Medical Screening of Elite Athletes



精英運動員醫學檢定

Dr J Wong 黃平山醫生 20-3-2006

Annual Medical screening A Formality or Necessity?



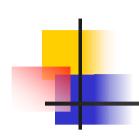
Medical Consultant 顧問醫生

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Co-ordinator 協調人

Athletes 運動員 Medical Consultant 顧問醫生

→ HKSI 豊院



Medical Consultant 顧問醫生

Responsible for:

■ Interests of athletes 運動員利益

Physical health 身體健康

Mental health 精神健康

Performance 運動表現



Medical Consultant 顧問醫生

Responsible for:

■ Interests of H K S I 體院利益

行政人員

Administrators

■ Coaches 教練

Medical Screening of Elite Athletes 精英運動員醫學檢定



Legal responsibility

Identify athletes at risk

Improve performance

Promote healthy lifestyle

法律責任

找出運動有危險

人仕

改進表現

推廣健康生活

Medical Screening of Elite Athletes 精英運動員醫學檢定



Annual review

Face to face

2 ways interactive

Let athlete speaks

Detect early problems 每年檢討

面對面

雙向互動

盡訴內心疑惑

盡早找出問題

Medical Screening 醫學檢定



History

病歷

Physical Exam

體檢

Laboratory investigation

實驗室測試



泰京林松维斯图里的森威·到城時已

力直接後、植物繁殖的特莱尤指十四万里也 25、果是七月一日的糖源和七四二日的纪者 會: 北馬兰村維保的二百萬勝十

與此同時,並與會大物器、計除能看會已 有一千点配着艇有探防、压用用站折的方形在 多出一倍、但比上非报前别单数加盟商的犯罪 教世弟五帖,今次妃初得回苗大、建阳南井。 **范阁在市场的存在程序长足及经济。**

超级高额保存状态 (海卡特) 由荷七方一 河南主取附近石礦豐咸泉常是馬的資泉 - 至馬 维育维张等行权和证,用二的证明特金领导的 **请查·他说:** T员或约证把转移费高·临时都 紅,不會安排也保存的嗎。)

商品同時,在傳送整備打門完然開閉書向 知的精會會提高一位至至二十一百萬級。



名人夫姆图學與專他特

自高國環境介別y Chump的 位別基準日本人大統領等サー袋 成主题以近岸价的蒸散不断标准 当新某事目的太陽、以近也軍, 不维,在世界最级推销的名人关键 健學中,提成大學反隨單信特大 鲜爱福,另外,看成双的西南牙 暂住的谋以:一维费州基一千人

百穀之(的一萬八丁卷比),往往前去接着結為資 資:下收率依費用。

聽成物狂英獲到國際

高國其電器報告所Renington 经开修出了一款策



Formats

形式

- Office-based
 1° care physician
- Assembly line many athletes by a single physician
- Multi-station multiple examiners with specific area of examination

家庭醫生

流水作業 單一醫生

流水作業 多位醫生 分項檢查



Timing

時間

- Six weeks before participation
- Correction of problems
- Treatment of injuries

參加前六星期

改進問題

治療創傷



時間

- March三月
- Signing new contract 新合約

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法律責任

Protection for the sports institution & governing bodies

保障有關團體

及總會

Liability of the physician 醫生法律責任

Cannot detect all lethal diseases

不能百份百保

證安全

Human rights

運動員之人權

Legal Responsibility 2 法律責任



- Team physician: authority to disqualify athlete medically
- Discrimination laws : prohibit unjustified disqualification

隊醫有權取消 參賽資格

運動員可用 歧視法反對



- 法律責任
- 1995 Pahulu vs University of Kansas
- Narrow cervical canal with transient quadriplegia
- 1996 Knapp Vs Northwestern University
- 1° ventricular fibrillation & cardiac arrest
- Automatic cardioverter-defibrillator implant



