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## Reliability of standard high school physicals in question

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BY STEPHEN HENNESSEY  
THE RECORD  
STAFF WRITER

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Sean Fisher looked like a healthy kid.



AMY NEWMAN/STAFF PHOTOGRAPHER

**Sheila and James Fisher lost their son, Sean, 13, whose heart defect was not detected in a standard physical.**

His father, James, a burly former boxer and soccer player, could not trade punches with Sean anymore. Sean had become too strong.

But Sean fell to the ground during a Waldwick football practice Aug. 25, 2008, his 13th birthday. He died a short time later. A previously undetected heart condition took Sean's life, never giving him a chance to fight back.

No one knew he was at risk, despite regular doctor visits and evaluations.

"I wouldn't wish it upon my worst enemy and that's the truth," James Fisher said in a recent interview at the family's home. "It's a terrible thing to go through.

"If screening was around, it could have helped prevent this."

A death such as Fisher's could have been prevented, according to three North Jersey doctors, if physicals included a thorough heart screening. But such tests are too costly to be covered by the insurance industry and state governments. Still, Dr. Robert Tozzi demands change in the physical examination.

"I think these physicals are flawed in a couple of different sections," Tozzi said. "It's flawed because it's not across the board and doesn't encompass all children. I don't think that the people who are performing the physicals are adequately trained to do that. There is no universal standard for performing these physicals."

Tozzi, chief pediatric cardiologist at Hackensack University Medical Center, has seen too many families grieve after losing a loved one. To prevent these tragedies, Tozzi is calling for physicals to include mandated heart evaluations for all children. Those cardiac screenings could prevent many of the 1,866 deaths that children have suffered without warning while playing sports from 1994 to 2006.

Tozzi said such a screening may have discovered Sean's malfunctioning AV node (atrioventricular node), the electrical conductor of the heart, which led to his death.

All high school athletes must undergo physicals before the season and be medically cleared to play. Physicals include routine evaluations such as listening for heart murmur, checking blood pressure and testing an athlete's balance for neurological purposes.

But an athlete is only recommended for cardiac evaluation if he or she answers yes on the physical's health history questionnaire, or appears to be at risk based on the examination.

"The sports physicals, the way they are now, do a good job, but it's impossible for them to be perfect," said Dr. J. Christopher Mender, a sports medicine specialist who practices out of Oradell and Holy Name Hospital. "It's difficult; nothing is ever going to detect everything. If you have something with a cardiac issue, it would be nice to pick that up ahead of time."

The Fishers hope all student-athletes at Waldwick High School will be screened this year. The cost would be paid for by the Sean Fisher Memorial Scholarship Foundation, formed in honor of their son. The goal is to raise money for research and development regarding heart conditions, and the Gift of Life, a non-profit organ donor program. The Fishers said the organ program is not definite, but it's something they are pushing to create.



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"Even if it ends up saving one kid, it's worth it," James Fisher said.

The Fishers did not have a family history of heart disease, although Sheila Fisher's great-grandfather died of a leaking heart valve. The only way to assure each child is safe is to screen everybody, Tozzi said.

Further testing will cost more than some can afford — and more than some insurance companies are willing to pay.

An echocardiograph (EKG) at Hackensack's Gregory M. Hirsch Center for Hypertrophic Cardiomyopathy would cost about \$100 without insurance coverage, Tozzi estimated.

"It's terrible for a parent to turn around and think, 'Well if I had money, then my child would be screened,'" he said. "If I lived in a different area, then my child would be screened. I think that's a horrible concept."

Daniel Emmer, public relations manager for Horizon Blue Cross Blue Shield health insurance, said that physicals already are preventative in nature, so the company would not support additional heart exams.

"If the doctor would like to be paid more, health insurance premiums would go up at a time when health insurance costs are already very high," Emmer said. "You have to keep in mind the other side of that equation. So the preventative benefits are already there, and the cost for doing what the doctor said would obviously increase.

"If the doctors are paid more, health insurance premiums go up."

The issue is especially dire for lower income families and those who lack health insurance. About half of Passaic's athletes have their physicals in school, largely because they cannot afford to go to a private physician, said Mike Prybicien, president of Athletic Trainers Society of New Jersey and Passaic's athletic trainer.

"Even if a family has health-care insurance like Horizon, there is no preventative care right now," Prybicien said. "The medical care is high. They wait until things come to a higher cost. And certain [insurance] plans don't even pay for a physical."

Although testing for concussions and other head injuries have improved, heart disease still is absent from physicals and remains a topic of debate among the medical community.

Twenty-three North Jersey schools have implemented the ImPACT Concussion program, which tests athletes after they suffer concussions to determine if they are healthy enough to play. The system is used in 29 percent of North Jersey schools, based on a list of schools on ImPACT's Web site.

"It's really great; it takes away the guesswork of knowing whether a kid is ready to play or not," said Ridgewood athletic trainer Nick Nicholaides.

But schools have no simple test to check the health of their athletes' hearts.

Testing young athletes for heart disease is commonplace in Italy, but not in the United States. Mendler said that the Italian demographic has a higher percentage of genetic disposition for heart disease, and genetic screening is warranted.

Dr. Wayne Yankus said that the state investigated using heart evaluations similar to Italy's, but determined they would not be cost-effective.

Yankus, a pediatrician who practices in Midland Park, said "an extensive cardiologic evaluation" was introduced as part of the latest physical, which debuted in January 2006. The physical now includes tests for femoral pulses, a new section that "should detect some [issues in] children," Yankus said.

Tozzi, however, believes an overhaul in health care is necessary. If insurance companies backed a system that included mandatory education on living a healthy lifestyle, and screened citizens who adhered to this requirement, 80 percent of the diseases Americans suffer from would be eliminated, as well as 80 percent of the price for post-disease treatment, Tozzi said.

"We're trying to prevent these tragic deaths," Tozzi said. "Our culture is anti-health, and it is essential for us to cultivate a climate of prevention. We've spread this Western culture throughout the world, and everywhere it goes, people get diabetes, high blood pressure and coronary artery disease, and die early. Those are the facts. How do we prevent them from being sick and dying? It's a preventative approach.

"Until we make prevention the country's priority, we're going to have more and more of these issues."

*Staff Writer Ronald P. Clark contributed to this article*



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