologist to understand the future prognosis. We recommend a Cardiologist because the diagnosis is not necessarily yes or no, but a judgment of severity and degrees.

Diagnosis

V2 and V3: T wave inversion in V2, V3, or right axis deviation $>115^\circ$

Family History: Review family history

Consult: Pediatric Cardiologist for appointment

Secondary test might include: Echocardiogram
Stress test

Blood test

Cardiac MRI

Your child can continue to participate in the current sports season within school guidelines, but should seek the advice of a Cardiologist for a more detailed examination.

WILL I SEE THE RESULTS OF MY CHILD'S ECG?

Yes. We will return an interpretation to the school within 2-3 business days with a diagnosis of low risk, follow-up or high risk. A copy of the ECG will be returned as well as information about a potential diagnosis in cases of follow up or high risk designation.

WHO READS THE ECG?

The Cypress ECG Project has trained Cardiologists on staff who have read more than 25,000 student athlete ECGs since we began in 2000. They are uniquely qualified to read this particular population – the student athlete.

WHAT IF MY CHILD NEEDS A FOLLOW-UP?

The diagnosis will include some documentation on what the potential problem might be. We will provide the names and phone numbers of some recommended doctors to visit in your area. Even if your child is flagged for a follow-up, he or she can continue participating in the school's sports program. You'll just need to have your child visit a Cardiologist within 3 months to determine why the ECG came back abnormal.

WHAT IF MY CHILD IS CONSIDERED HIGH RISK?

If your child is flagged as *high risk*, he or she should not participate in sports in any way (practice, games, scrimmages, etc) until he or she has seen a specialist and received clearance or treatment. If you don't have one already, we will offer the contact information of Cardiologists in your area.

HOW MUCH WILL THIS COST?

The ECG is just \$15 per student. A typical doctor's appointment with ECG costs \$100 and up.

ISN'T THIS COVERED WITH THE ANNUAL PHYSICAL?

The annual physical exam asks family history questions, and requires a doctor to listen to the student's heart with a stethoscope. Studies have shown that this is just 1% effective in catching heart disease. Adding ECG screening improves the effectiveness in catching heart issues up to 85%. Pediatricians, Orthopedists and Chiropractors perform most physicals, and generally do not have the equipment on-hand to perform the necessary test or follow-up exam regarding heart health. Our Cardiologists have special training on this particular population, the student athlete, which results in more accurate exams.

DO WE NEED TO DO THIS EVERY YEAR?

Cardiac screening should be part of a physical at least once while in middle school and once in high school due to the physical changes and the increased stresses on a student athlete's heart which occur during that timeframe. If your child is considered low-risk then those are the only two times recommended to get an ECG before adulthood.

ARE BOYS AND GIRLS SCREENED TOGETHER?

No, arrangements are made for privacy.

WHERE CAN I FIND OUT MORE INFORMATION?

You can visit www.cypressecgproject.org or call 713-487-6704 to find out more.

The ECG screening will be held on Date 00 at Xxxx HS in the gym/during school.

For more information, visit www.cypressecgproject.org or call 713-487-6704.

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Cardiac Screening

HIGH RISK

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Diagnosis

V2 and V3: T wave inversion in V2, V3, or right axis deviation $>115^\circ$

Family History: Review family history

Consult: Pediatric Cardiologist

Secondary test might include: Echocardiogram
Stress test
Blood test
Cardiac MRI

Your child should not participate in sports in any way until you seek the advice of a Cardiologist for a more detailed examination.



Cypress ECG Schools

Schools that are using Cypress ECG as a testing service.

Public · 526 views

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Dickinson High School
Dickinson ISD
3800 Baker Drive
Dickinson, TX 77539-5916

Dickinson High School
5 reviews
3800 Baker Drive
Dickinson, TX 77539
(281) 229-6400
schools.dickinsonisd.org/de...



Albany High School
501 E S FIRST ST
Albany, Texas 76430-0188



Cy Fair High School
22602 Northwest Freeway
Cypress, TX 77429

Cy-Fair High School
6 reviews
22602 Hempstead Highway
Cypress, TX 77429



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(713)-487-7604 or (817)-

601-5083

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growing

- Albany ISD - Albany, Texas - August 2011 (35% athletes 1st year), March 2012 (45% athletes)
- Cy Fair ISD - 10 High [Schools](#) - 6th year of screening (>90% all athletes), 2012 expanding to band, dance, cheer
- Dickinson High School - Dickinson, Texas - 2010-2011 (40% all athletes 1st year)
- Houston Christian - Houston, Texas - May 2011 (20% all athletes 1st year), May 2012 (40% incoming freshmen)
- [Huffman High School - Huffman, Texas - July 2011](#) (>80% athletes, band, cheerleaders, ROTC 1st year), May 2012 (85% athletes)
- Industrial High School - Industrial, Texas - July 2011 (10% athletes 1st year), May 2012 (12% athletes)
- La Porte High School - La Porte, Texas - 2010-2011 (40% all athletes 1st year), May 2012 (50% athletes)
- Navarro High School - Gerinomo, Texas - May 2011 (25% all athletes 1st year), May 2012 (30% athletes)
- Seguin High School - Seguin, Texas - August 2011

new in 2012

- Azle - April 2012 (12% athletes 1st year)
- Bellville - May 2012 (21% athletes 1st year)
- Boswell - May 2012 (12% athletes 1st year)
- Carroll - May 2012 (<10% athletes 1st year)
- Charlotte - April 2012 (50% of school 1st year)
- Clifton - April 2012 (34% athletes 1st year)
- Davenport, Washington - May 2012 (10% athletes 1st year)
- Fort Bend - August 2012
- Fort Worth - May 2012 (<10% at two high schools 1st year)
- Frisco ISD - May 2012 (21% at two high schools 1st year)
- Gunter - May 2012 (19% athletes 1st year)
- Harrington, Washington - May 2012 (10% athletes 1st year)
- Lubbock - May 2012 (12% athletes in four high schools 1st year)
- Luling - May 2012 (16% athletes 1st year)
- McKinney - April 2012 (12% athletes 1st year)
- New Braunfels - April 2012 (<10% athletes 1st year)
- Prairie View A&M [University](#) - Aug 2012