

“Preparticipation Physical Examination Essentials” Summary Sheet  
For the Maryland Assembly on School-Based Health Care  
Presented 6/24/2026

- Key resource: Bernhardt DT, Roberts WO, eds. PPE: Preparticipation Physical Evaluation Monograph. 5th ed. American Academy of Pediatrics; 2019.
  - Current link: [AAP PPE Monograph Fifth Edition](#)
  - Updated version released 09/2026: [PPE Monograph Sixth Edition](#)
- PPEs should be sensitive, accurate, practical, and affordable screening tools
- State-level requirements in Maryland include:
  - Annual high school certification for physical fitness by: Physician, PA, NP
  - Participation to the fullest extent possible in mainstream athletics for students with disabilities
  - Certification pre-season of minimum weight class by a qualified physician for wrestling
  - County and district-level requirements may be stricter. Consult district counsel for further guidance.
- Principle: PPEs should be performed in the patient’s medical home
  - Enables accurate histories, age-appropriate screening and care, vaccines, etc.
  - PPEs should be performed 6-8 weeks prior to the start of organized team activity
- Principle: Athletes that screen positive may be eligible for full, modified, or alternate activity
  - Medical history form
  - Physical examination form
  - Positive screening that may affect participation should not automatically default to “Not medically eligible for any sports”
    - Consider the physical, psychological, social, and performance impacts
    - Can work-up be performed concurrently to conditional clearance?
- Principle: To comply with HIPAA and FERPA, athletes should only present the Medical Eligibility Form to the school
  - Athletic training staff (i.e. medical professionals) may need further history and documentation, but school administrative staff (i.e. non-medical) does not have a medical necessity for detailed information
- Universal EKG/ECG screening is not standard of care in US high school athletes.
  - Screen with symptoms, personal or family history, or findings on examination
- Principle: Athletes with eligibility-affecting conditions should have a multidisciplinary team managing their participation
  - Shared decision-making is critical
  - Cardiac conditions: Different zones of cardiac risk based on sport, activity level
  - Neuro: No validated number of concussions to prevent participation
  - Neuro: Acute seizures require stabilization. Seizures in water-based athletes require safety plans. Athletes should always be supervised in or near bodies of water.
  - Diabetes: DM1 and DM2 are not contraindications to participation. Ensure up-to-date diabetes care. Discuss management of insulin pump or dosing with physical activity.

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- Anaphylaxis / Allergy: Emergency action plan with triggers and response for anaphylactic reactions. Epi-Pen available by qualified personnel, or on student athlete’s person if off-campus.
- Solitary organs: Not a strict contraindication to participation. May need padding or additional protective equipment.
- Sickle-cell disease / Sickle-cell trait:
  - NCAA requirement for once-lifetime universal screening in collegiate athletes
  - Currently no high school requirement
  - Athletes should be educated on:
    - Acclimatization: Start slow, start early, gradually increase
      - Reduce risk of vaso-occlusive phenomena
    - Hydrate and take breaks as needed
- Visual disturbances
  - If functionally one-eyed or asymmetric visual acuity, should wear extra eye protection
  - Complex patients should follow with ophthalmology
- Pulmonary conditions:
  - Differentiate exercise-induced bronchospasm from other pathology
  - Spirometry may be indicated for evaluation
  - For patients not responding to inhalers
    - Ensure proper use (timing, technique, dose) of SABA
    - If still not responding, consider evaluation for non-EIB etiologies
- RED-S: Relative Energy Deficiency in Sport
  - Low energy availability (using more energy than consumed, chronically)
  - Constellation of physical and mental symptoms/conditions
  - Needs a big interdisciplinary team to manage, may need restricted participation
- Female GU:
  - Myth: Training “hard” *should* result in a lost period
- Skin infections should be under active medication treatment and covered
  - Follow the [NSFHS guidelines](#)
- Mental health screening:
  - PHQ-4 is in the PPE history
  - Athletes may experience mental health concerns situationally and not globally
  - Also screen for: Body image issues, Nutritional status, Sleep, Supplement use
  - Recommend multidisciplinary treatment as necessary
    - [Sports-specific psychologists](#)
    - Psychiatrist
    - Sports medicine physician

Questions? Need support? Please don’t hesitate to reach out!

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