



matters of the heart

Instances of sudden cardiac death spark debate over effectiveness of physicals

BY ANNA GRACE JONES, ADDISON CROSS
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It can hit anytime. It can hit in the first minute of practice. It can hit at the first play of the game. It can hit going into the locker room. It can hit away from the school, away from the field or court when there's nobody there to respond.

Sudden Cardiac Arrest (SCA) is an electrical malfunction within the heart that often results in death. Annually, SCA causes the deaths of over 2,000 children and adolescents in the United States. Immediate and drastic symptoms of SCA include sudden collapse, lack of pulse and breathing and a loss of consciousness. Without immediate action, only 10% survive.

I would caution athletes about paying attention to your body. If you have something that just doesn't feel right, if you have something that feels different, if you get over exerted, don't blow it off and think that it's just nothing. Say something to somebody. Pay attention to something different in your body."

-Kelly Rowland, Miller County Deputy Coroner

"The bottom line is they don't give you much warning," said Dr. Mike Finley, chief medical officer for CHRISTUS St. Michael Health System. "It's very sudden. It's very unpredictable."

Despite the rarity of these conditions, three students have died from heart-related issues in the past three years—Leonard Parks in 2017, Dee Lewis in 2018 and Damian Coats in 2019. All three were physically active black males, two played on the football team.

Each one died suddenly, leaving a hole in the lives of their family and friends and a community asking if there was a way their deaths could have been avoided.

Detecting conditions that can lead to sudden

cardiac arrest is often difficult. A combination of blood tests, electrocardiograms (EKG) and echocardiograms are the most common tests used. However, these are not part of the routine physical exams for student athletes.

"You'll see that there are about 30 million sports physicals done every year in this country, and they are woefully inadequate to spot the extremely rare person that has a problem," Finley said.

An EKG is a test done on the heart that measures the electrical pulses of the heartbeat. Although the test is an improvement from prior techniques, it is not a catch-all method. There have been multiple attempts to try to find what Finley calls the "golden nugget," the solution to effectively identify heart irregularities.

"A good physical exam is limited when you're doing sports physicals because, typically, they're done on one evening, and you line up literally hundreds of teenagers," Finley said. "They've talked about doing ultrasounds of the heart called echocardiograms. They've even talked about doing stress tests. And none of those have panned out. These are so rare that you would have to screen so many people."

Even with these tests, Finley said catching abnormalities is not 100%.

"Sometimes [abnormalities] are very subtle," Finley said. "When you're looking at 300 or 400 student athletes in line coming in, you just hope that you pick out the one, maybe two, that need a little something else done."

As heart abnormalities become a more pressing issue in the realm of student health, there is a movement to include EKGs and echos as regular components of student physicals. However, feasibility and cost are a concern.

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"[Leonard] didn't just give it his 100%, this boy gave his 110%, and it just feels like everything he did was in vain. But I guess it wasn't because if [telling his story] can help one student—I wish I could help them all, but if I could just save one, that would do my heart some good."

-Yolanda Parks, mother

Her baby boy

Parks shares story in hopes of saving others

BY ADDISON CROSS & MOLLY KYLES
editors in chief

Leonard Parks had big feet. In fact, his mother claims that he went up one shoe size every year. When he was 9, he wore a size nine, at 10 he wore a size 10, and so on. At 17 years old, he wore size 16 and a half shoes, on his way to a size 17.

When his mother finally found a pair of Air Jordans big enough, she had to get them.

"[He asked how much they cost and he said] 'No, that's too much,' and I said 'Don't worry about that,' but he said no."

Yolanda Parks sits at her dining table, a soft smile painted across her face as she recalls Leonard, or as she knows him, her 'baby boy,' refusing those Jordans. Just one example of the boy's kindness and willingness to sacrifice for his family, even if he didn't have to.

"So I told his brother to go take Leonard to get some shoes for school. He came back with Adidas in size 13 and I [wondered] how he was gonna get his big foot in a size 13," Parks said. "When I came back home that Monday those shoes were in the middle of the floor. We laughed about that."

That's when Parks' tone suddenly shifts; what was a nostalgic memory becomes tragic. Even if those shoes had fit, Leonard would have barely had a chance to wear them.

"School had started Aug. 22, and he died Sept. 2," Parks said. "He didn't even live but two weeks into the school year."

Leonard died after a night on the football field. His dedication to the sport garnered him much success, including a commitment to play for Southern Methodist University's football team.

"I didn't even want him to play football," Parks said. "But he wanted to play football, so I told him [I would be his] number one fan."

Autopsy results showed that Leonard had an enlarged heart and concluded that he died from a genetic heart condition. However, Parks casts doubts on the findings.

"The autopsy lady said [he was a] 17 year old healthy boy, [they couldn't] find [anything]," Parks said. "[They couldn't] find [anything] but [they] came up with genetic heart disease, so it just didn't make sense."

Parks said heart disease does not run in their family.

"Of course, they wanted me to get tested,

LOOKING BACK Yolanda Parks, Leonard Parks' mother, hopes that sharing her son's story will bring awareness to heart health. "Leonard was my baby," Parks said. "That's my baby boy."

Glossary

Echocardiogram: Also known as an echo. An ultrasound of the heart to evaluate pumping functions.

Electrocardiogram: Also known as an EKG or ECG. A test that measures the electrical activity of the heart.

Sudden Cardiac Arrest: The heart suddenly stops beating and blood stops flowing to the brain and vital organs.

Athlete's heart: A change seen in the cardiovascular structures of an individual who endures regular athletic training. The heart is enlarged and the resting heart rate is lower than normal.

Enlarged heart: Also known as cardiomegaly. A heart can become enlarged when the muscles work so hard that it thickens or the chambers widen.

Heart rate: The number of times a person's heart beats per minute. A normal resting heart rate ranges from 60-100 beats per minute. An athlete may have a resting heart rate closer to 40 beats per minute.

Heart murmur: A swishing sound of blood flowing through the heart throughout the heartbeat cycle. A normal heartbeat makes two sounds, often described as "lubb-dupp."

Hypertrophic cardiomyopathy: Disease in which the heart muscle becomes abnormally thick, preventing efficient and proper blood flow.

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