

Company offers a different student test

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Kevin Rooker, coordinator of The Heart to Play cardiac-screening program, screens Braxton Collins, 7, of North Richland Hills during an abbreviated echocardiogram for a variety of rare heart conditions.

Angela Collins' two children are active, athletic and healthy. Yet the North Richland Hills mom can't escape occasional twinges of worry when they step on the sports field: Could some hidden illness be endangering the youngsters' lives?

Collins is vexed by reminders of 2004, when a close friend's 12-year-old daughter died suddenly -- felled by an undetected heart condition. So she was thrilled last month to discover that her children could be examined for hypertrophic cardiomyopathy, the rare condition that is the most common culprit in young athletes' deaths.

Collins turned to Professional Ultrasound Imaging, a Bedford company that launched a program 15 months ago to screen children for the condition. She paid \$120 for a technician to perform echocardiograms on both 11-year-old Braylee and 7-year-old Braxton.

"Any amount of money is nothing, compared to the safety and the health of your children," Collins said. "You wouldn't want to put them at risk if there's any chance that you could prevent that."

An echocardiogram doesn't catch every ailment that causes sudden cardiac death, but the scan can spot the thickened heart muscle that is the telltale sign of hypertrophic cardiomyopathy.

The condition, which usually is inherited, affects an estimated 1 in every 500 to 1,000 people. Sometimes, victims experience no symptoms before their deaths. Kevin Rooker, who is coordinator of the cardiac-screening program, dubbed The Heart to Play, said his company gives students an abbreviated echocardiogram that focuses only on certain abnormalities.

Professional Ultrasound Imaging specializes in mobile ultrasound -- essentially, toting portable, 35-pound devices to doctors' offices and other locations where patients can be examined. The machines sit idle during most evenings and weekends, so Rooker saw after-hours athlete screenings as an opportunity to extend the devices' profitability, he said.

His sales pitch: Although a traditional echocardiogram costs several hundred dollars, the shorter, student-specific scans offer parents some peace of mind for "less than you likely pay for their athletic shoes in a year."

"What we're trying to figure out is who is normal and who needs further evaluation," Rooker said. "That's why we can do it cheaper. And if you can do them every 10 minutes, you can do quite a few of them."

The price of an echocardiogram has long been a stumbling block for doctors and school officials trying to determine how to prevent athletes' deaths. Physicians for years have asked children about their family's cardiac history during annual physicals, in the hope of catching any red flags about their risks.

And last month, the governing body for Texas' high school sports passed a rule requiring that every campus have at least one automated external defibrillator -- a lifesaving device that can shock a person's heart back into a normal rhythm.

But officials have been reluctant to make heart screenings mandatory, when the cost is high and the risk so small.

Dr. Jose Joglar, a cardiologist at the University of Texas Southwestern Medical Center in Dallas, said decision-makers must balance the likelihood of detecting a preventable problem with the expense involved in testing thousands of youngsters.

"A young person who is an athlete is somebody who represents the definition of health for society," he said. "When that person dies, it's very devastating. So it becomes a very emotional issue, but we have to keep in mind that those are very rare events."

Joglar noted that even the most thorough exam would miss some of the anomalies that can lead to sudden death, and that some children's tests would result in "false positives" that can prompt further anxiety and expense.

Rooker concedes that Heart to Play's exam isn't foolproof, but he said it provides valuable information for parents who choose to pay for the test. And families who can't afford the \$60 screening are eligible for "sponsorships" from local businesses.

"We want everybody that wants to get screened to get screened," he said. So far, Rooker said, the cardiac screenings haven't taken off.

He initially contacted school districts, hoping that they would allow technicians to set up their gear on campuses and invite parents to sign up their kids for an ultrasound.

But schools are worried about legal liabilities, and only one district has thrown out its welcome mat, he said.

"There's lots of issues that the schools have, as to why they haven't jumped on the idea," Rooker said. "Our first thought was to go to the schools. Our new thought is to go to a public location and work through the schools to disseminate information."

The Keller school district, for one, may be willing to participate on those terms.

Becky Spurlock, assistant athletic director for the district, said administrators there are thinking about ways to relay more information to athletes' families about heart-health and cardiac screenings. So far, they've collected proposals from Heart to Play and two other Metroplex businesses that offer the scans.

"Basically, what we would do at Keller is set up a time with these companies. It would be at the expense of the parents, and also whether they wanted to have it done," she said. "We do think, from the sports-medicine standpoint, that this is a good option to give our parents."

Joglar, the cardiologist, agreed that the choice should rest with parents. The availability of a \$60 screening could be beneficial for families who understand the limitations of the test and are willing to spend their own money, he said.

"It's a very complex situation," Joglar said. "It's great that they can provide a limited echo for low cost. That is a service to society."

About hypertrophic cardiomyopathy

- Most common cause of sudden death in young athletes.
- Causes a thickening of the heart muscle, making it harder for the heart to work.
- Affects an estimated 1 in every 500 to 1,000 people.
- Usually inherited and can be found in people of all ages.
- Symptoms include chest pain, dizziness, heart palpitations, shortness of breath, fainting and lightheadedness. Some sufferers have no symptoms at all.
- Medicine can help the heart contract and relax correctly. Surgery can be performed to remove the thickened part of the heart. Some high-risk patients may need an implantable defibrillator to prevent sudden death.

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