



Richland High School cares about your child's heart health, so we are partnering with the Cody Stephens Go Big or Go Home Memorial Foundation to screen students with an ECG (electrocardiogram). An ECG, also known as an EKG, can detect issues in the heart that can be missed in a standard physical. Please consider signing up your child for this very important screening.

Here are some Frequently Asked Questions (FAQ) on heart screening:

Why should my child get a cardiac screening?

A simple cardiac screening can help detect problems before they become major medical issues. While we recommend all active students get an ECG at least every two years, they should definitely be screened if they:

- compete in high impact sports which increase your heart rate for long periods of time
- have a family history indicating a heart disease risk
- get dizzy 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 heart issues. The simplest level of testing is an ECG, which looks at the electrical signals of the heart. 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.

How often do you find a problem?

On average, more than 98% of all those screened have a normal ECG and are not considered to be at increased risk for cardiac issues. In less than 2%, results are inconclusive or 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, our statistics show that 1 in 1000 of those we screen will be flagged as high risk for cardiac issues with a severe abnormality on their ECG.

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

Yes. The interpreted ECGs will be returned to the school within 3 business days with a designation of normal ECG, follow-up or high risk, as well as information about particular ECG findings, when applicable.

Who reads the ECG?

Every ECG is read by board-certified Cardiologists who are among the most experienced and qualified physicians in the country to interpret ECGs with the International Criteria. Their experience and training means more accurate interpretations.

For more information, visit www.CodyStephensFoundation.org or call (713) 487-6704.



Are boys and girls screened together?

No, arrangements are made for privacy. Everyone being screened should wear separates, like shirt and shorts/pants. Boys will remove their shirts. Girls should wear a regular bra, which will not need to be removed.

What if my child needs a follow up?

An abnormal ECG will be flagged for follow up, which means additional testing is needed to see what is causing that abnormality – think of it as a yellow caution light. It will include documentation on what the potential problem might be. Even if your child is flagged for a follow-up, he or she can continue participating in sports and other activities. You'll just need to have your child visit a Cardiologist within 3 months for follow up.

What if my child is considered high risk?

If your child is flagged as *high risk*, it is like a red traffic light. They should not participate in sports or high-energy activities in any way (practice, games, scrimmages, etc.) until they have 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.

Isn't this covered with the annual physical?

The annual physical exam asks family history questions, and requires a doctor to listen to the student's heart with a stethoscope. Studies have shown that this is just 10% effective in catching heart issues. An ECG is considered to be the most effective screening tool for the primary causes of SCA. However, as with most screening tools, the ECG is not 100% effective in detecting all causes of heart issues and SCA could still occur despite a "normal" finding. If your child experiences concerning symptoms (chest pain, shortness of breath, fainting, etc.) they should be checked by a physician regardless of the result of this ECG.



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