

Cardiac Arrest in Athletes

What is known and knowable

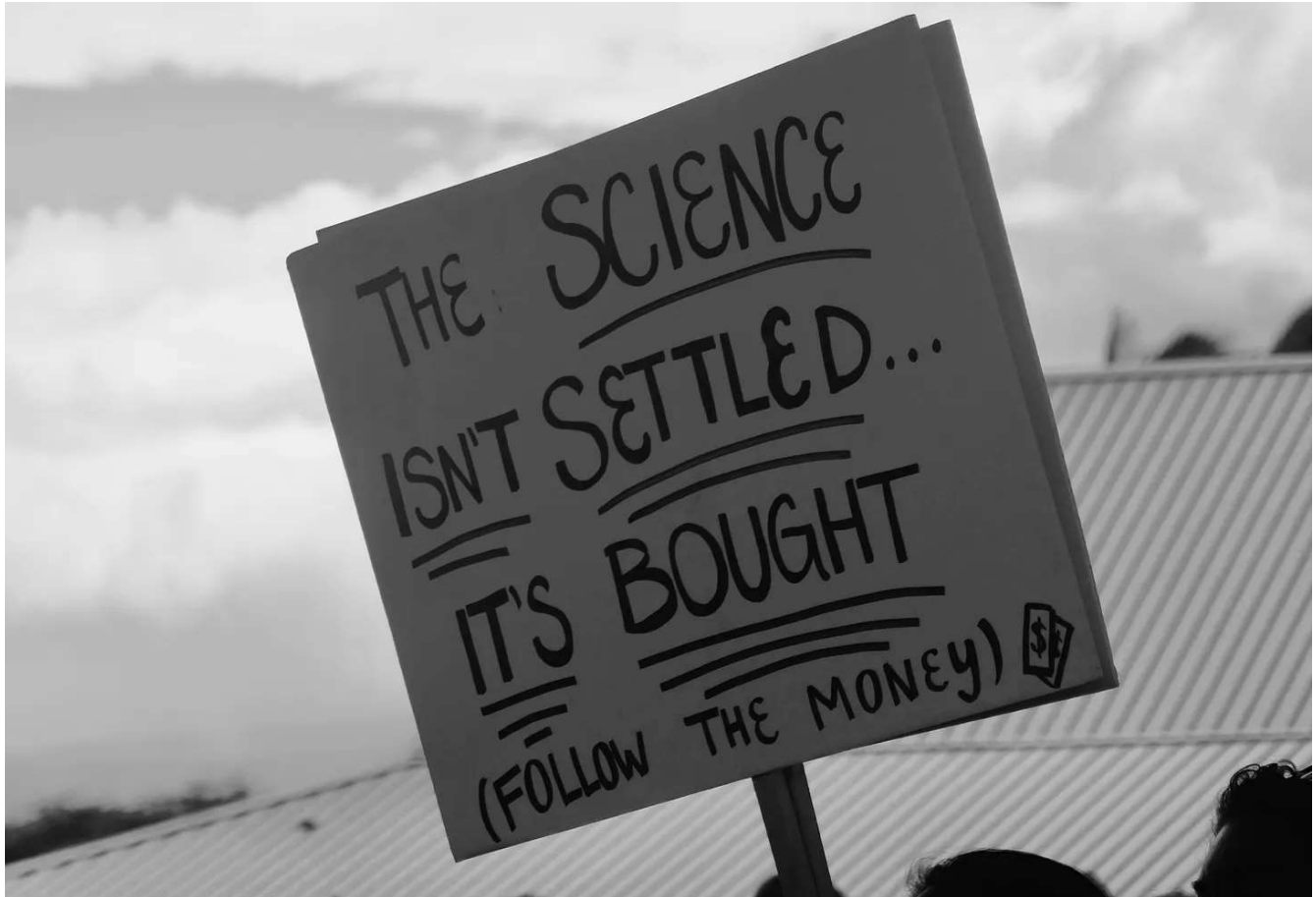


Robert W Malone MD, MS

Jan 3

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I have been asked to speculate about the cardiac arrest suffered by Damar Hamlin. First off, I truly believe that giving his physicians and trainers space to work professionally is critical: we need to allow them to do the tests, diagnostics and whatever procedures need to be performed outside of the glare of corporate media AND internet armchair physicians. We won't get the details we would like at the moment we would like, and that is just the way things are. Corporate media and the news cycle are monsters, and

they prey on these types of stories and controversies, which generate clicks, views, likes and revenue. “If it bleeds, it leads”. Let’s not play into this please. Medicine (and pathologic diagnosis) does not work by committee, or by press edict, and physicians do not need the stress of the press on their backs demanding immediate commentary.

Likewise, his family deserves privacy. I know what it is like to have the press and the public think that they are entitled to know about every aspect of a public person’s life. To be put under the microscope. For these reasons, I have refrained from making comments on social media until today.



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...ia armchair physicians being who they are - the
...s injury is (or is not) vaccine related are not going
...g to do. I am being hounded for what I think, and
...have one, the young gentleman is not my patient).
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...t and on-line, I do have some thoughts that I
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...e part to a vaccine injury this early in the game.
...not even his physicians. I speculate that assuming
...bly a reasonable inference, given it is the policy
...nce with COVID vaccine mandates. The corporate

press getting in and attempting to skew the public opinion is a despicable move, but typical. Particularly when these attempts involve both strong arming and attacking their “opponents” while using the tragic injury of a young man as a weapon.

There has to be a better way. But at this time, this seems to be part of the business model of today’s failing corporate media. Generate profit off of the suffering of others. Stoke outrage, promote fear.

Lab tests still must be run, data collected and data must be analyzed.

