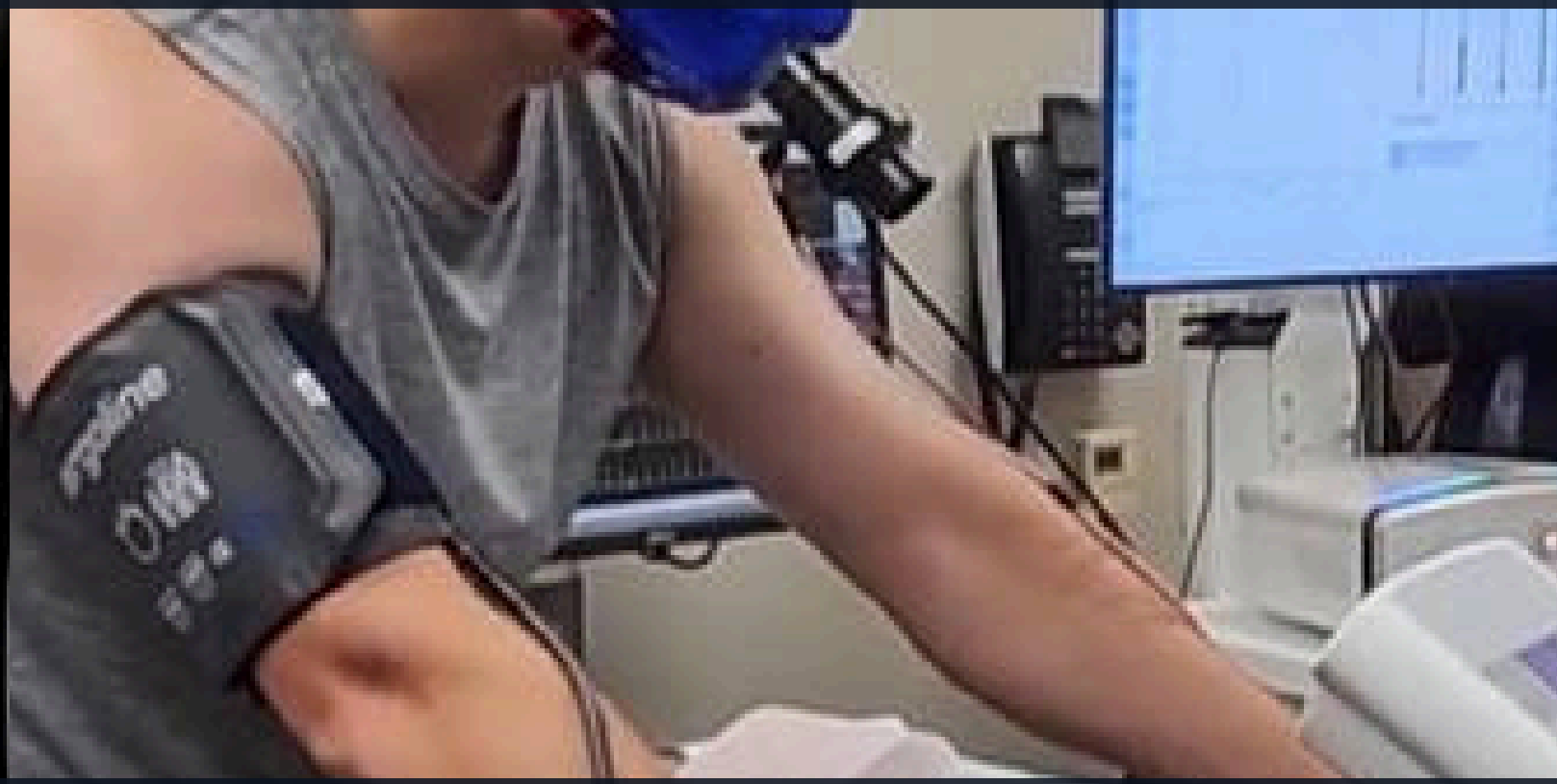
ARKANSAS CARDIOLOGY

Baptist Health HEART INSTITUTE

EXERCISE & SPORTS CARDIOLOGY

FALL 2026



SAVING ARKANSAS ATHLETES — Is your school ready?

A Heart-Safe Friday Night
Protecting the Tallest Hearts
Self-Pay CPET for Athletes
The Calcium Paradox
What Your Watch Can't Tell You



ArCardSports.com · @ArCardSports

FALL 2026

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ARKANSAS CARDIOLOGY

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OUR TEAM

THE PEOPLE BEHIND YOUR HEART CARE

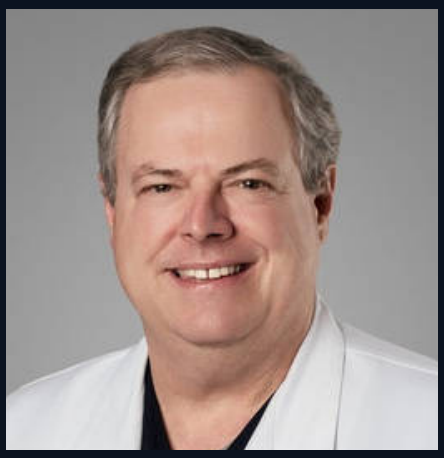
Arkansas Cardiology Exercise and Sports brings sports cardiologists and exercise scientists together under one roof.



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BOOK WITH OUR TEAM · CALL 501-975-7676 (OPTION 7)

NOTES FROM OUR TEAM

WHO WE SEE & HOW WE TEST

Why get an exercise and sports cardiac evaluation, and what testing is involved?

WE EVALUATE AND CARE FOR

- Patients with heart disease who want to start or resume exercise or athletic activities
- Patients who want an exercise prescription to lower their cardiovascular risk
- Athletes with exercise-induced symptoms
- Athletes referred for screening before high-level competition
- Athletes looking to optimize performance
- Tactical athletes (police officers, firefighters, military) who have symptoms or need clearance or a routine cardiac assessment

COMMON REASONS FOR A VISIT

- Abnormal ECG, stress test or echocardiogram in an athlete or active patient
- Chest pain, fainting, palpitations or shortness of breath with exercise
- Unexplained drop in exercise tolerance
- Abnormal sports screening test

TESTING WE OFFER

- Cardiopulmonary exercise testing (VO2 max)
- Stress tests
- Echocardiograms
- Heart rhythm monitors
- Cardiac CT and coronary CTA
- Cardiac MRI
- Cardiac PET/CT
- Cardiac catheterization



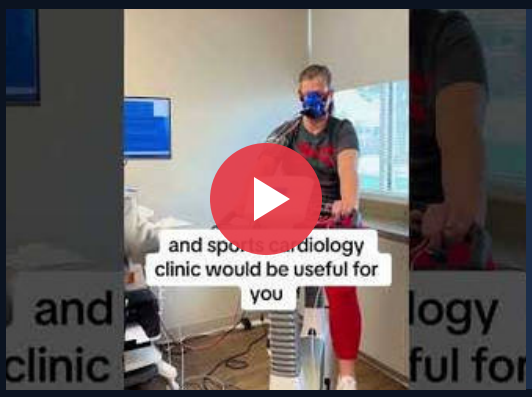
> ***"Heart care built for athletes."***

SCHEDULE AN EVALUATION · CALL 501-975-7676 (OPTION 7)

MEDIA

ARCARDSPORTS IN THE MEDIA

Watch our clinic overview and local news coverage of Arkansas's first sports cardiology clinic.



CLINIC OVERVIEW VIDEO

A look inside Arkansas's first sports cardiology clinic: who we see, how we test, and what a CPET visit is like.

▶ WATCH ON YOUTUBE



KARK-TV, LITTLE ROCK

Local news feature on the clinic and why athletes need cardiac care built for them.

▶ WATCH ON YOUTUBE



KATV, LITTLE ROCK

“New sports cardiology clinic to focus on cardiovascular risks for athletes.” February 2024.

READ THE STORY ON KATV.COM →

MORE AT ARCARDSPORTS.COM

COVER STORY

SAVING ARKANSAS ATHLETES

When a young athlete's heart stops, the next three minutes decide the outcome. Here's how we find hidden heart conditions first, and make sure every school is ready if one strikes.



WHY IT MATTERS

Sudden cardiac death in athletes is rare, but it is not random. A 20-year NCAA study found about 1 death per 63,682 athlete-years, and 1 in 8,188 in Division I men's basketball. Many of the conditions behind these deaths can be found with careful screening.

WHAT SAA DOES

Spring 2026 pilot: our sports cardiologists screened 600 athletes at North Little Rock high schools with a heart-focused history and exam (the AHA 14-element checklist).
Coming in 2027: a spring and summer pilot at 5 to 7 schools and colleges adds on-site ECGs, with an echocardiogram when indicated.
Follow-up: concerning findings are seen in our clinic for echo, cardiac MRI or a rhythm monitor.
School readiness: we help schools write and drill a cardiac emergency response plan.

ARKANSAS ACT 352 OF 2025

Every school must have a cardiac emergency response plan with:

✓ A trained response team
✓ AEDs on site, marked, unlocked, within 3 minutes
✓ Ongoing CPR and AED training
✓ At least one drill a year
✓ Coordination with local EMS

EVERY MINUTE COUNTS

Survival drops 7% to 10% for every minute without a shock. High-profile collapses on live television have shown how fast CPR and an AED can save a life.

> ***"The best cardiac arrest is the one we prevent."***

BRING SAA TO YOUR SCHOOL · CALL 501-975-7676 (OPTION 7)

References: Petek BJ et al., Circulation 2024 · Maron BJ et al., AHA/ACC statement, Circulation 2014 · Sharma S, Drezner JA et al., Eur Heart J 2018 · Arkansas DESE, Act 352 of 2025 · American Heart Association, What Is an AED? · Full links at ArCardSports.com

WHEN AN ATHLETE COLLAPSES

THE THREE MINUTES THAT MATTER

Sudden cardiac arrest is the leading cause of death in young athletes during sports. It strikes without warning, but it is survivable when the people nearby know exactly what to do.



