

Analysis of the causes of sports ineligibility from sport medicine unit in Treviso, Italy

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Topic(s):

Sports Cardiology

Citation:

Introduction:

Since 1982 in Italy, sports participation at a competitive level is subject by the law to a sports physician's medical examination. As a result of this examination, sports physician may declare an athlete eligible or ineligible to practice sport at competitive level. The effectiveness of this screening is still debated, in Italy and abroad.

There have been several criticism on the so-called "Italian model", even in recent times. For this reason we decided to analyze the activity of our Unit from 2012 to date, focusing in particular on the causes of sport ineligibility and the impact of such diagnoses in terms of mortality and hospitalization.

Case study:

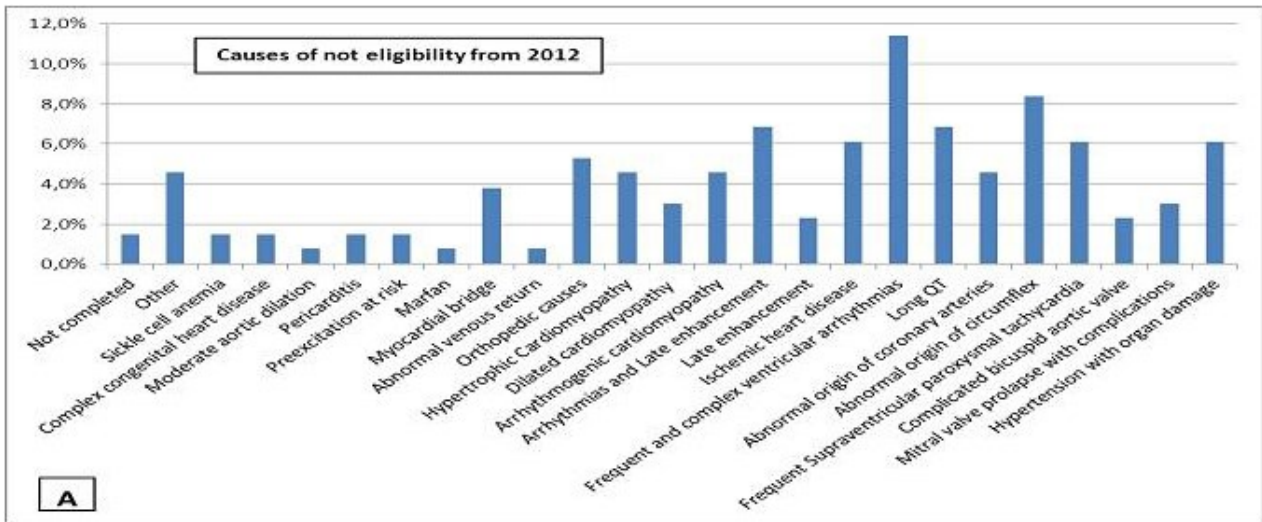
From 2012 to June 2017 we carried out 36259 total medical examinations with a total of 14843 new athletes being visited. The athletes declared not eligible were 131 (equal to 0.9% of the number of athletes visited). Distribution of Causes of Ineligibility is summarized in Figure 1A.

In many cases, athletes were declared not eligible because of cardiomyopathies, congenital heart disease, coronary heart disease: all conditions at increased risk of sudden death during effort (Corrado et al., JACC 2003).

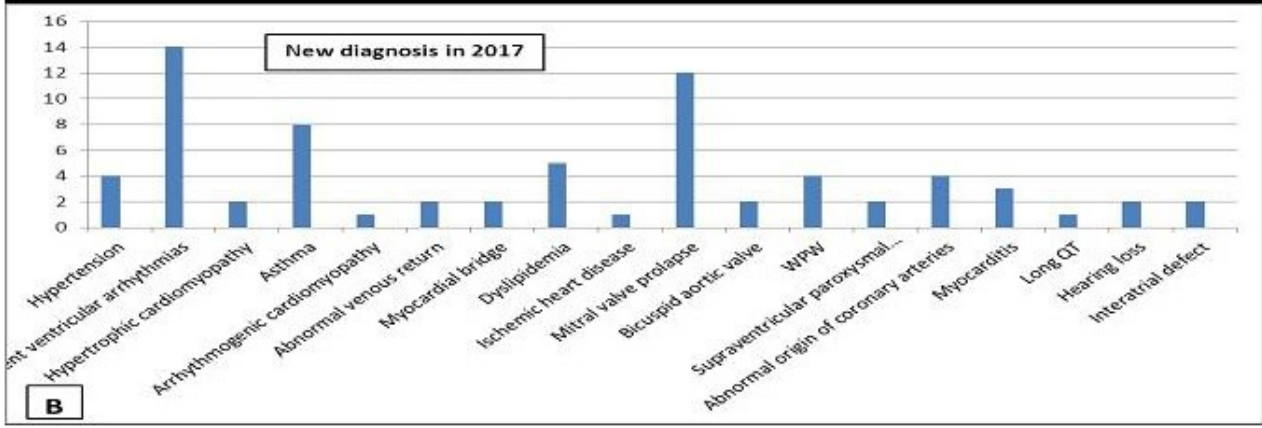
Moreover, in the case of genetically determined cardiomyopathies, 1st degree family members were investigated and in all cases a report was given containing information on allowed types of school physical activities and a physical exercise prescription. It should be emphasized that this analysis does not include all those conditions that have been diagnosed during the sports-medicine examination and did not result in a not eligibility judgment but led to therapeutic adjustment or prescription of the appropriate treatment (eg diagnosis of asthma, hypertension, dyslipidemia, scoliosis, congenital cardiac defects), which was certainly important in reducing future events and complications (Figure 1B shows all the new diagnoses in 2017 regardless of eligibility).

Conclusions:

In the light of the above, we believe that the "Italian model" (when an "appropriate" visit is performed) is effective and, we propose the ratio number of diagnosis / number of examinations as an indicator of effectiveness of a Sport Medicine Unit..



A



B