法律責任

- 19 yrs male swimmer
- PPPE for ChinaInter-city Games
- Systolic murmur

十九歲男泳員

城運會賽前體檢

發現心臟有雜音



法律責任

- Echocardiograph advised but not done
- Team physician: no participation
- Complain to Ombudsman in Hong Kong

沒有遵從隊醫指示 作超音波心臟測試

比賽資格被取消

向投數訴專員投訴

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找出潛在危險運

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Athletes at risk 潛在危險運動員

Death

死亡

Injury

受傷

Disability

殘廢

Sudden Death in Athletes 運動員猝死 1

- Exercise does not kill
- 運動不會殺人
- only in athletes with existing heart disease
- 本身有毛病才會因運動死亡

Sudden Death in Y Athlete



年輕運動員猝死2

- Van Camp
- Non-traumatic death 1983 1993
- USA high school & college athletes
- 7.47 / million / yr (male athletes)
- 1 death / yr / 133,868
- 1.33 / million / yr (female athletes)
- 1 death / yr / 751,879

Sudden Death in Y Athlete



年輕運動員猝死4

- All boys
- No syncope
- No family history of sudden death

Sudden Death in Y Athlete



年輕運動員猝死 5

Causes of death:

- Cardiovascular causes 74 %
- Non-cardiac 26 %

Cardiovascular causes 1



- N = 100
- Hypertrophic cardiomyopathy (56%)
- Coronary artery anomaly (16%)
- Myocarditis (7%)
- Aortic stenosis (6%)
- Dilated cardiomyopathy (5%)
- Atherosclerotic coronary H D (3%)
- Aortic rupture (2%)

Cardiovascular causes 2 心臟血管疾病



- Nonspecific cardiomyopathy (2%)
- Aortic stenosis (2%)
- Coronary artery aneurysm (1%)
- Mitral valve prolapse (1%)
- R ventricular cardiomyopathy (1%)
- Cerebellar A-V malformation (1%)
- Subarachnoid haemorrhage (1%)
- Wolff-Parkinson-White Syndrome (1%)