IT HAPPENS IN A HEARTBEAT

Like many of you, I've watched it on live TV: a player drops with little or no contact and the stadium goes silent. Christian Eriksen in 2021 and Damar Hamlin in 2023 both survived because the people around them started CPR and used an AED within minutes. That is the whole lesson.

ARREST IS NOT THE SAME AS DEATH

In sudden cardiac arrest (SCA), the heart's electrical system fails and it stops pumping blood. Sudden cardiac death (SCD) is what happens when no one restarts it. Fast CPR and an early shock turn an arrest into a survival story. Today about half of young athletes who arrest survive.

WHO IS AT RISK

Risk is highest in male athletes, Black athletes and basketball players. Most athletes who arrest had no warning signs. A hidden heart condition, made dangerous by intense exercise, is usually the trigger.

BY THE NUMBERS

49%

of 641 young U.S. competitive athletes who had sudden cardiac arrest over 9 years survived

70% vs 53%

survival when an arrest happened during a game versus at practice. Be as ready on a Tuesday as on game night.

~4x

higher risk of sudden cardiac death in male vs. female college athletes (NCAA, 20 years)

Sources: Petek BJ et al. Survival Outcomes After Sudden Cardiac Arrest in Young Competitive Athletes From the United States. JACC 2025;85:1682-1692.
Petek BJ et al. Sudden Cardiac Death in National Collegiate Athletic Association Athletes: A 20-Year Study. Circulation 2024 · Full links at ArCardSports.com

BRING SAA TO YOUR SCHOOL · CALL 501-975-7676 (OPTION 7)

WHAT CAUSES IT

WHAT STOPS A YOUNG HEART, AND HOW WE FIND IT FIRST

Most athletes who suffer cardiac arrest have a heart condition no one knew about. The good news: many of these conditions can be found before the first whistle.

THE USUAL SUSPECTS

A 4-year national study of young U.S. athletes found these leading causes:

- Hypertrophic cardiomyopathy, a thickened heart muscle (about 1 in 5 cases)
- Unexplained thickening of the heart wall (13%)
- Coronary artery anomalies, an artery starting in the wrong place (12%)
- Normal autopsy (10%), which can point to an inherited rhythm disorder

The cause shifts with age: anomalous coronary arteries led in middle schoolers (28%), and cardiomyopathies caused 47% of cases in college and pro athletes. Myocarditis is another known cause.

LESSONS LEARNED

Dr. Jonathan Drezner, a national leader in sports cardiology, sums up decades of hard experience:

1. Cardiac arrest in athletes is not as rare as we once thought.
2. A history and physical alone misses most hidden heart disease.
3. With modern criteria, an athlete's ECG can be read accurately.
4. AEDs belong at every field, gym and school.
5. Collapse is often mistaken for fainting or a seizure, and precious minutes are lost.

RECOGNIZE · CALL · PUSH · SHOCK

RECOGNIZE: An athlete who collapses, doesn't respond and isn't breathing normally (or is only gasping) is in cardiac arrest. A few seconds of seizure-like jerking can happen; don't let it fool you.
CALL: Shout for help, call 911 and send someone running for the AED.
PUSH: Start hard, fast compressions in the center of the chest, 100 to 120 a minute.
SHOCK: Turn on the AED and follow its voice. Arkansas Act 352 of 2025 requires every school to have a cardiac emergency response plan, with an AED reachable within 3 minutes.

WHY ECG SCREENING

A history and physical alone finds only 10% to 20% of silent heart conditions. Adding a 12-lead ECG raises detection to about 94%, and the 2025 AHA/ACC statement calls ECG screening reasonable when expert reading and follow-up care are in place. The athlete-specific ECG criteria were updated in 2025 (IC25). Early data show abnormal ECGs falling from 2.1% to 1.6%, about 24% fewer false alarms.

ADD YOUR SCHOOL

Saving Arkansas Athletes brings heart screening by sports cardiologists and emergency-plan help to Arkansas schools. Our 2027 pilot adds on-site ECGs and indicated echocardiography. Add your school to an upcoming SAA screening event.

> ***"Recognize, call, push, shock. Every minute matters."***

References: Peterson DF et al. Aetiology and incidence of sudden cardiac arrest and death in young competitive athletes in the USA: a 4-year prospective study. Br J Sports Med 2021;55:1196-1203.
Kim JH, Baggish AL et al. Clinical Considerations for Competitive Sports Participation for Athletes With Cardiovascular Abnormalities: AHA/ACC Scientific Statement. JACC 2025.
Drezner JA, Sharma S et al. International criteria for electrocardiographic interpretation in athletes: consensus statement. Br J Sports Med 2017;51:704-731 · Arkansas Act 352 of 2025.
IC25 data (2.1% to 1.6%): Drezner JA, "ECG Interpretation in Athletes: Introducing IC25," presentation, 2025 (not yet published; see ecgsummit.org) · Lessons adapted from the same talk.

BRING SAA TO YOUR SCHOOL · CALL 501-975-7676 (OPTION 7)

FOOTBALL

A HEART-SAFE FRIDAY NIGHT

The biggest dangers on a football field are the heart, the heat and sickle cell trait. Each has warning signs, and each is treatable when the sideline acts fast.

1 in 31,743

Annual sudden cardiac death rate in NCAA football, second only to basketball

THE HEART

Any player who collapses and doesn't respond is a cardiac arrest until proven otherwise. Start CPR, call 911 and get the AED on now. A hard hit to the chest at the wrong instant can stop the heart (commotio cordis).

THE HEAT

Exertional heat stroke means a core temperature above 105°F with confusion or collapse. Cool first, transport second: immerse in cold water (35–59°F), stirred constantly, and get the temperature below 102.5°F within 30 minutes. Done fast and right, survival is close to 100%.

SICKLE CELL TRAIT

About 8% of African Americans carry it. In all-out efforts, red cells can sickle and block blood flow, sometimes after just 1–3 minutes of sprinting. Watch for muscle pain, weakness and unusual fatigue. Build up gradually, rest between sprints, hydrate, skip stimulant energy drinks.

PRESEASON HEAT SAFETY

Days 1–2: helmets only, one practice, max 3 hours
Days 3–4: helmets and shoulder pads
Day 5: full gear allowed
Days 6–14: contact begins; double days total max 5 hours, followed by a rest or single-practice day

GAME-NIGHT CHECKLIST

✓ AED on the sideline, charged, everyone knows where
✓ Cold-water tub ready on hot days
✓ Emergency plan posted and rehearsed with EMS
✓ Athletes with sickle cell trait identified

> ***"Cool first, transport second."***

IS YOUR SIDELINE READY? · CALL 501-975-7676 (OPTION 7)

References: AHA Newsroom, NCAA sudden cardiac death 20-year data (2023) · Commotio Cordis in 2023, Sports Med · NATA Exertional Heat Illnesses position statement (2015) · Korey Stringer Institute, Heat Acclimatization · NCAA, Sickle Cell Trait · Full links at ArCardSports.com

BASKETBALL SEASON PREVIEW

PROTECTING THE TALLEST HEARTS

Basketball has the highest rate of sudden cardiac death of any college sport. Here's what every player, parent and coach should know before tip-off.



THE NUMBERS

About 1 in 19,164 college basketball players dies suddenly each year of play. For NCAA Division I men's basketball players, the risk over a four-year career is more than 1 in 2,000.

HYPERTROPHIC CARDIOMYOPATHY

An inherited thickening of the heart muscle that affects about 1 in 500 people, and one of the most common causes of sudden cardiac death in young people. A diagnosis no longer automatically ends a career: the 2024 guideline says competitive sports may be considered after a yearly expert evaluation and shared decision-making.

RED FLAGS: STOP AND GET CHECKED

Fainting during exercise · chest pain or pressure with exertion · racing or skipping heartbeat · family history of sudden death before age 50.

MARFAN SYNDROME: KNOW THE SIGNS

Affects about 1 in 5,000 people and weakens the aorta.

- Tall, slender build, long arms and fingers
- Arm span longer than height
- Sunken or protruding breastbone
- Very flexible joints, curved spine
- Dislocated lens of the eye
- Family history of Marfan or aortic disease

Several signs? Get an echocardiogram before the season.

> ***"A diagnosis no longer automatically ends a career."***

PRESEASON SCREENING FOR YOUR TEAM · CALL 501-975-7676 (OPTION 7)

References: AHA Newsroom, NCAA sudden cardiac death data (2023) · Ommen SR et al., 2024 AHA/ACC HCM Guideline, Circulation · MedlinePlus Genetics, Marfan syndrome · Marfan Foundation, Know the Signs · Full links at ArCardSports.com

CPET DEEP DIVE · PART 1

INSIDE THE CPET LAB: WHAT TO EXPECT

A cardiopulmonary exercise test is a complete test of fitness and athletic performance. Here's what to expect, step by step, when you climb on our bike or treadmill.



BEFORE YOU COME

Wear comfortable workout clothes and shoes. Typical prep: no caffeine for 24 hours, no smoking or vaping for 8 hours, and only water for the 4 hours before your test. Bring a list of your medicines; we'll tell you if any should be held. A pacemaker or defibrillator needs a device check first.

WHAT THE MASK MEASURES

With every breath, the mask measures the oxygen you take in and the carbon dioxide you breathe out, plus how much air you move. Add your ECG, heart rate, blood pressure and oxygen level, and we collect thousands of data points. Turn the page to see how I read them.

