Feasibility of precompetition medical assessment at FIFA World Cups for female youth players

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ABSTRACT

Background Although most experts agree that preparticipation screening is important to prevent sudden cardiac death in sport, only a few reports have been published on the feasibility of its practical implementation.

Methods The football associations participating in the U-17 and U-20 Women’s World Cups 2010 were asked to perform a standardised precompetition medical assessment (PCMA) of their players (in total 672).

Results Compliance with the requirement for performing the PCMA was high among all teams, particularly from Asian, African and Central/South American countries. No relevant abnormal findings in personal history and clinical cardiological examination were reported. Athletic ECG patterns were frequent, but very few findings were considered to require further investigation. All players were declared as eligible to play.

Conclusions Based on the demonstrated feasibility of performing a comprehensive PCMA in elite female youth players, the Fédération Internationale de Football Association (FIFA) Executive Committee decided to make the PCMA a compulsory requirement for all FIFA competitions.

INTRODUCTION

Although most experts agree that preparticipation screening is important,1–3 especially to prevent sudden cardiac death (SCD) in sport,4–6 only a few reports on its implementation have been published.7–11 The Fédération Internationale de Football Association (FIFA) developed a standardised precompetition medical assessment (PCMA) and implemented it at the Men’s 2006 FIFA World Cup9,10 and at the FIFA Women’s World Cup 2007. In his editorial pro memoria of Marc-Vivien Foé who suffered SCD at the Men’s 2006 FIFA World Cup,11 Dvorak stated that “a particular focus must be on youth competitors, who are often not sufficiently medically assessed prior to a major sporting event”. For example, at the Confederation of African Football U-17 Cup 2009,11 only in three teams all their players had been examined before, while in other teams several players had never seen a physician before. Consequently, FIFA intended to introduce a mandatory PCMA for all players participating in its events. However, considering the financial and logistic problems that national football associations (FAs) might face with such requirements, it was decided to first evaluate the implementation of the PCMA at the arguably ‘lowest’ international level of play, the female youth World Cups.

The aim of this study was to assess the feasibility and compliance with performing a comprehensive PCMA in participating teams at the FIFA U-17 and U-20 Women’s World Cups 2010.
requirement for performing a PCMA was high among all teams, particularly from Africa, Asia and Central/South America; this was reflected in the completeness and the presentation of data. While it is clear that specialists are required to perform particularly the cardiological assessments, quality of data was increased when the team physician collected all data and then personally completed/signed off the assessment forms as compared with when the specialists completed their respective section. The clinical cardiological examination did not show any abnormal findings. Two-thirds of the teams performed an echocardiography in all players, and an additional 20% of the teams when indicated by clinical or ECG findings. Athletic ECG patterns (incomplete RBBB and repolarisation disturbances) but no abnormal findings were reported; very few findings were considered to require further investigation. Eight of the 12 players requiring cardiological follow-up came from one team, probably presenting an examiner-dependent bias. All players were declared as eligible to play. The proven feasibility of performing comprehensive examination in all players at the 2006 FIFA World Cup,9 10 the FIFA Women’s World Cup 2007 and especially at the two female World Cups led to the decision of the FIFA Executive Committee to make the PCMA a compulsory requirement at all FIFA competitions.

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Competing interests None.

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