Clearing the Athlete

On-site screening, cardiac ECG, concussion baselines, and the discipline of catching the rare thing

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This e-book is editorial and educational commentary published by Sports Mobile Diagnostics in July 2026. It summarizes publicly reported guidance and developments in athlete screening as an aid to teams, leagues, and athletic departments; it is not medical, legal, or compliance advice, and it does not replace the evaluation of a qualified clinician, the applicable governing-body rules, or individualized care. Screening protocols and regulations evolve; always verify against current guidance and defer to treating physicians. No statement here is a diagnosis, a clearance decision, or a guarantee of outcome.

Contents

Foreword

The whole point of athlete screening is to find the rare, dangerous thing before it finds the athlete. Most of the young, fit people who pass through a screening station are exactly as healthy as they look. But sudden cardiac death remains a leading cause of mortality in young competitive athletes, and a concussion mismanaged at the youth level can shadow someone for years. Screening exists for the small percentage — and the discipline of the work is treating every routine exam as if it might be the one that matters.

This handbook is grounded in where athlete screening stands in 2026: ECG-inclusive cardiac protocols, mandatory mental-health baselines entering collegiate athletics, and a growing recognition that the exam has to come to the athlete to actually reach everyone. We wrote the book we wish we'd had before our first tournament coverage: specific about protocol, honest about the limits of screening, and clear that catching one serious finding justifies a thousand normal ones.

Read it once end to end, then keep it in the kit bag. The checklists closing each chapter are meant to be adapted to your sport, level, and season.

Chapter 1 — Screening Is Prevention at Scale

Athlete screening is preventive medicine applied to a population that mostly feels invincible. The value proposition is statistical: screen enough athletes, apply the right protocol, and you will surface a handful of serious, often silent conditions that would otherwise announce themselves on the field in the worst possible way. The healthy majority are not the point; they are the cost of reaching the few who need to be found.

This reframes the work away from paperwork and toward mission. A pre-participation program measured only in forms completed misses its purpose. Measured in conditions detected, athletes safely cleared, and dangerous surprises prevented, it becomes what it actually is: a system for catching rare, high-stakes problems at scale. Screening 500 athletes in a season is worthwhile if it catches the one whose life it changes.

Measure the program in serious findings surfaced and athletes safely cleared, not in exams processed.

Field Checklist

- ■ Frame screening as prevention for the rare, silent case
- ■ Measure success by findings and safe clearances
- ■ Treat every routine exam as potentially the critical one

Chapter 2 — The Pre-Participation Physical, Done Right

The pre-participation physical is the foundation, and its quality lives in its thoroughness. A rushed clearance that skims the history and rubber-stamps the athlete provides false reassurance. A proper exam gathers a careful personal and family history — including any family cardiac events or sudden deaths — alongside orthopedic assessment and a genuine fitness-to-play evaluation. The history is not a formality; it is frequently the first signal of a risk that warrants deeper testing.

Done right, the physical is a triage instrument. Most athletes clear cleanly. The exam's job is to reliably identify the minority who need further evaluation — a cardiac workup, an orthopedic follow-up, a specialist referral — before they compete. The discipline is refusing to let volume degrade the history-taking, because that is exactly where the important flags hide.

Protect the depth of the history and the exam even under time pressure, and treat the physical as triage rather than rubber stamp.

Field Checklist

- Take a full personal and family cardiac history
- Include orthopedic and fitness-to-play assessment
- Never let volume erode the quality of the exam

Chapter 3 — The 12-Lead ECG and Sudden Cardiac Death

The resting 12-lead ECG is at the center of contemporary athlete cardiac screening. Added to a targeted history and physical, it substantially raises the odds of detecting the conditions associated with sudden cardiac death. In athlete populations, the ECG is reported to detect a majority of these cardiac pathologies — on the order of 60% — with a low false-positive rate, around 1.3%, when readings are interpreted by experienced clinicians using athlete-specific criteria.

That qualifier is everything. An athletic heart adapts in ways that look abnormal to an untrained eye, and interpreting an athlete's ECG with general-population criteria produces needless false positives and unnecessary alarm. Applying athlete-specific interpretation criteria improves both sensitivity and specificity — which is precisely why capturing the ECG on-site must be paired with experienced clinical review before any decision is made.

Pair on-site 12-lead capture with athlete-specific interpretation by experienced clinicians, and never let a screening tool substitute for expert reading.

Field Checklist

- Include a resting 12-lead ECG in cardiac screening
- Interpret with athlete-specific ECG criteria
- Require experienced clinical review before decisions

Chapter 4 — Concussion Baselines and Return-to-Play

Concussion management turns on comparison, and comparison requires a baseline. A pre-season neurocognitive baseline captures how an athlete performs when healthy, so that after a suspected head injury, post-injury testing has a meaningful reference point. Without that baseline, "back to normal" is a guess; with it, return-to-play becomes a defensible, individualized judgment rather than a

hopeful estimate.