TEST DAY, STEP BY STEP

1. Setup: ECG stickers, a blood pressure cuff, a finger oxygen sensor and a snug face mask.
2. Rest: 2 to 3 minutes of baseline readings.
3. Warm-up: easy pedaling or walking.
4. The ramp: about 8 to 12 minutes, a little harder every minute, until you can't go any further.
5. Cool-down: 3 to 5 easy minutes while we watch you recover.

> ***"CPET is a hard workout, and it should be. Your best effort gives us your best data."***

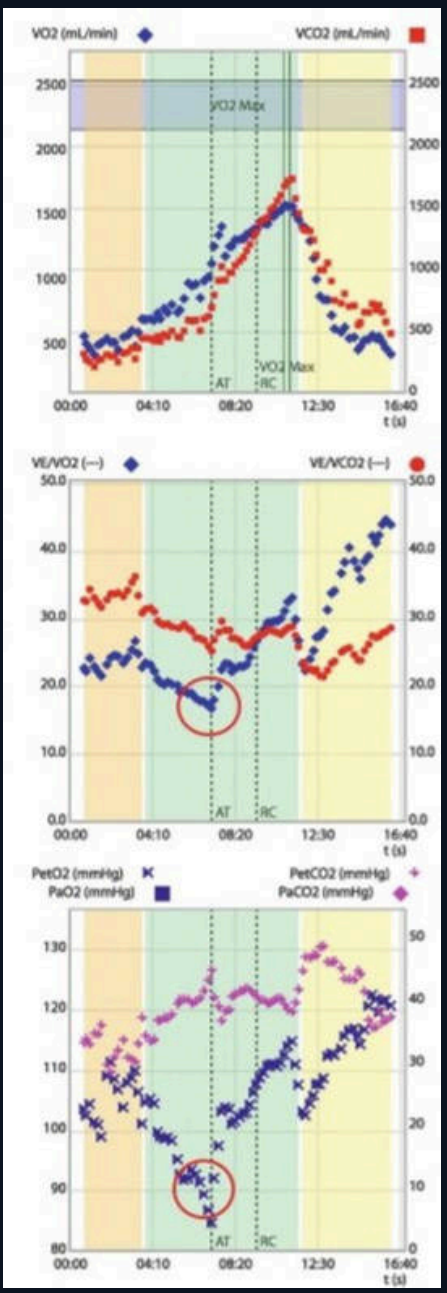
References: Cleveland Clinic, Cardiopulmonary Exercise Test (CPET), 2025 · my.clevelandclinic.org/health/diagnostics/17221-metabolic-exercise-stress-test
Leclerc K, Cardiopulmonary exercise testing: a contemporary and versatile clinical tool, Cleve Clin J Med 2017 · ccjm.org/content/84/2/161

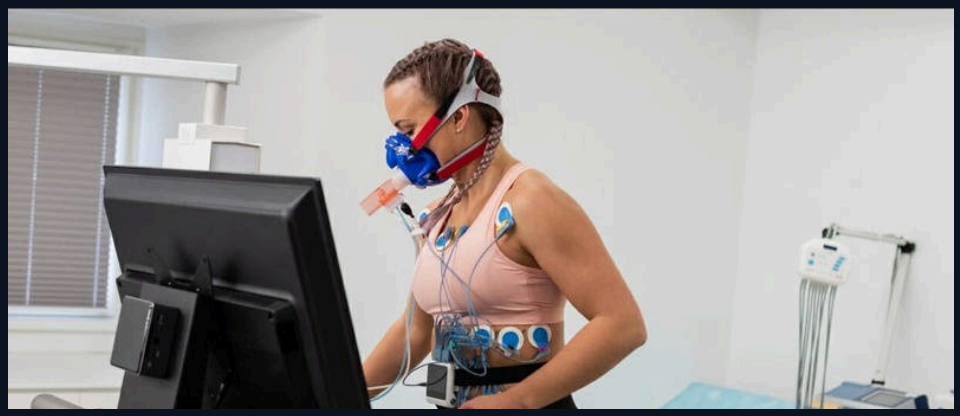
ASK ABOUT SELF-PAY CPET · CALL 501-975-7676 (OPTION 7)

CPET DEEP DIVE · PART 2

READING YOUR CPET RESULTS

Your CPET report looks like a page of squiggles. Here's what I look for in those graphs, and what the numbers mean for your training and your health.





THE BIG NUMBERS

On the sample graphs at left, the dotted lines mark your two thresholds.

Peak VO2: the most oxygen your body can use, in mL per kg per minute, compared with people your age and sex. It's the headline measure of aerobic fitness.

Ventilatory threshold (VT1, marked AT): where your muscles' demand starts to outrun oxygen delivery and your metabolism turns more anaerobic. Your breathing picks up faster than your oxygen use.

Respiratory compensation point (VT2, marked RC): a second, harder break point where breathing surges to blow off extra carbon dioxide. Above it, you're on the clock.

VE/VCO2 slope: how much air you move to clear carbon dioxide. Under about 30 is normal; a high slope points toward a heart or lung problem rather than simple fitness.

CPET VS. A STANDARD STRESS TEST

A standard stress test checks your heart. CPET adds a mask that measures the gases in your breath (not your blood), so we see your heart, lungs and muscles working together. We can run it on a bike or a treadmill to match your sport.

References: Leclerc K, Cardiopulmonary exercise testing: a contemporary and versatile clinical tool, Cleve Clin J Med 2017 · ccjm.org/content/84/2/161
Cleveland Clinic, Cardiopulmonary Exercise Test (CPET), 2025 · my.clevelandclinic.org/health/diagnostics/17221-metabolic-exercise-stress-test

WANT YOUR OWN NUMBERS? · CALL 501-975-7676 (OPTION 7)

CPET DEEP DIVE · PART 3

VO2 MAX & YOUR TRAINING ZONES

“What's my VO2 max?” It's the size of your aerobic engine. Your thresholds tell you how to drive it. Here's how we turn your CPET into personal training zones.



YOUR AEROBIC ENGINE

Your muscles make power two ways: aerobically, with oxygen, and anaerobically, without it. Anaerobic power comes fast but runs out quickly and builds fatiguing by-products. VO2 max, measured in mL of oxygen per kg of body weight per minute, is the size of your aerobic engine. The bigger the engine, the more power you can hold without tipping into that fatigue.

WATCH VS. LAB

Smartwatches and training apps estimate VO2 max from your heart rate and pace. They're handy for following trends, but they're estimates. CPET measures your oxygen use directly, breath by breath, and finds your thresholds too.

> ***“Your watch estimates. Your CPET measures.”***

TRAIN BY YOUR THRESHOLDS

EASY, below VT1: conversational pace. Builds your aerobic base.
STEADY, between VT1 and VT2: comfortably hard tempo work.
HARD, above VT2: short, powerful intervals. Costly, so use them sparingly.
Your report gives your heart rate at each threshold, so you can train by it.

WHY NOT JUST USE 220 MINUS AGE?

Zones based on a percent of max heart rate or VO2 are a rough guess. In a 2021 study of 350 adults, those formulas could place a person's true thresholds in the wrong intensity zone, especially in heart patients. Zones from your own test fix that.

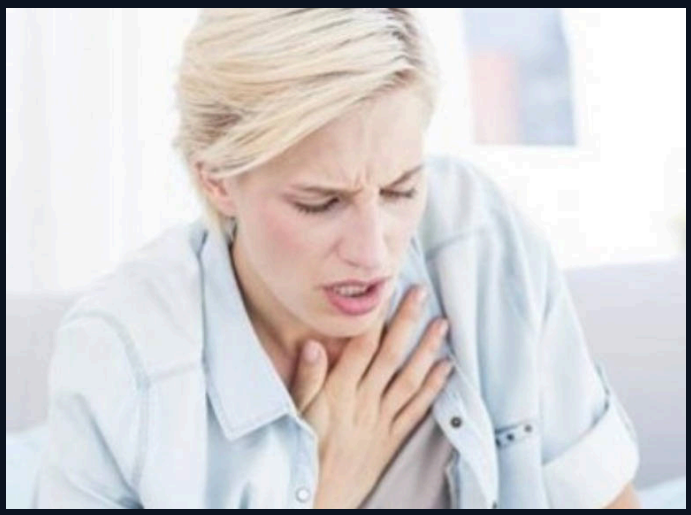
References: Anselmi F et al., The importance of ventilatory thresholds to define aerobic exercise intensity, Scand J Med Sci Sports 2021 · pmc.ncbi.nlm.nih.gov/articles/PMC8456830
Leclerc K, Cardiopulmonary exercise testing: a contemporary and versatile clinical tool, Cleve Clin J Med 2017 · ccjm.org/content/84/2/161

GET YOUR PERSONAL TRAINING ZONES · CALL 501-975-7676 (OPTION 7)

CPET DEEP DIVE · PART 4

WHY AM I SO SHORT OF BREATH?

“My heart tests are normal. My lung tests are normal. So why can't I breathe when I exercise?” We hear this a lot, and CPET is often the test that finds the answer.





WHEN THE USUAL TESTS ARE NORMAL

The medical word is dyspnea. Standard tests like an echo, a stress test and lung function tests find the common causes. When they're normal, CPET shows how your heart, lungs and muscles work together under load. The ACC and AHA give it their top (Class I) recommendation for unexplained shortness of breath with exertion.

WHAT IT CAN SORT OUT

Your CPET pattern can point to deconditioning, a heart limit, a lung limit or inefficient breathing. If we need more, an invasive CPET at a specialized center can uncover rarer causes, such as exercise-induced pulmonary hypertension, heart failure with preserved ejection fraction that appears only with exercise, or preload failure, when the heart can't fill enough during exertion.

