HOME

# Healthy Teen Athlete Had No Symptoms—Until a Routine Heart Screening Revealed a Dangerous Hidden Defect

By bestfolkmedicine · 05/11/2026 · 9 min read



He played football. He trained for hours. He competed in basketball. And by all appearances, his heart was perfectly healthy.

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But one routine medical test revealed something neither he nor his family had ever suspected.

A teenage athlete from Florida had been living with a congenital heart defect that could potentially lead to serious complications if left untreated.

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The most surprising part? He had no warning signs. No unusual exhaustion. No shortness of breath. No obvious indication that anything was wrong.

His story, reported by Fox News in August 2026, has reignited an important conversation about hidden heart conditions in young athletes—and whether more comprehensive heart screenings could help identify problems before they become emergencies.

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## A Healthy Teenager With an Unexpected Diagnosis

Cameron Crider, a high school student at Calvary Christian High School in Clearwater, Florida, was accustomed to an active lifestyle.

As a football and basketball player, he regularly participated in demanding physical activities.

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According to his mother, Laura Crider, Cameron could complete a three-hour football practice followed by another two hours of basketball without experiencing noticeable fatigue or breathing difficulties.

Nothing about his physical performance suggested a heart problem.

However, a routine electrocardiogram, commonly called an ECG or EKG, led to further medical evaluation.

Doctors discovered that Cameron had an atrial septal defect (ASD), a congenital condition involving an opening in the wall separating the heart’s two upper chambers.

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The diagnosis came as a complete shock to his family.

In August 2026, his family reported that doctors had scheduled a procedure for October to correct the defect, with hopes that he could eventually return to competitive sports.

The case illustrates how certain congenital heart conditions may remain undetected for years, even in physically active individuals.

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## What Is an Atrial Septal Defect?

An atrial septal defect is a structural abnormality of the heart that develops before birth.

Normally, the heart's right and left atria are separated by a wall of tissue called the atrial septum.

In someone with an ASD, an opening remains in this wall.

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Depending on its size and location, the opening may allow oxygen-rich blood from the left atrium to pass into the right atrium.

This can cause additional blood to circulate through the right side of the heart and into the lungs.

Small defects may cause few problems and sometimes close naturally during childhood.

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Larger defects, however, can increase the workload on the heart.

Over time, significant untreated defects may contribute to enlargement of the right side of the heart, abnormal heart rhythms, or increased pressure in the pulmonary circulation.

Not every ASD requires closure, but those causing substantial blood flow abnormalities often need monitoring or treatment.

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## Why Some Heart Defects Cause No Symptoms

One of the most concerning features of certain congenital heart defects is that they can remain silent for years.

The heart may compensate for abnormal blood flow without producing noticeable symptoms.

In some cases, young people can participate in sports, exercise regularly, and maintain excellent physical endurance despite having an underlying structural abnormality.

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Symptoms may not appear until the condition has progressed or additional stress is placed on the cardiovascular system.

This is why physical fitness alone cannot guarantee that the heart is free from medical problems.

A young athlete might appear strong, energetic, and healthy while unknowingly living with a condition that deserves medical attention.

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However, it is also important to recognize that many congenital heart defects are mild and never develop into life-threatening problems.

The actual risk depends on the specific abnormality, its severity, and the individual's overall cardiovascular health.

## The New Florida Law That Helped Reveal the Condition

Cameron's diagnosis followed the introduction of Florida's Second Chance Act.

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The legislation took effect on July 1, 2026, ahead of the 2026–2027 school year.

It requires eligible high school students in grades nine through twelve to undergo at least one ECG screening when first participating in or trying out for interscholastic athletics, with certain exceptions.

The purpose is to improve the identification of previously unrecognized cardiac conditions.

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An ECG records the electrical activity of the heart using electrodes placed on the skin.

The test is painless, noninvasive, and generally takes only a few minutes.

It may detect abnormal heart rhythms and certain electrical patterns associated with underlying heart disease.

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However, an ECG does not directly display the heart's internal structure.

If a screening raises concerns about a congenital abnormality, doctors may recommend additional investigations, such as an echocardiogram.

An echocardiogram uses ultrasound to visualize the heart's chambers, valves, and blood flow.

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This distinction matters because an atrial septal defect is usually confirmed using cardiac imaging rather than an ECG alone.

## The Hidden Risk of Sudden Cardiac Arrest in Young Athletes

Sudden cardiac arrest is a rare but potentially devastating event in young athletes.

It occurs when the heart suddenly stops pumping blood effectively, frequently because of a dangerous electrical disturbance.

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Without immediate treatment, sudden cardiac arrest can become fatal within minutes.

Some underlying heart conditions increase the risk of these events, particularly during strenuous physical activity.

Examples include hypertrophic cardiomyopathy, certain inherited electrical disorders, and abnormalities involving the coronary arteries.

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Importantly, an atrial septal defect is not among the most common causes of sudden cardiac arrest in otherwise healthy young athletes.

Nevertheless, significant structural heart defects can cause other serious cardiovascular complications if left untreated.

Sports cardiology specialists emphasize that some athletes who experience sudden cardiac arrest report no warning symptoms beforehand.

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This makes early recognition of underlying cardiac conditions an important issue in sports medicine.

## 7 Heart Warning Signs Athletes and Parents Should Never Ignore

Although some heart conditions remain asymptomatic, others produce symptoms that deserve medical evaluation.