Non-cardiovascular causes

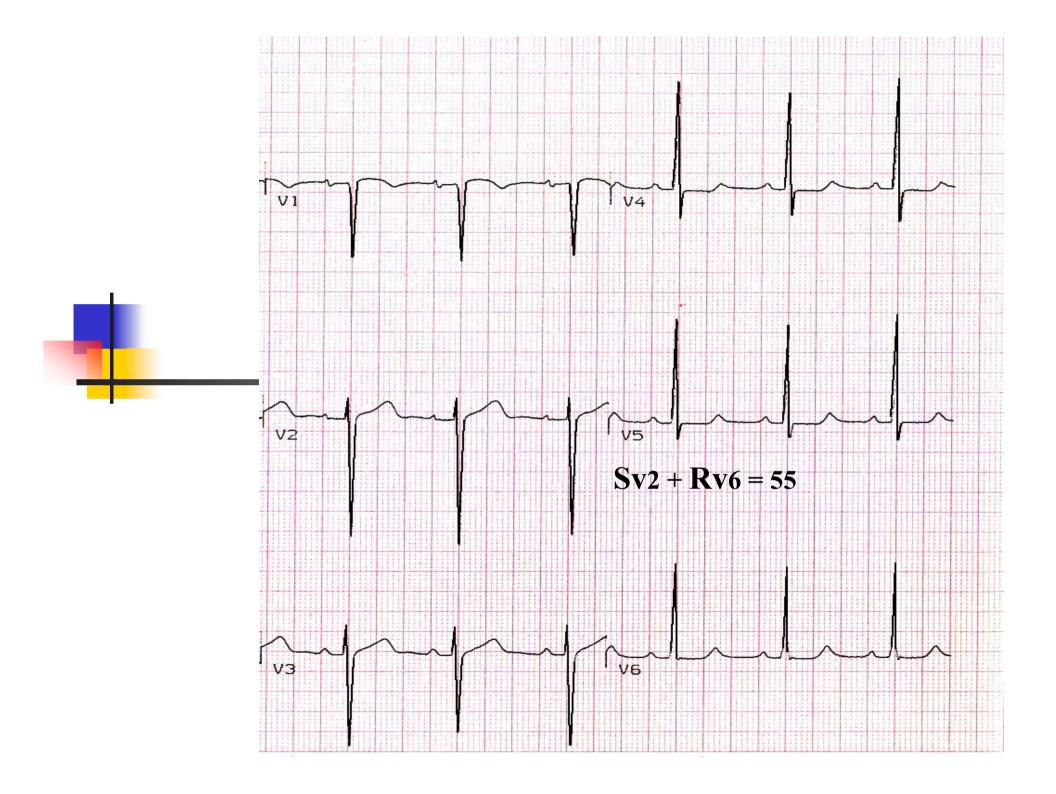
非心臟血管疾病

- N = 30
- Hyperthermia (43.3%)
- Rhabdomyolysis (23.3%)
- Status asthmaticus (13.3%)
- Lightning (10%)
- Arnold-Chiari II malformation (3.3%)
- G I bleeding & aspiration (3.3%)
- Exercise induced anaphylaxis (3.3%)
- Undetermined (23.3%)



17 yrs female athlete 十七歲女運動員

- Palpitation, dizziness x 6 months during routine workout
- B P 120/60
- Pulse 70/min
- Systolic murmur
- Valsava manoeuvre



Echocardiogram 心臟超音波掃描



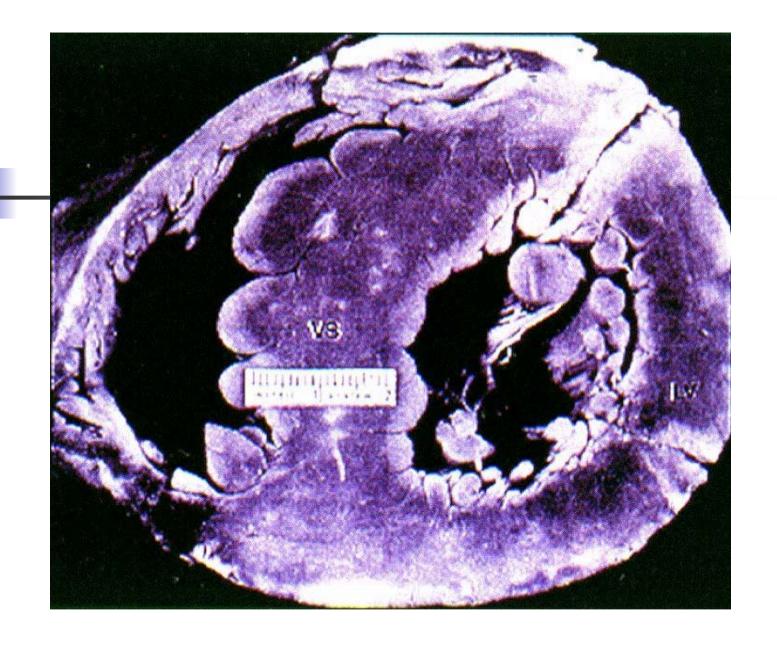
- Grossly hypertrophic left ventricular wall
- Asymmetrical septal hypertrophy
- Ant movement of mitral leaflet



Hypertrophic 心肌肥厚症 Cardiomyopathy

- Familial disease
- Thicken cardiac muscle > 15 mm
- Normal cavity size
- 50 % sudden death

in 10 – 30 yrs





Genetic cardiovascular diseases

- Hypertrophic cardiomyopathy
- Long-QT syndrome
- Marfan syndrome
- Arrhythmogenic R ventricular cardiomyopathy