WHEN WE MAY POSTPONE YOUR TEST

For your safety, we may delay or skip CPET if you have:

- An acute infection, like a cold, flu or COVID-19
- Acute heart inflammation (myocarditis or pericarditis)
- A heart attack in the past 30 days
- A blood clot in the legs (DVT)
- Moderate or severe heart valve stenosis
- Uncontrolled heart rhythm problems
- Severe high blood pressure or pulmonary hypertension
- Kidney failure
- An advanced or complicated pregnancy
- Hypertrophic cardiomyopathy (we decide case by case)

References: Leclerc K, Cardiopulmonary exercise testing: a contemporary and versatile clinical tool, Cleve Clin J Med 2017 · ccjm.org/content/84/2/161
Cleveland Clinic, Cardiopulmonary Exercise Test (CPET), 2025 · my.clevelandclinic.org/health/diagnostics/17221-metabolic-exercise-stress-test
Rao VN et al., Unexplained dyspnea on exertion: the difference the right test can make, Circ Heart Fail 2022 · pmc.ncbi.nlm.nih.gov/articles/PMC8847234

SHORT OF BREATH? ASK ABOUT CPET · CALL 501-975-7676 (OPTION 7)

TESTING

CPET: YOUR ENGINE, MEASURED

A standard stress test checks blood flow. A cardiopulmonary exercise test measures exactly how well your heart, lungs and muscles work together, breath by breath.



WHAT CPET MEASURES

VO2 max: the most oxygen your body can use, the best single measure of aerobic fitness. Ventilatory thresholds: where your breathing and fuel use shift; they set your personal training zones. Breathing efficiency (VE/VCO2): helps tell whether shortness of breath comes from the heart, the lungs or fitness. Plus ECG, blood pressure and heart rate throughout.

WHO SHOULD CONSIDER IT

Athletes who want precise training zones · unexplained shortness of breath or a drop in performance · heart patients starting or returning to exercise · masters athletes building toward a marathon or triathlon.

NEW: SELF-PAY CPET FOR ATHLETES

No referral or medical problem needed. Get your VO2 max, thresholds, personal heart-rate zones and a results review.
Self-pay price: $150.

> ***“Fitness is a vital sign.”***

FITNESS PREDICTS LONGEVITY

In 122,000+ adults who had treadmill tests, the least fit were about 5 times more likely to die during follow-up than the fittest — a bigger gap than smoking or diabetes. There was no upper limit to the benefit.

ASK ABOUT SELF-PAY CPET · CALL 501-975-7676 (OPTION 7)

References: Leclerc K, Cardiopulmonary exercise testing, Cleve Clin J Med 2017 · Mandsager K et al., JAMA Netw Open 2018 · Full links at ArCardSports.com

IMAGING SPOTLIGHT

ATHLETE'S HEART OR HEART DISEASE?

Years of hard training thicken the heart's walls. That's normal — but it can look a lot like hypertrophic cardiomyopathy. Telling them apart is one of sports cardiology's most important jobs.

12–15 mm

The gray zone: heart-wall thickness where athlete's heart and cardiomyopathy overlap

OUR IMAGING TOOLKIT

Echocardiogram: first look at wall thickness, chamber size and how the heart relaxes.
Cardiac MRI: sharpest view of the muscle; shows scar that echo can miss.
Coronary CTA: 3D map of the arteries; the best test for a coronary artery that starts or runs in the wrong place.
Cardiac PET/CT: shows active inflammation, as in sarcoidosis, and blood flow to the muscle.
CPET: a high VO2 max strongly favors athlete's heart.

NO SINGLE TEST DECIDES

We put the pieces together, and when needed repeat imaging after a short break from training.

CLUES THAT POINT TO HCM

- Wall thicker than 16 mm, or lopsided
- Small pumping chamber (under 45 mm)
- Stiff heart muscle on echo
- Peak VO2 under 50 mL/kg/min
- Scarring on cardiac MRI

Athlete's heart: even 12–15 mm thickening, normal or large chamber, normal relaxation, high fitness, no scar.

> ***"Telling them apart is one of sports cardiology's most important jobs."***

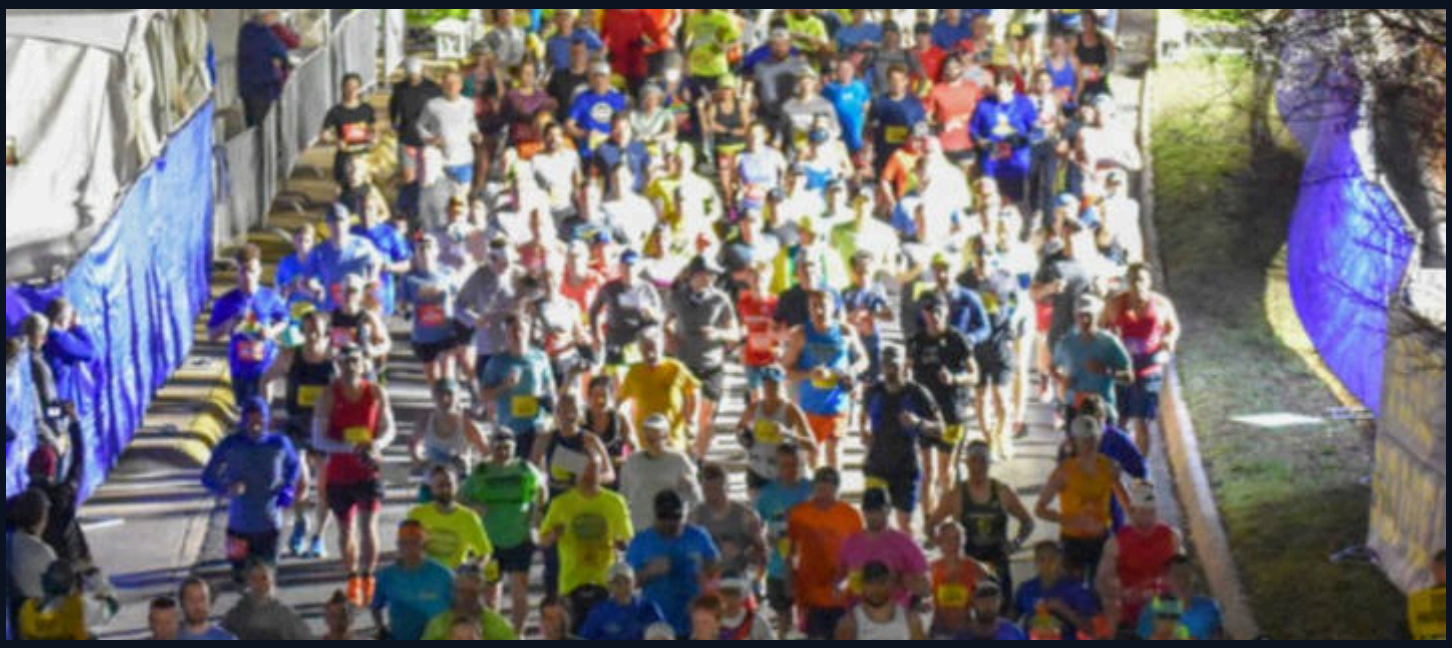
ABNORMAL ECG OR ECHO FROM A SPORTS PHYSICAL? · CALL 501-975-7676

References: Nelson K, LaRocca G, LVH in Athletes: the Gray Zone, ACC.org 2024 · Sareban M et al., Front Cardiovasc Med 2022 · PET Imaging in Cardiac Sarcoidosis, Pharmaceuticals 2021 · Full links at ArCardSports.com

MASTERS ATHLETES

THE CALCIUM PARADOX

The most active middle-aged men often have more calcium in their heart arteries than less active men. The good news: their plaque tends to be the stable kind, and high activity still goes with long life.



WHAT THE STUDIES SHOW

MARC-1 (Netherlands, 2017): in 284 men around age 55, coronary calcium in 68% of the most active vs 43% of the least active — but more of it was calcified-only plaque.

Merghani (UK, 2017): plaque in 44% of male masters athletes vs 22% of sedentary men, mostly calcified (73%); years of training predicted it.

Cooper Center (Dallas, 2019): in 21,758 men followed ~10 years, the most active were slightly more likely to have a calcium score of 100+, but it did not raise their risk of death.

WHAT THIS MEANS FOR YOU

✓ Keep training — activity remains one of the best things for your heart
✓ Fitness doesn't make you immune to plaque
✓ Know your numbers: a calcium scan or coronary CTA shows what's there
✓ Never ignore chest pressure, unusual breathlessness or a sudden drop in pace

> ***"High activity still goes with long life."***

TURNING 40 OR 50 AND STILL RACING? · CALL 501-975-7676 (OPTION 7)

References: Aengevaeren VL et al., Circulation 2017 (MARC-1) · Merghani A et al., Circulation 2017 · DeFina LF et al., JAMA Cardiol 2019 · Full links at ArCardSports.com

ATHLETE HEART CHECK

CARDIAC EVALUATION OF AN ATHLETE

Most problems young athletes face on the field are minor, like heat or dehydration. Our job is to find the rare heart condition that isn't, before it shows up in the middle of a game.

WHY WE LOOK

Young athletes get sports physicals every year. One big goal of that visit is to find hidden heart conditions that can lead to sudden cardiac arrest. These conditions are rare, and many athletes who have one feel perfectly fine, so we use a careful, standardized approach.

WHAT WE ARE LOOKING FOR

The usual suspects include hypertrophic cardiomyopathy (a thickened heart muscle), coronary arteries that start in the wrong place, inherited rhythm problems such as long QT syndrome, inflammation of the heart muscle (myocarditis), and aortic disease such as Marfan syndrome.

RED FLAGS

Chest pain, fainting or nearly fainting, a racing heart, or unusual breathlessness or fatigue during exercise. A relative who died suddenly of a heart problem before age 50. Any of these means a closer look by a sports cardiologist, and sometimes a short pause from play until we have answers.