### 1. Chest Pain During Exercise

Chest discomfort that develops during physical activity should never be dismissed automatically as muscle soreness.

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While many causes are harmless, exercise-related chest pain can sometimes indicate an underlying cardiovascular problem.

### 2. Fainting During Physical Activity

Unexplained fainting, particularly during exercise, is an important warning sign.

It may be associated with abnormal heart rhythms or structural heart disease.

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Anyone who loses consciousness during physical activity should receive prompt medical assessment before returning to sports.

### 3. Unusual Shortness of Breath

Breathlessness during intense exercise can be normal.

However, breathing difficulties that seem disproportionate to the activity, are new, or are worsening should be investigated.

## 4. Unexplained Fatigue

Persistent exhaustion or a sudden decline in athletic performance may have many causes.

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These include inadequate recovery, anemia, infections, and cardiovascular conditions.

A noticeable change in exercise tolerance should not be ignored.

## 5. Rapid or Irregular Heartbeat

A pounding heartbeat during exercise is expected.

However, unexplained episodes of racing, irregular, or unusually forceful heartbeats may indicate an arrhythmia.

Symptoms accompanied by dizziness, chest pain, or fainting require urgent attention.

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## 6. Dizziness During Exercise

Occasional lightheadedness can result from dehydration, overheating, or low blood pressure.

But repeated dizziness during physical activity warrants medical evaluation, especially if accompanied by palpitations or chest discomfort.

## 7. A Family History of Sudden Cardiac Death

Family history can provide important clues.

Parents should inform healthcare professionals if close relatives have experienced unexplained sudden death, inherited heart disease, or serious heart rhythm disorders.

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Some conditions associated with sudden cardiac arrest have a genetic component.

Important: Sudden collapse, loss of consciousness, or severe chest pain during exercise is a medical emergency. Emergency services should be contacted immediately. If a person is unresponsive and not breathing normally, start CPR and use an automated external defibrillator (AED) as soon as one

is available.

## Should Every Young Athlete Have an ECG?

This question remains the subject of ongoing medical debate.

Some sports cardiologists advocate broader ECG screening because it can reveal electrical abnormalities that routine physical examinations may miss.

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Others emphasize the limitations of universal testing.

An ECG cannot detect every dangerous heart condition, and some healthy athletes may have unusual electrical patterns that require additional evaluation.

False-positive findings can lead to anxiety, unnecessary investigations, and temporary restrictions from sports.

The American Heart Association supports comprehensive cardiovascular assessments that include personal medical history, family history, and physical examination.

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Additional testing, including ECG or echocardiography, may be recommended when concerns are identified.

The organization has not endorsed mandatory ECG screening for every student-athlete.

The most appropriate approach may depend on individual risk factors, access to experienced clinicians, and the screening protocols used.

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## What Happens After an Atrial Septal Defect Is Discovered?

Treatment depends on the size and type of the defect and how it affects blood flow through the heart.

Small defects that do not cause significant problems may require periodic monitoring rather than intervention.

Larger defects may need closure.

For certain types of ASD, doctors can perform a catheter-based procedure.

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A thin tube is guided through a blood vessel into the heart, allowing a special device to close the opening.

Other defects require cardiac surgery.

After successful treatment, many patients can return to normal daily activities and exercise, although the timing depends on recovery, heart function, and specialist recommendations.

For young athletes, return-to-play decisions should be individualized by their cardiology team.

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## Heart Health Begins Before Symptoms Appear

Cameron's story highlights an important lesson about cardiovascular health.

A person can appear exceptionally fit while living with an undiagnosed heart condition.

However, that does not mean every healthy young person is at high risk.

Serious cardiac events among young athletes remain uncommon, and the overwhelming majority can participate safely in physical activity.

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Regular exercise is generally one of the most beneficial habits for long-term cardiovascular health.

Preventive care should focus on identifying meaningful risk factors rather than creating unnecessary fear.

Parents, coaches, and athletes can support heart health by discussing relevant family history, attending recommended sports physicals, reporting unusual symptoms, and following medical

advice when additional testing is indicated.

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Lifestyle habits such as adequate sleep, balanced nutrition, hydration, and avoiding tobacco products also support cardiovascular well-being.

However, healthy habits cannot eliminate congenital structural abnormalities.

These conditions are present from birth and may require specialist treatment regardless of how well someone eats or exercises.

## Final Thoughts: A Routine Test That Changed Everything

Cameron Crider's experience is a reminder that serious medical conditions do not always announce themselves through obvious symptoms.

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Despite years of football and basketball, he had no apparent reason to suspect that something was unusual about his heart.

A screening test led to the discovery of a congenital defect and gave his medical team an opportunity to evaluate and address it.

His story also demonstrates why early detection, appropriate follow-up, and informed medical decisions matter.

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Not every athlete needs extensive heart testing, and not every congenital defect is dangerous.

But recognizing warning signs and understanding family history can make an important difference.

Being physically fit is not the same as knowing your heart is structurally healthy.

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For parents, athletes, and healthcare professionals, that is a lesson worth remembering.

Would you support routine ECG heart screenings for all high school athletes, even when they have no symptoms? Share your opinion in the comments.

Medical Disclaimer: This article is intended for educational purposes only and should not replace medical advice, diagnosis, or treatment. Individuals experiencing concerning cardiovascular symptoms should seek evaluation from a qualified healthcare professional.

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