The discipline of concussion work is resisting pressure — from athletes, coaches, and calendars — to rush the return. The baseline exists precisely to give clinicians an objective anchor when everyone else wants the athlete back on the field. Handled well, baseline and post-injury testing protect the athlete's long-term neurological health, which matters far more than any single game or match.

Establish pre-season neurocognitive baselines and use them to anchor conservative, individualized return-to-play decisions.

Field Checklist

- Capture pre-season neurocognitive baselines
- Compare post-injury testing against the baseline
- Resist pressure to shortcut return-to-play

Chapter 5 — Bringing the Clinic to the Field

The reason a mobile model exists is reach. A screening program that requires athletes to travel to a fixed clinic loses many of them to logistics — and the ones lost are not filtered by risk. Bringing boothless, portable diagnostics courtside, on-field, or into the locker room means the whole roster gets screened, not just the motivated or the convenient. On-site, same-day capability turns a program that should happen into one that actually does.

Operating outside a fixed clinic imposes discipline. Portable equipment must be clinical-grade and reliable in uncontrolled settings; workflow must move a full roster efficiently without sacrificing exam quality; and results handling must be as rigorous on a sideline as in an office. The convenience is the selling point, but the standards cannot bend to the setting — an on-site ECG or hearing screen must be as trustworthy as one taken in a clinic.

Bring clinical-grade diagnostics to the athletes, and hold on-site work to full clinic standards despite the setting.

Field Checklist

- Use portable, clinical-grade equipment on-site
- Design workflow to screen the full roster efficiently
- Keep on-site standards equal to a fixed clinic's

Chapter 6 — Compliance, Consent, and the 2026 Standards

Athlete screening operates inside a moving framework of governing-body rules, and 2026 tightened it. Collegiate athletics moved toward mandatory mental-health baseline screening for athletes, adding a domain to the pre-participation battery and imposing new documentation and tooling requirements on athletic departments. Programs that treat compliance as an afterthought risk both athlete welfare and institutional exposure.

Consent and privacy sit alongside compliance. Screening generates sensitive health information about minors and young adults, and handling it — storage, sharing with the right parties, protecting it

from the wrong ones — is a serious obligation, not a checkbox. The program that documents cleanly, obtains proper consent, uses approved tools, and respects the boundaries around health data is the one an institution can trust with its athletes.

Track governing-body requirements closely, document rigorously, and treat athlete health data with the confidentiality it demands.

Field Checklist

- Track current governing-body screening requirements
- Obtain proper consent and use approved tools
- Protect athlete health data as sensitive and private

Chapter 7 — Reading Results and Handling the Positive

Screening only matters if the positive is handled well. A flagged ECG, an abnormal baseline, a concerning history — each is not a verdict but a doorway to further evaluation. The program's credibility rests on what happens next: clear communication, appropriate referral, and a decision process anchored in experienced clinical judgment rather than the raw output of a device. A false positive mishandled causes needless fear; a true positive mishandled can be catastrophic.

The human moment matters too. Telling a young athlete that something needs further evaluation is delicate, and doing it with clarity and care — neither alarming nor dismissive — is part of the work. When it goes right, the payoff can be profound: a pre-race cardiac screen that detects an undiagnosed arrhythmia, treatment, clearance, and an athlete who crosses the finish line months later and sends a handwritten thank-you card. That is the entire program justified in a single catch.

Build a disciplined pathway for every positive, anchor decisions in clinical judgment, and communicate findings with care.

Field Checklist

- Route every abnormal finding to clinical evaluation
- Anchor decisions in expert judgment, not raw output
- Communicate positives clearly and compassionately

Conclusion: The Value of the Catch You Almost Missed

Almost all of athlete screening is uneventful, and that is the point. Hundreds of young, healthy athletes pass through, clear cleanly, and go compete. The program exists for the exceptions — the silent arrhythmia, the concussion that needs another week, the history that warrants a closer look — and its whole value is compressed into the rare catch that changes or saves a life.

The 2026 standards are converging on the same message: screen more completely, interpret more expertly, and document more carefully. ECG-inclusive cardiac protocols with athlete-specific reading, mental-health baselines, conservative concussion management, and the mobile reach that gets everyone screened all point toward a discipline that is thorough precisely because most of what it finds is nothing.

Screen everyone. Interpret expertly. Handle every positive with rigor and care. Bring the clinic to the field so no one falls through the gap. Do that, and the boring, uneventful majority of screenings quietly earns the one catch that makes the whole program worth it.

References

1. Contemporary European and international pre-participation cardiac screening protocols recommending resting 12-lead ECG with history and physical (reference). 2. Reported ECG sensitivity (~60% of sudden-death-associated pathologies) and low false-positive rate (~1.3%) using athlete-specific criteria, 2026. 3. NCAA 2026 mental-health baseline screening standard for Division I athletes and implementation guidance. 4. General guidance on concussion baseline testing and return-to-play management (reference).

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Devin Lockett is the founder and entrepreneur behind this title and the wider BiomedRx family of companies-spanning healthcare technology, wellness, media, and community initiatives. He builds brands focused on quality, service, and independent ownership.