WHAT THE VISIT INCLUDES

✓ Your personal heart history
✓ Your family's heart history
✓ Blood pressure, ideally in both arms
✓ Pulses in the wrist and groin
✓ Listening to the heart lying and standing
✓ Checking for signs of Marfan syndrome

> ***"Our goal is simple: find the rare problem before it finds the athlete."***

CONTINUED ON NEXT PAGE →

SCHEDULE AN ATHLETE EVALUATION · CALL 501-975-7676 (OPTION 7)

CARDIAC EVALUATION, CONTINUED

14 CHECKS THAT MATTER



In 1990, Loyola Marymount star Hank Gathers collapsed and died during a college tournament game. An autopsy found hypertrophic cardiomyopathy.

YOUR HISTORY

1. Chest pain or discomfort with exercise
2. Fainting or near-fainting with exercise
3. Unexplained breathlessness, fatigue or palpitations with exercise
4. A heart murmur found in the past
5. High blood pressure
6. Ever been held out of sports
7. Ever had a heart test ordered by a doctor

FAMILY HISTORY & EXAM

8. A relative who died suddenly of heart disease before 50
9. A close relative disabled by heart disease before 50
10. Relatives with cardiomyopathy, long QT or other rhythm disorders, Marfan syndrome or serious arrhythmias
11. Heart murmur check, lying and standing
12. Femoral (groin) pulses
13. Physical signs of Marfan syndrome
14. Arm blood pressure, ideally both arms

PARENTS, YOU'RE KEY

For middle and high school athletes, the AHA recommends that parents verify the history. You often know the family story better than your child does.

WHERE THE ECG FITS

The AHA checklist is history and exam only; it does not call for a routine ECG on every athlete. Our 2027 Saving Arkansas Athletes pilot adds an on-site ECG read with athlete-specific criteria and indicated echocardiography.

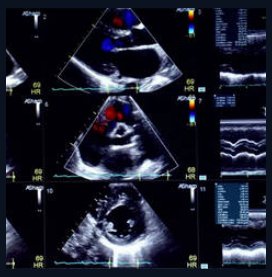
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SCHEDULE AN ATHLETE EVALUATION · CALL 501-975-7676 (OPTION 7)

CARDIAC EVALUATION, CONTINUED

WHEN WE NEED A CLOSER LOOK

A red flag on the screening doesn't mean bad news. It means we pick the right test to get a clear answer.



ECHOCARDIOGRAM

An ultrasound of the heart. It shows structure, valves and pumping, and helps tell a normal athlete's heart from cardiomyopathy.



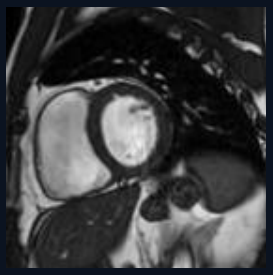
EXERCISE TEST (CPET)

We watch heart rhythm, blood pressure and breathing while you push hard on a bike or treadmill.



CORONARY CTA

Maps the coronary arteries. It can find an artery that starts in the wrong place, a known cause of sudden death in young athletes.



CARDIAC MRI

Detailed pictures of the heart muscle. It measures size and function and can reveal scarring or inflammation such as myocarditis.



RHYTHM MONITORING

A wearable patch or monitor records your heart rhythm for days to weeks, through practice, games and sleep.



EP STUDY

Thin catheters map the heart's electrical system. An extra pathway or abnormal circuit can often be treated with ablation in the same procedure.

WHAT HAPPENS NEXT

Finding a heart condition rarely means an automatic end to sports. Current AHA/ACC guidance asks us to decide together: the athlete, the family and the care team. We walk through the risks, the sport and the athlete's goals, then make a plan. More on that on the next page.

> ***"A red flag is a question, not a verdict. The right test gives us the answer."***

References: Maron BJ et al., AHA/ACC 14-element screening statement, Circulation 2014

ESPN, The tragedy of Hank Gathers and triumph of Loyola Marymount, 2021

Ommen SR et al., 2024 AHA/ACC Hypertrophic Cardiomyopathy Guideline, Circulation 2024

Hank Gathers, Wikipedia (autopsy finding), accessed 2026

SCHEDULE AN ATHLETE EVALUATION · CALL 501-975-7676 (OPTION 7)

SHARED DECISION MAKING

IS SPORT OPTIONAL, OR LIKE OXYGEN?

When an athlete is diagnosed with a heart condition, the old answer was often a flat “no.” Today, the decision about returning to play is one we make together.

MORE THAN A YES OR NO

Return-to-play decisions used to be a simple yes or no, made by the doctor or the team. The 2015 AHA/ACC eligibility and disqualification recommendations reflected that era. In 2025, the AHA and ACC replaced them with a statement built on shared decision-making, one its authors say is not a list of disqualifications but a guide for deciding together. The 2024 AHA/ACC HCM guideline agrees: competitive sports may be considered after a yearly expert evaluation and a shared decision.

WHY IT MATTERS

For many athletes, sport isn't optional. It's identity, friends, structure and health, as essential as oxygen. Being told to stop can hurt: in one study of teens restricted from sports because of HCM, dilated cardiomyopathy or long QT syndrome, anxiety and social effects were commonly reported. We take that seriously.

WHAT WE WEIGH TOGETHER

The condition and its real risk, the demands of your sport, your goals and how much risk you're willing to accept, and ways to lower it, such as treatment and an emergency action plan with an AED on site.



Bronny James had a cardiac arrest at a USC workout, caused by a congenital heart defect. After treatment, he returned to play later that season.

MY FIVE PILLARS

Knowledge: an accurate diagnosis and real expertise
Humility: knowing when to ask other experts
Respect: your goals and your voice count
Teamwork: you, your family and your doctors
Communication: with athlete, parents and school

> ***“We decide together. That's the whole point.”***

References: Kim JH et al., AHA/ACC statement on competitive sports participation, JACC 2025
Maron BJ et al., AHA/ACC eligibility and disqualification recommendations, JACC 2015
ESPN, Bronny James has congenital heart defect, 2023
Ommen SR et al., 2024 AHA/ACC Hypertrophic Cardiomyopathy Guideline, Circulation 2024
Berg AE et al., Psychological impact of sports restriction, Prog Pediatr Cardiol 2018

SCHEDULE AN ATHLETE EVALUATION · CALL 501-975-7676 (OPTION 7)

ZONE TRAINING

TRAIN SMARTER WITH HEART-RATE ZONES

Not every workout should feel hard. Heart-rate zones help you keep easy days easy and hard days hard, so you get more from every hour you train.



WHAT IS A TRAINING ZONE?

A training zone is a heart-rate range tied to how hard your body is working and which fuel it is burning. Most programs use five zones, from an easy warm-up (Zone 1) to an all-out sprint (Zone 5).

Training by zone is how endurance athletes build fitness without burning out.

WHERE DO THE NUMBERS COME FROM?

Most watches and apps start with an estimated maximum heart rate: 220 minus your age, or the newer Tanaka formula, 208 minus 0.7 × age. Those are averages. For any one person, the true maximum is often off by 10 beats a minute or more, and every zone built on it is off too.

IN THIS SECTION

- ✓ How your body makes energy
- ✓ Zone 2: your aerobic engine
- ✓ The five training zones
- ✓ Why elite athletes train mostly easy
- ✓ How CPET measures your own zones

THE BETTER WAY

A cardiopulmonary exercise test (CPET) measures the oxygen you use and the carbon dioxide you breathe out as you work harder. It finds your own breathing thresholds, so your zones fit you, not an average.

> ***“Your watch guesses. CPET measures.”***

GET YOUR ZONES MEASURED WITH CPET · CALL 501-975-7676 (OPTION 7)

ZONE TRAINING

HOW YOUR BODY MAKES ENERGY

To understand Zone 2, it helps to know how your muscles turn food into fuel.

ATP: YOUR ENERGY CURRENCY

Every cell runs on adenosine triphosphate (ATP). Walking, lifting, even reading this page spends it. Your body refills ATP three main ways.

1. THE AEROBIC SYSTEM

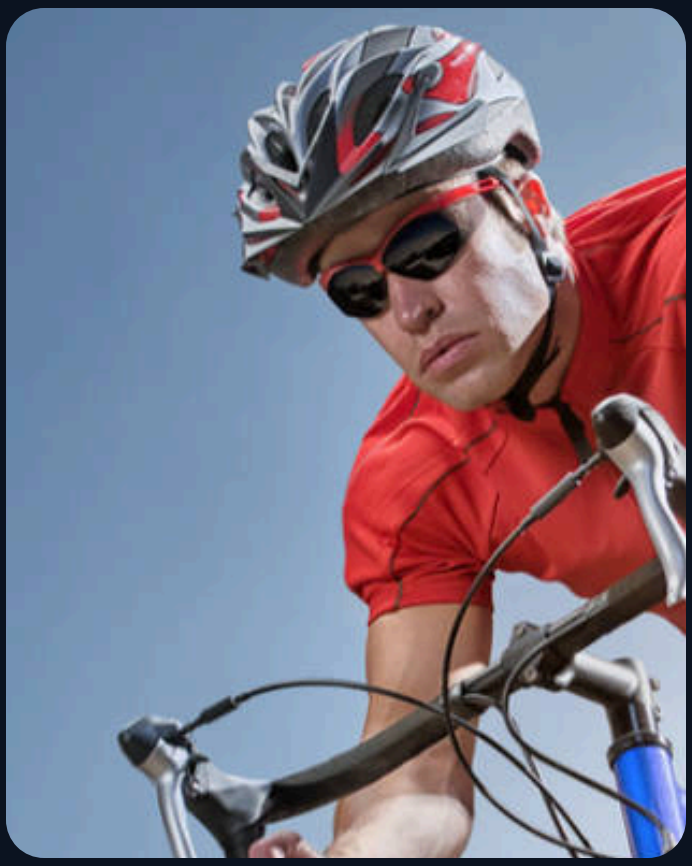
Inside your mitochondria, cells burn fat and carbohydrate with oxygen. It is slower, but it can run for hours. This is the engine Zone 2 training builds.