Marfan's Syndrome 馬凡氏綜合征

- Mutation of fibrillin gene
- Tall statue
- High arched palate
- Arachnodactyly
- Mitral valve prolapse
- Aortic regurgitation, aneurysm









Genetic Cardiovascular D AHA June 04

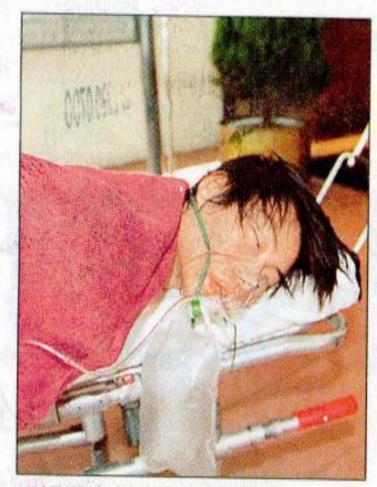
- sudden death during exercise
- May not stop vigorous exercise with warning signals
- Moderate intensity exercise 4-6 MET
- Low intensity < 4 MET</p>
- Avoid burst exertional, competitive, isometric exercises

羊癇病發大學生抽筋遇溺

◆本報訊「七一」回歸六周年紀念, 公共泳池免費開放,一名大學生往青衣 泳池游泳,疑因羊癇症病發突然抽筋遇 溺,需由救生員救上岸,情況穩定。

遇溺男子陳×軒,二十一歲,昨晨十時獨自往青敬路消暑,在「標準池」 逾二米水深游泳,突然在池中載浮載 沉,救生員發現陳狀似遇溺,即趕落水 救人,陳被救上岸時半昏迷,仍有呼吸 脈搏,救生員替其進行人工呼吸後情況 好轉,救護員到場將陳送院急救。

據悉,陳為大學生,家住青衣區, 由於其父母不在港,暫時仍未能聯絡到 其家人。



6遇溺大學生送院治理。

Single Organ 單一器官



Eye

Kidney

Testis



Myopia 近視

- Severe
- Retinal detachment
- Light flashing curved image impaired vision



Enlarged Organs

- Liver
- Spleen
- No contact sports

Skeletal Problem



骨骼問題

- Congenital
- Acquired
- Predispose to injury



Pectus Carinatum (pigeon chest) 雞胸

- Asthma
- Congenital heart disease

- Normal
- Performance not affected





Pectus Excavatum (funnel chest) 凹胸

chest expansion

vital capacity

performance









二零零一中國全運會

- 31 yrs male boxer
- Limping gait
- Shorten L lower limb





2001 All China Games

二零零一中國全運會

- 31 yrs male boxer
- Limping gait
- Shorten L lower limb
- Congenital dislocation of hip
- Mild Beta-thalassaemia anaemia



31 yrs Boxer 2

- Unlimited participation
- Not allowed to compete
- A I B A
- Unlimited participation



Recurrent ankle inversion injuries

- Muscular weakness
- Lax ligaments
- Joint subluxation
- Proprioception
- Vigorous rehabilitation



Genu Varum



Genu Valgum





Genu Recurvatum



Hyperpronation



Pes Planus



Flat Foot







Pes Cavus



- Amenorrhoea
- Eating disorders
- Osteosporosis



- 16yrs
- primary amenorrhoea
- elder sister also has primary amenorrhoea



- 19 yrs
- R inguinal mass
- Surgical exploration done
- Testicular tissue in hernia

Male Pseudohermaphroditism 男性假雙性人

- Male (46XY) karotype
- Incomplete masculization
- ↓ testosterone biosynthesis
- ↓ 5 alpha reductase:
 - **↓** testosterone to dihydrotestosterone
- Androgen insensitivity syndrome



Sex Reassignment 性別重新指定

- IOC allowed to complete
- Before pubertyNo time limit
- After puberty
 2 yrs after complete surgical change legal recognition appropriate hormonal therapy

