****

**Below you will find some FAQs 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 an extended period
* 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 detect a variety of potentially catastrophic genetic diseases. The simplest level of testing is an ECG, which looks at the electrical signals that the heart uses to contract and circulate blood through the body and lungs. An ECG involves placing electrodes on the chest around the heart to record those signals. The test is easy, painless, non-invasive and takes less than 5 minutes. It does not involve needles, blood work, radiation exposure or sedation. Boys will remove their shirts. Girls should wear a regular bra or sports bra, which will not need to be removed.

A Cardiologist familiar with the student athlete heart will review the ECG, which can detect a large number of heart diseases such as Hypertrophic Cardiomyopathy (HCM) or thickening of the heart muscle, 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 95.5% of all student athletes have a normal ECG and are considered at low risk for cardiac issues.

In about 4% of all athletes results suggest something that requires further testing, most often an Echocardiogram (Echo) is recommended. The Echo is used to get a picture of the heart 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. Most rarely, but most importantly, statistics show that 1 in 2000 student athletes are at risk for sudden cardiac death (0.5% overall).

For more information, visit [www.cypressecgproject.org](http://www.cypressecgproject.org/) or call 713-487-6704.

**Will I see the results of my child's ECG?**

Yes. The interpreted ECGs will be returned 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?**

Who We Play For has trained Cardiologists on staff who have read more than 60,000 student athlete ECGs since 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 Cardiologists 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?**

It’s just $15 per student, compared to upwards of $150 at the hospital. The cost is charged to the student but for those that can’t afford it, we will cover it through proceeds raised in our fundraising efforts.

**Isn't this covered with the annual physical?**

The annual physical exam asks family history question 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 issues. Adding ECG screening improves the effectiveness in catching heart issues up to 90%. WWPF’s Cardiologists have special training and years of experience with student athlete ECGs, 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.

**State documentation**

**Do we need to do this every year?**

**Do we need to do this every year?**

**Who We Play For has fulfilled the necessary requirements for the Florida Department of Education by having permanent staff receive background screenings in accordance to the Jessica Lunsford Act and registering as an approved vendor.**

**Where can I find out more information?**

You can visit [www.whoweplayfor.org](http://www.cypressecgproject.org/) or call (321) 427-9695 to find out more.