2. GLYCOLYSIS

When you push harder, cells break down glucose and stored glycogen quickly, without waiting for oxygen. It powers hard efforts and produces lactate.

3. PHOSPHOCREATINE

Stored phosphocreatine rebuilds ATP almost instantly, but only for a few seconds: a sprint start or a heavy lift.



LACTATE IS NOT WASTE

Lactate was long blamed for fatigue, but it is also fuel. Your heart and muscles burn it, and your liver can turn it back into glucose. A well-trained aerobic system clears it faster, so you can go harder before it builds up.

WHAT CPET MEASURES

You ride a bike or walk a treadmill while we measure every breath. The test shows:

✓ Oxygen uptake (VO2) and peak VO2
✓ Your first and second ventilatory thresholds
✓ Your heart rate at each threshold
✓ Your ECG and blood pressure response

> ***“Zone 2 builds the engine. The other zones put it to work.”***

GET YOUR ZONES MEASURED WITH CPET · CALL 501-975-7676 (OPTION 7)

ZONE TRAINING

ZONE 2: YOUR AEROBIC ENGINE

Easy enough to talk, steady enough to count. Zone 2 is where most of your endurance is built.



WHAT ZONE 2 FEELS LIKE

You are breathing a little harder, but you can still hold a conversation. It feels almost too easy, and that is the point. You could keep it up for an hour or more.

WHY IT WORKS

Zone 2 sits just below your first ventilatory threshold (VT1). Your mitochondria do most of the work, burning mostly fat with some carbohydrate in the mix. Push a little harder and your muscles lean more on glucose, and lactate starts to rise.

ZONE 2 BENEFITS

✓ More mitochondria, working more efficiently
✓ Better endurance performance
✓ A stronger, more efficient heart and a lower resting heart rate
✓ More work capacity and faster recovery between hard sessions
✓ Easy on the body, so you can train again tomorrow
✓ A lift in mood

FINDING YOUR ZONE 2

Heart-rate formulas give a rough range, but they rest on an estimated maximum heart rate that can be off by 10 beats or more. The most accurate way is a cardiopulmonary exercise test (CPET), which pinpoints your VT1 from the oxygen you use and the carbon dioxide you breathe out. A blood lactate test is another option.

GET YOUR ZONES MEASURED WITH CPET · CALL 501-975-7676 (OPTION 7)

ZONE TRAINING

THE FIVE TRAINING ZONES

Use this chart as a starting point. The percentages come from maximum heart rate; your own thresholds from CPET make it personal.

ZONE	% OF MAX HR	EFFORT (0–10)	MAIN FUEL	WHAT IT FEELS LIKE
ZONE 1	50–60%	2–3 Very light	Mostly fat	Warm-up and recovery. Easy, relaxed pace.
ZONE 2	60–70%	4–5 Light	Mostly fat	Steady, conversational. Builds your aerobic base.
▲ FIRST VENTILATORY THRESHOLD (VT1): THE TOP OF ZONE 2				
ZONE 3	70–80%	6–7 Moderate	Fat and carbs	Comfortably hard. Talking gets choppy.
ZONE 4	80–90%	8 Hard	Mostly carbs	Threshold work. Only a few words at a time.
ZONE 5	90–100%	9–10 Very hard	Carbs	All-out sprints. Too hard to talk.

WHY YOUR NUMBERS MAY BE OFF

Every percentage in this chart depends on your maximum heart rate. The usual formulas, 220 minus age and Tanaka's 208 minus 0.7 × age, predict the average for people your age. Real people scatter around that average by about 10 to 12 beats a minute, and some by much more. Medicines such as beta-blockers shift the numbers too.

Effort is your rating of perceived exertion (RPE) on a 0–10 scale.

EXAMPLE: AGE 50

220 minus age: 170 bpm
Tanaka formula: 173 bpm
Zone 2 by formula: about 102–121 bpm

But a real 50-year-old's maximum could be 160 or 185. CPET skips the guess: it finds your heart rate at VT1, so your Zone 2 comes from your own test.

References: Tanaka H, Monahan KD, Seals DR. Age-predicted maximal heart rate revisited. J Am Coll Cardiol, 2001. pubmed.ncbi.nlm.nih.gov/11153730

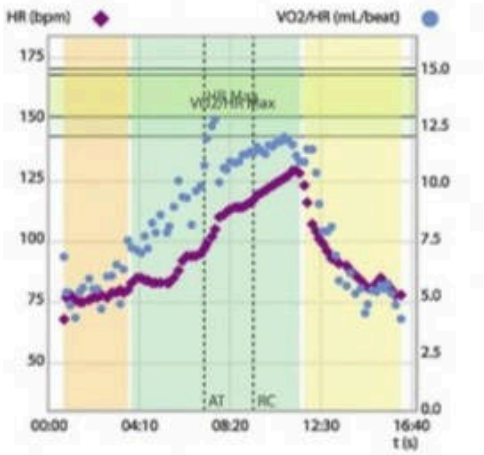
Shookster D et al. Accuracy of commonly used age-predicted maximal heart rate equations. Int J Exerc Sci, 2020. pmc.ncbi.nlm.nih.gov/articles/PMC7523886

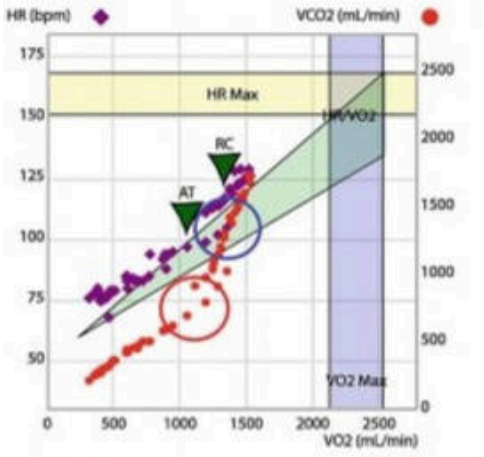
GET YOUR ZONES MEASURED WITH CPET · CALL 501-975-7676 (OPTION 7)

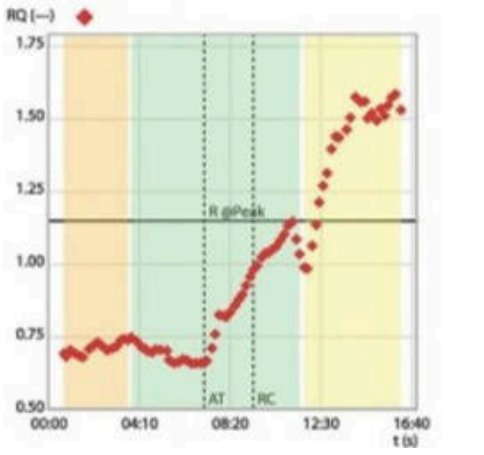
ZONE TRAINING

WHY ELITES TRAIN MOSTLY EASY

The world's best endurance athletes spend most of their training time going slow. Here's why that works for you, too.









THE 80/20 PATTERN

Studies of elite endurance athletes find that about 80% of their sessions are easy, below the first threshold, and only about 20% are hard. It is tempting to make every workout “moderately hard.” Keeping easy days truly easy lets you go harder when it counts and keep building speed and distance.

HEART AND VESSELS

Steady aerobic training helps your heart pump more blood with each beat, so it needs fewer beats at rest and at a given pace. Your blood vessels get better at delivering oxygen to working muscles.

NOT JUST FOR RUNNERS

A bigger aerobic engine helps strength athletes recover between sets. Easy sessions put little stress on the body, so you can add training volume and still be ready to go again tomorrow.

READING YOUR CPET

The sample report at left tracks heart rate, oxygen uptake and breathing through a test. We mark your thresholds and turn them into heart-rate zones that are yours alone.

References: Seiler S. What is best practice for training intensity and duration distribution in endurance athletes? Int J Sports Physiol Perform, 2010. pubmed.ncbi.nlm.nih.gov/20861519
Tanaka H, Monahan KD, Seals DR. J Am Coll Cardiol, 2001 · Shookster D et al. Int J Exerc Sci, 2020 · Full links on the Five Training Zones page

BOOK YOUR CPET · CALL 501-975-7676 (OPTION 7)

WEARABLES & GADGETS

WHAT YOUR WATCH CAN (AND CAN'T) TELL YOU

More athletes arrive in clinic with a screenshot: a heart-rate alert, an irregular-rhythm notice, a watch ECG. These devices are useful — if you know their limits.

2.5×

Higher odds of atrial fibrillation in athletes vs non-athletes (2021 meta-analysis)

WRIST VS CHEST STRAP

Wrist sensors read heart rate with light and lose accuracy on the bike and elliptical. In a 50-person study, chest straps matched a hospital ECG almost perfectly. For training data you care about, use a strap.

THE WATCH ECG

FDA-cleared in 2018, the Apple Watch ECG app records one lead and sorts it into normal rhythm, AFib or inconclusive. Not for anyone under 22, and it cannot detect a heart attack. Chest pain? Call 911.

NEW: BLOOD PRESSURE ALERTS

FDA-cleared in September 2025, Apple's hypertension notifications look for 30-day patterns. They don't measure blood pressure and won't catch everyone. Got an alert? Check with a real cuff.

GADGET ROUNDUP

Chest strap: accurate HR for zone training
Watch ECG: catches possible AFib (adults 22+)
Oura/Whoop: sleep, resting HR and HRV trends — trends beat single scores
Home BP cuff: the real number behind an alert

CALL US, WHATEVER YOUR WATCH SAYS

Fainting with exercise · chest pain with exertion · unusual breathlessness · a racing heartbeat that won't settle · family history of sudden death before 50.