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找出潛在危險運

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改進表現

推廣健康生活



Improve Performance

- Technique and equipment
- Physical fitness
- Psychological state
- Social factors
- Doping



Improve Performance

- Technique and equipment
- Physical fitness
- Psychological state
- Social factors
- Doping

Physical Fitness



體能

Body composition

- Initial body weights
 Ideal for the sports?
- Subsequent changes



Body Composition

Body weight

Hyperthyroidism

2 female athletes



Body weight

2001	21 yrs	61 kg
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2002 22 yrs 65 kg

2003 23 yrs 70 kg

2004 24 yrs 80 kg



Female Athlete

- Headache
- Pituitary gland hyper-function



Physical Fitness

Flexibility

- Sit and reach tight lower body
- Range of movement



Flexibility Evaluation

- Normal?
- Perform movement without undue resistance

Poor flexibility Injuries



Hip: Thomas Test



Hip: Ober's Test 15°



Hip: Rotation 90°



Knee: Hamstring 180°



Knee: Quadriceps 135°



Ankle: Gastrocnemius 20°



Ankle:Soleus 20°



Ankle: Ant. Compartment Muscles 45°



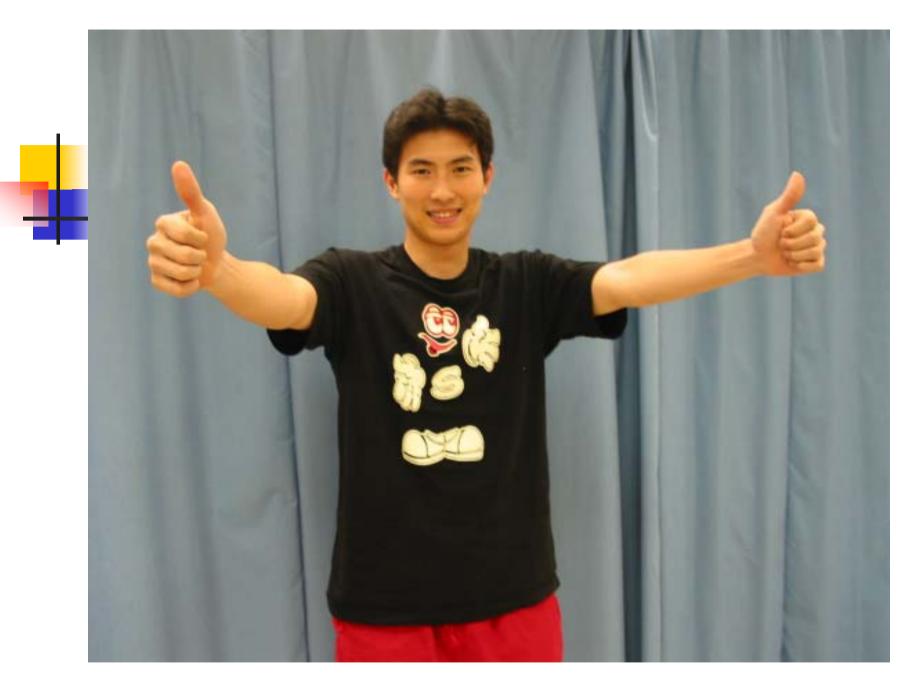
Spine Extension



Physical Fitness

Muscles

- Power
- Balance
- Endurance



1:00 ant deltoid



2:00 supraspinatus



3:00 middle deltoid



5:00 Post deltoid



Physical Fitness

Cardiopulmonary function (VO2Max)

- Atmospheric O2
- Lungs
- Heart
- Muscles



Lung Functions

Asthma

- Airway resistance
- FEV in 1 sec PEF
- 15% after bronchodilator



Cardiopulmonary Function

O2 transport

- By haemoglobin in RBC
- Hb anaemia
- Iron deficiency anaemia
- Hereditory anaemia

