Most children (74%) get sports physicals from their usual health care provider. Walk-in or urgent care clinics (11%) and schools (11%) are also common locations.

89% of parents agree that sports physicals are not a substitute for regular check-ups.

Parents rate measuring blood pressure, discussing medical history, and testing vision as very important to include in sports physicals.

Where Should Sports Physicals Be Done?
Among parents with at least one child age 10-17 who plays school or competitive sports, 78% report that their children are required to have a sports physical. The most common location of the most recent sports physical was at the child’s usual health care provider (74%), followed by 11% at a walk-in or urgent care clinic, 11% at school, and 4% other.

In terms of who should perform sports physicals, 57% of parents say that they should always be done by the child’s usual health care providers, while 43% say any qualified health care provider can do a sports physical. However, 89% of parents agree that sports physicals are not a substitute for regular check-ups.

What Should Sports Physicals Include?
When asked what should be done during a sports physical, most parents feel it is very important to measure the child’s blood pressure and test vision (Figure 1). Parents are more divided about whether it is very important to give vaccines, test for heart problems, or do a brain scan on a child who previously had a concussion.

In terms of what should be discussed during a sports physical, most parents feel it is very important to discuss the child’s medical history and concussions (Figure 1). Only about half of parents feel it is very important to discuss nutrition, alcohol and other illegal substances, and performance-enhancing drugs.
This report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for C.S. Mott Children’s Hospital via a method used in many published studies. The survey was administered in March 2014 to a randomly selected, stratified group of adults age 18 and older from GfK’s web-enabled KnowledgePanel® that closely resembles the U.S. population. Responses from parents with a child age 10-17 who plays school or competitive sports (n=434) were used for this report. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 53% among the parent panel members contacted to participate. The margin of error is ± 3 to 6 percentage points and higher among subgroups.

Implications
Each year, millions of middle and high school students participate in sports, through their schools or competitive leagues and tournaments. Pre-participation sports physicals are often required by schools or league/tournament organizers to ensure that children are in good health to compete.

Parents in this national poll do not agree on whether the sports physical should be performed by the child’s regular provider; nearly half of parents feel any qualified health care provider can do a sports physical. For many parents, this may be a matter of convenience: requirements for sports physicals often are tied to the school calendar, and a doctor’s office may not be able to accommodate the rush of appointments for sports physicals over the summer. In that situation, options such as “physical night” at the school or an urgent care clinic allow parents to meet the requirement that a physical be completed prior to the start of the season. In this poll, two-thirds of parents whose child received a sports physical at school cited convenience as the main reason.

Parents’ differing views on the location of sports physical are also seen in their beliefs about what is very important to be included during a sports physical. The most commonly endorsed activities — testing vision and measuring blood pressure — both require little space or resources, and thus are conducive to physicals conducted at a school or in a group setting. Conversely, activities that require more extensive equipment, time or expertise — giving vaccines, testing for heart problems with an EKG or echocardiogram, or doing an MRI or CT scan — were less often endorsed as being a very important part of a sports physical. These results may reflect parents’ prior experiences, or their belief that sports physicals are intended to be brief and focused only on health related to athletics.

Findings from this poll also indicate that parents overwhelmingly believe that sports physicals are not a substitute for regular check-ups with a child’s health care provider. Yet, national data show that adolescents have much lower rates of well-child visits compared with younger children. For some adolescents, sports physicals may be the only interaction with a health care provider over the course of a year. That concern is the basis for encouraging a more comprehensive set of topics to discuss during a sports physical, including those related to sports (such as concussions and performance-enhancing drugs) as well as general adolescent risk behaviors (such as alcohol and drug use).

Regardless of where their child receives a sports physical, parents have the responsibility to understand what was — and was not — included, and to ensure that the child continues to receive comprehensive check-ups with the child’s usual health care provider.