> ***"Chest pain? Call 911."***

QUESTIONS ABOUT YOUR DEVICE DATA? · CALL 501-975-7676

References: ACC press release, Wrist-worn HR monitors less accurate than chest strap (2017) · FDA DEN180044; Apple Support, ECG app · Newman W et al., Br J Sports Med 2021 · FDA K250507; Apple Support, hypertension notifications · Full links at ArCardSports.com

WINTER HEALTH

BACK AFTER THE FLU

Most viral illnesses don't touch the heart. Rarely, a virus inflames the heart muscle (myocarditis) — and hard exercise during that inflammation can trigger dangerous rhythms.



THE "NECK CHECK"

Symptoms only above the neck (runny nose, sore throat)? Light exercise is usually fine. Fever, body aches, chest pain, a deep cough or unusual fatigue? Rest until they're gone. It's a guide, not a guarantee.

RETURN GRADUALLY

Easy sessions for a few days, then build back over a week or more. If an easy workout now leaves you breathless or racing, stop and get checked.

IF IT IS MYOCARDITIS

No strenuous exercise or competition for 3–6 months, then echo, a 24-hour rhythm monitor and an exercise test before returning.

> ***"It's a guide, not a guarantee."***

ASK THE SPORTS CARDIOLOGIST

"My resting heart rate is 44. Dangerous?"
In a trained athlete without symptoms, the 40s are usually a normal adaptation. Dizzy, faint or not training much? Get checked.

"Does my teen need an ECG before sports?"
Every athlete needs a careful history and exam; an ECG finds conditions they can miss. See our SAA screening events.

"I'm 55 and training for a half marathon. Test first?"
With heart disease, symptoms or several risk factors, yes — a CPET can clear you and set your zones.

CHEST PAIN OR PALPITATIONS AFTER AN ILLNESS? · CALL 501-975-7676

References: Maron BJ et al., AHA/ACC Task Force 3, Myocarditis, Circulation 2015 · Gluckman TJ et al., 2022 ACC Expert Consensus, JACC · Sport and exercise during viral acute respiratory illness, J Sport Health Sci · Sharma S et al., Eur Heart J 2018 · Full links at ArCardSports.com

NUTRITION

BODY FUEL: TWO-A-DAYS & GAME DAY

What you eat and drink around practice matters as much as the weight room. Here's what the major sports-nutrition organizations recommend, as a game plan.



DAILY CARBS BY TRAINING LOAD

Light or skill-based: 3–5 g/kg (210–350 g for a 154-lb athlete)
Moderate, ~1 hr/day: 5–7 g/kg (350–490 g)
High, 1–3 hr/day: 6–10 g/kg (420–700 g)
Protein: 1.2–2.0 g/kg/day, spread across meals.

HEART-SMART TIPS

Whole foods first; high-stimulant energy drinks can trigger palpitations. Salty foods and sports drinks help heavy sweaters in Arkansas heat. Weigh in before and after practice to know how much to drink.

GAME-DAY TIMELINE

1–4 hrs before: carb-based meal (1–4 g/kg), low fat and fiber
2–4 hrs before: 5–10 mL fluid/kg (12–24 oz for 154 lb)
During 1–2.5 hrs of play: 30–60 g carbs per hour
After: replace each pound lost with 19–23 oz of fluid, plus carbs and protein

> ***"Whole foods first."***

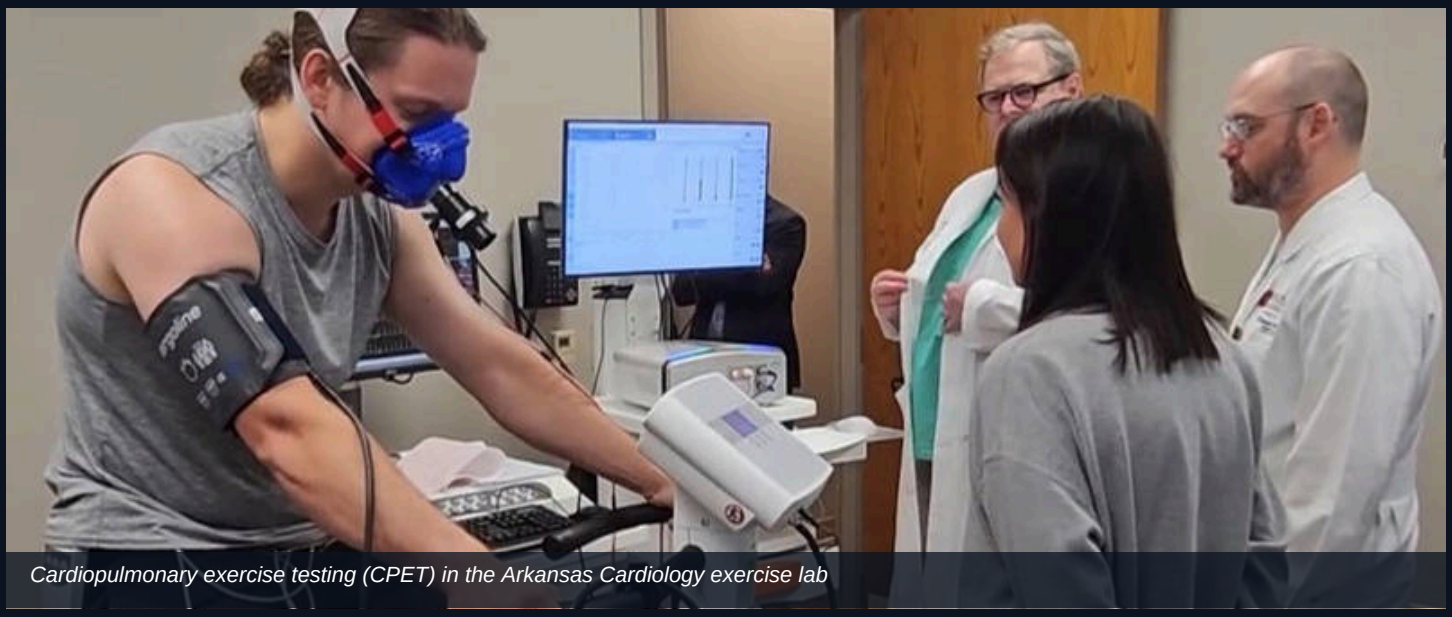
WANT A PERSONAL PLAN? ASK US FOR A SPORTS DIETITIAN REFERRAL

References: Thomas DT, Erdman KA, Burke LM, Nutrition and Athletic Performance, ACSM/AND/DC joint position, Med Sci Sports Exerc 2016 · Full links at ArCardSports.com

COMMUNITY

WHO'S THE FITTEST TRAINER IN ARKANSAS?

In April 2026, Arkansas Cardiology and Baptist Health Heart Institute put Arkansas fitness trainers to the ultimate test: a CPET to find the highest VO2 max.



Cardiopulmonary exercise testing (CPET) in the Arkansas Cardiology exercise lab

BACK-TO-BACK CHAMPION

For the second year in a row, the title of fittest trainer in Arkansas goes to Emily Wade Wilson. She won the 2025 challenge and defended her crown in 2026. Emily has built a large following as an instructor, which she credits to connecting with her students and pushing them to commit to themselves. She is also a member of the Arkansas Fitness Professionals Hall of Fame and serves on its board of directors.

> ***"Think you can dethrone the champ? Watch @ArCardSports for the 2027 challenge."***

MEET THE CHAMPION

- Certified multidisciplinary fitness trainer, marathoner and published writer
- Got her start at a college gym's early-morning front desk, until a personal trainer urged her to get certified
- Instructor at Little Rock Athletic Club and the PV Family Life Center
- Lead trainer and advisory board member for UAMS's Community Expecting Study
- Has trained everyone from Boston Marathon and half-Ironman athletes to moms chasing their kids around the park
- Named to Arkansas Business's inaugural Top Women to Watch
- Grew up on a farm in Gainesville, Mo.; Harding University graduate, magna cum laude

FOLLOW @ARCARDSPORTS FOR THE 2027 CHALLENGE

References: @ArCardSports on X, 2026 Fitness Trainer Challenge announcement (Feb 11, 2026) and 2025 challenge update (Jun 5, 2025) · Arkansas Fitness Professionals Hall of Fame, "Meet our Board of Directors: Emily Wilson," Instagram (Apr 1, 2025)

HEART-HEALTHY RECIPES

COOK FOR YOUR HEART

Six easy, lower-sodium favorites from the Baptist Health Cardiac Cookbook: roasted vegetables, oven-"fried" chicken, baked fish and a hearty chili.








IN THIS SECTION

Roasted Cauliflower
Baked Chicken Strips with Green Beans
Crunchy Baked Catfish with Slaw
Lemon-Garlic Salmon Foil Packs
Spicy Oven-Fried Chicken
Turkey Chili

THE HEART-SMART KITCHEN

- Bake, roast or microwave instead of deep-frying.
- Choose no-salt-added canned beans and tomatoes.
- Swap salt for a salt-free seasoning blend.
- Use skinless poultry and trim visible fat.

Recipes from the Baptist Health Cardiac Cookbook

HEART-HEALTHY RECIPES

ROASTED CAULIFLOWER

Serves 6 · 20 minutes · Not a big veggie fan? Try roasting. It's one of the easiest and tastiest ways to prepare vegetables.



INGREDIENTS

Nonstick cooking spray
1 large head cauliflower, cut into small florets
2 Tbsp olive oil
1/4 tsp black pepper
1/4 tsp salt (optional), or a salt-free seasoning such as Mrs. Dash

DIRECTIONS

1. Preheat the oven to 425°F. Spray a baking sheet with cooking spray.
2. In a large bowl, toss the cauliflower with the olive oil, pepper and salt. Spread on the prepared baking sheet.
3. Bake 15 to 20 minutes, until the edges are lightly browned and the cauliflower is tender.