Hereditary Anaemia



- Thalassaemia &
- Common
- 02/03 13 in 331 (3.9%)
- Hong Kong incidence (8.4%)
- Mild anaemia + microcytosis
- May impair endurance capacity



Improve Performance

- Psychological state
- Social factors



Male Endurance Athlete

- 17 yrs
- Wants to quit
- Always come second
- Pressure from parents
- Pressure from coach



Male Endurance Athlete

- Persistent epigastric pain
- Negative investigation
- Not responsive to treatment
- Compete with adult athletes
- Minimal money to spend

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Healthy life style

- Smoking
- Alcohol
- Nutrition
- Sex education



Smoking

- Smoking
- Performance
- Health hazards
 CHD CVA COAD Lung Cancer
 peptic ulcer impotence etc

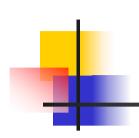
Nutrition

- Body composition
- Anaemia
- Healthy diet
- Dietician referral



Sex education

- Responsibility
- Contraception
- Venereal disease



Hepatitis Immunity Status

Hepatitis A infected via oral route

Hepatitis B via body fluids & birth



Hepatitis B Carriers

- May infect others
- 25% develop complication
- Needs constant monitoring
- Hepatitis A vaccine
- China
- HKSAR



Drug History

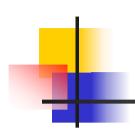
Update drugs used by athlete

Conform to WADA current prohibited list



45 yrs lawn bowling athlete 1

- Natrilix (indapamide)
- Xanax (alprazolam)
- Valium (diazepam)
- Stemetil (prochlorperazine)
- Ipradol (hexaprenaline)



45 yrs lawn bowling athlete 2

- Natrilix (indapamide)
- Xanax (alprazolam)
- Valium (diazepam)
- Stemetil (prochlorperazine)
- Ipradol (hexaprenaline)



45 yrs lawn bowling athlete 3

- Natrilix (indapamide)
- Xanax (alprazolam)
- Valium (diazepam)
- Stemetil (prochlorperazine)
- Ipradol (hexaprenaline)

Performance Enhancement

K Hodges Med Sc in Sp Ex Feb 2006

- Double blind randomized
- $\mathbf{N} = 7$ 1500 M running trials
- Pseudoephedrine 2.5 mg / Kg90 min pre-exercise
- Improvement of 2.1 %



Bronchial asthma

- Oral bronchodilators not allowed
- Beta agonists & steroid inhalation needs prior notification
- Laboratory confirmation required for Olympic Games



Most common medical problems

Refractive errors

Allergic rhinitis

Ear wax



Recommendation

- Full participation
- Clearance after a problem is corrected
- Clearance after additional examinations
- Participation in certain sports
- No participation

Sudden Death in Athletes

Can PPPE prevent sudden death?

- AHA: history + P E alone cannot detect many critical cardiovascular abnormalities
- HCM 25% have family history
- 20% have symptoms
- 75% non-obstructive: soft or no murmur

Sudden Death in Y Athlete

年輕運動員猝死

Fuller 1997 5615 high school athletes
Detection of serious cardiac condition by

History: 0 PE: 6 ECG:16

Total 22 withheld

All not related to sudden death

1 with normal history PE & ECG developed
V F due to anomalous coronary artery

Sudden Death in Y Athlete



年輕運動員猝死

1992 - 1997

68503 Japanese H school students screened for CVD

37807 completed 6 yrs follow up

9 high risk gp (0.024%)

3 sudden deaths (1.32/100,000/yr)

1 in high risk gp HCM (1/9)

2 in low risk or normal (2/37798)

Annual Medical screening A Formality or Necessity?

每年醫學檢定 必需手續或例行公事?



- Identify some athletes at risk
- Prevent some injuries
- Help some athletes perform better
- Promote a healthy life style



- Feed on food from the emporor食君之禄
- Shoulder the emporer's trouble 擔君之憂
- How much food you get?
 有幾多祿?



Thank You