COOK'S TIPS

- About 40 mg sodium per 1/2-cup serving when made without the added salt.
- Swap in other vegetables: baby carrots, broccoli, okra, Brussels sprouts, diced turnips, asparagus or diced butternut squash.
- Pro tip: preheat the empty baking sheet in the oven (no spray or oil). Add the oil-tossed, seasoned vegetables to the hot pan, listen for the sizzle, then return it to the oven.

Recipe from the Baptist Health Cardiac Cookbook

HEART-HEALTHY RECIPES

BAKED CHICKEN STRIPS WITH MICROWAVE GREEN BEANS

Serves 4 · 28 minutes · Oat-crusted strips baked, not fried, with garlicky green beans.



INGREDIENTS

Nonstick cooking spray
1 lb boneless, skinless chicken breasts, all visible fat removed, cut into 1-inch strips (or chicken tenderloins)
1/3 cup whole-wheat flour (or all-purpose flour)
1/2 tsp paprika
1/3 cup skim milk
2 Tbsp low-fat, low-sodium grated Parmesan cheese
1/3 cup quick-cooking oats
1 tsp garlic or onion powder
1 lb fresh green beans, washed, stems discarded
1/2 cup water
1 tsp minced garlic
1/4 tsp black pepper

DIRECTIONS

1. Preheat the oven to 375°F. Spray a baking sheet with cooking spray.
2. On a plate or in a shallow dish, combine the pepper and flour.
3. Pour the milk into a second shallow dish.
4. In a third shallow dish, combine the Parmesan, oats, garlic or onion powder and paprika. (Optional: pulse the oat mixture in a food processor for 20 seconds for a finer breading.)
5. One at a time, dip the chicken strips in the flour and turn to coat, then dip in the milk, then in the oat mixture, turning until well coated.
6. Place the coated strips on the prepared baking sheet. When all are on the sheet, give them a light spray of cooking spray.
7. Bake 20 minutes, until golden brown and cooked through. (Optional: for darker, crispier tenders, turn on the broiler for the last 2 minutes, watching closely so they don't burn.)
8. For the beans: in a 2-quart microwave-safe dish, combine the beans, water, garlic and pepper.
9. Cover and microwave on high until the beans are crisp-tender, 6 to 8 minutes. Drain excess liquid.

COOK'S TIPS

- Out of shallow dishes? Use resealable plastic bags.
- No dish with a lid? Cover a casserole dish or glass loaf pan with a plate.

Recipe from the Baptist Health Cardiac Cookbook

HEART-HEALTHY RECIPES

CRUNCHY BAKED CATFISH WITH SLAW

Serves 4 · 30 minutes · All the crunch of fried fish, straight from the oven.



INGREDIENTS

1 lb catfish fillets
1 large egg
1 Tbsp water
1/2 cup panko or unseasoned breadcrumbs
1/4 tsp salt, divided
1/2 tsp ground black pepper, divided
1 lb finely shredded green and/or red cabbage (about 4 cups), or bean sprouts, rinsed
1 red or green bell pepper, cut lengthwise into 1/4-inch strips
1 green onion, cut into 2-inch pieces, then each piece cut lengthwise twice
1 clove garlic, finely chopped
1 Tbsp peanut, canola or corn oil
2 Tbsp rice vinegar or white wine vinegar
1 lemon or lime, cut into 6 wedges

DIRECTIONS

1. Fish: Preheat the oven to 350°F. Line a baking sheet with aluminum foil.
2. Break the egg into a shallow bowl and beat with a fork, adding the water after a couple of minutes, until evenly yellow.
3. In another shallow dish, mix the panko with half the salt and half the pepper.
4. One at a time, dip each fillet in the egg, letting the excess drip back into the bowl. Press it firmly into the panko so the crumbs stick, then turn and coat the other side. Shake off extra and place on the baking sheet. Discard leftover egg and panko.
5. Bake 8 to 10 minutes, turn carefully with a spatula, and bake about 5 minutes more, until a corner flakes easily with a fork. Garnish with lemon or lime wedges.
6. Slaw: Place the cabbage (or bean sprouts), bell pepper and green onion in a bowl.
7. In a small jar, shake together the vinegar, oil, garlic and the rest of the salt and pepper. Pour over the slaw.
8. Serve the fish with the slaw.

COOK'S TIPS

- Food safety: raw sprouts can carry harmful bacteria. Children, older adults, pregnant women and anyone with a weakened immune system should use cabbage instead.
- Cabbage slaw stays fresh and crunchy in the refrigerator for a couple of days.
- Any firm white fish, such as tilapia, works here.
- Spice up the slaw with dried chili flakes, or add 2 Tbsp toasted, unsalted chopped peanuts or almonds for extra crunch.

Recipe from the Baptist Health Cardiac Cookbook

HEART-HEALTHY RECIPES

LEMON-GARLIC SALMON FOIL PACKS

Serves 4 · 40 minutes · With green beans and new potatoes, all in one packet.



INGREDIENTS

1 lb new potatoes (halved, thinly sliced)
2 teaspoons garlic (minced)
1 lb green beans (ends trimmed)
2 Tbsp canola oil
1/4 teaspoon salt
1/4 teaspoon black pepper
1/2 teaspoon garlic powder
4 skinless salmon fillets
1 to 2 lemons, sliced into wheels

DIRECTIONS

1. Preheat the oven to 400°F. Make 4 sheets of aluminum foil about 30 inches long. Fold the foil in half widthwise (into almost a square) so it's extra sturdy.
2. Cut each potato in half lengthwise. Thinly cut each half into 1/8-inch slices and place in a heatproof container. Stir in the minced garlic, cover, and cook in the microwave until halfway tender, about 90 seconds to 3 minutes depending on your microwave's power. Transfer to a bowl with the green beans, oil, salt and pepper. Mix to combine.
3. Divide the potato mixture into 4 equal portions in the center of each foil square. Nudge the green beans to face the same direction. Place a salmon fillet on top of each portion. Sprinkle garlic powder onto each salmon piece and top with 2 lemon wheels.
4. Securely seal the top and sides of each foil packet. Place the packets on a large baking sheet and bake in the preheated oven until the salmon is cooked through, about 20 minutes.
5. Remove from the oven and place each packet on a plate. Carefully open each packet to serve.

COOK'S TIPS

- Can't find new potatoes? Peel and thinly slice russet potatoes and microwave until almost tender before adding to the packet. They need longer to cook because they're larger and denser.
- Keep it healthy: wild salmon has fewer calories than farm-raised salmon and almost half the saturated fat.
- If the green beans are extra-long, halve them so they fit neatly in the packet.

Recipe from the Baptist Health Cardiac Cookbook

HEART-HEALTHY RECIPES

SPICY OVEN-FRIED CHICKEN

Serves 4 (3 oz cooked chicken each) · 45 minutes · Crispy and spicy, no fryer needed.



INGREDIENTS

Nonstick cooking spray
1/4 cup low-fat buttermilk
1/4 cup cornflake crumbs
1/4 cup yellow cornmeal
2 Tbsp all-purpose flour
1 tsp salt-free extra-spicy seasoning blend, such as Mrs. Dash Extra Spicy
1 tsp garlic powder
1/2 tsp paprika
1/4 tsp cayenne
1/4 tsp salt
1/8 tsp dry mustard
4 boneless, skinless chicken breast halves (about 4 oz each), all visible fat discarded

DIRECTIONS

1. Preheat the oven to 375°F.
2. Lightly spray an 8- or 9-inch square baking pan or a baking sheet with cooking spray.
3. Pour the buttermilk into a pie pan or shallow bowl.
4. In a shallow dish, stir together the remaining ingredients except the chicken.
5. Set the pie pan, dish and baking pan in a row, assembly-line fashion. Dip the chicken in the buttermilk, then in the cornflake mixture, turning to coat at each step and gently shaking off any excess. Using your fingertips, gently press the coating so it adheres to the chicken. Place in the baking pan.
6. Lightly spray the chicken with cooking spray.
7. Bake 30 minutes, or until the chicken is no longer pink in the center and the coating is crisp.

Recipe from the Baptist Health Cardiac Cookbook

HEART-HEALTHY RECIPES

TURKEY CHILI

Serves 6 (1 1/3 cups each) · 20 minutes · A hearty one-pot chili with two kinds of beans.



INGREDIENTS

Nonstick cooking spray (optional)
1 1/2 Tbsp canola or corn oil
1 medium or large onion, chopped
20 oz ground skinless turkey breast
2 large garlic cloves, minced, or 1/2 tsp garlic powder
2 tsp chili powder
1/2 tsp pepper
1/2 tsp ground cumin
15.5 oz can no-salt-added pinto beans, rinsed and drained
15.5 oz can no-salt-added black beans, rinsed and drained
14.5 oz can no-salt-added diced tomatoes, undrained
1 3/4 cups fat-free, low-sodium chicken broth
1 cup frozen whole-kernel corn
6 oz can no-salt-added tomato paste
4 medium green onions (green part only), sliced

DIRECTIONS

1. Lightly spray a Dutch oven with cooking spray. Add the oil and heat over medium-high heat, swirling to coat the bottom. Cook the onion for 3 minutes, or until soft, stirring occasionally.
2. Reduce the heat to medium. Stir in the turkey. Cook for 5 minutes, or until browned, stirring frequently to turn and break up the turkey.
3. Stir in the garlic, chili powder, pepper and cumin. Stir in the remaining ingredients except the green onions. Cook for 5 to 7 minutes, or until heated through, stirring frequently.
4. Just before serving, sprinkle with the green onions.

COOK'S TIP

This recipe can be made in a slow cooker (such as a Crock-Pot) or a pressure cooker (such as an Instant Pot). Allow a longer cooking time for slow-cooker meals.

Recipe from the Baptist Health Cardiac Cookbook

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