Diagnosis, prognosis and treatment. That comes first. The right to privacy should still be paramount. Therefore, please, we all must wait. What we can do - and I know this sounds trite, is to send well-wishes and prayers his way. To whatever God you pray to - which of course is all really the same God. Let us collectively take a deep breath and think about the human life involved.

In thinking this through, I am going to take a different approach in considering how I can help this situation. How to make a small positive contribution. There has been lots of speculation, but not much education. So, today I am putting my “educator” hat on for a moment.

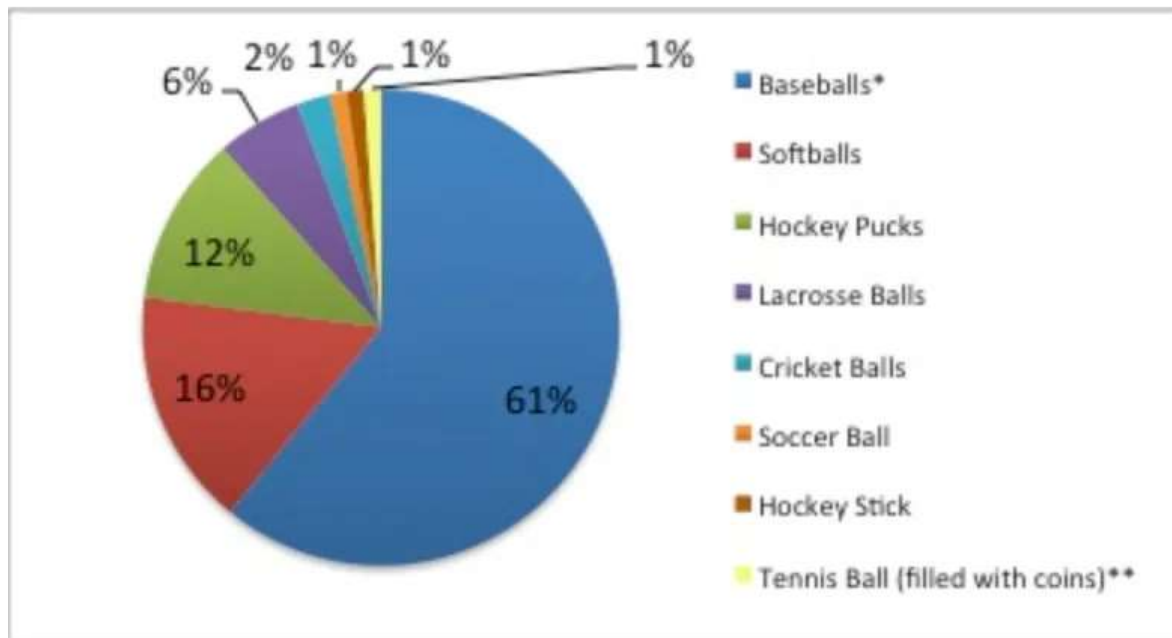
My friends Edward Dowd and Gavin de Becker have [written an excellent book](#) documenting the pattern of people [dying suddenly](#). The pattern of myocarditis in young men after vaccination is reproducible and known. Prevalence of clinical myocarditis post vaccination in young men is around 1/3000 - with a lot of variability between studies. A study from Thailand showed extremely high rates of sub-clinical damage in young men. Long-term outcomes from the vaccine are unknown in these cohorts. Five year mortality (including sudden death) post clinical viral myocarditis is absolutely not trivial. One would hope that the elite athletes required to be inoculated would have their physicians monitoring for signs of sub-clinical and clinical myocarditis. To not do so may place them at risk of legal consequences and medical board review.

That said, there is a good reason to speculate that Commotio Cordis could also have been the key event. In my opinion, there is also a (strong?) probability that there was a pre-existing heart condition or heart damage prior to the event (tackle).

Commotio Cordis is Latin for “agitation of the heart.” Commotio Cordis refers to when an unusual event happens whereby a mild to moderate physical impact or blow to the chest hits the heart during a specific moment of the heartbeat. This triggers a sudden and often fatal heart attack.

[Commotio Cordis](#) refers to the sudden arrhythmic death caused by a low/mild chest wall impact. Commotio Cordis is seen mostly in athletes between the ages of 8 and 18 who are partaking in sports with projectiles such as baseballs, hockey pucks, or

lacrosse balls. These projectiles can strike the athletes in the middle of the chest with a low impact but enough to cause the heart to enter an arrhythmia. Martial arts is a sport in which a strike of a hand can also cause the heart to change its rhythm. Without immediate CPR and defibrillation the prognosis of Commotio Cordis is not very good. This condition is extremely dangerous with rare survival.



The peer reviewed study “[Clinical Profile and Spectrum of Commotio Cordis](#)” (JAMA. 2002;287(9):1142-1146. doi:10.1001/jama.287.9.1142) has an excellent summation. Please keep in mind that this study is twenty years old.

Results Of 128 confirmed cases, 122 (95%) were in males and the mean (SD) age was 13.6 (8.2) years (median, 14 years; range, 3 months to 45 years); only 28 (22%) cases were aged 18 years or older. Commotio cordis events occurred most commonly during organized sporting events (79 [62%]), such as baseball, but 49 (38%) occurred as part of daily routine and recreational activities. Fatal blows were inflicted with a wide range of velocities but often occurred inadvertently and under circumstances not usually associated with risk for sudden death in informal settings near the home or playground. Twenty-two (28%) participants were wearing commercially available chest barriers, including 7 in whom the projectile made direct contact with protective padding (baseball catchers and lacrosse/hockey goalies), and 2 in whom the projectile was a baseball specifically designed to reduce risk. Only 21 (16%)

individuals survived their event, with particularly prompt cardiopulmonary resuscitation/defibrillation (most commonly reversing ventricular fibrillation) the only identifiable factor associated with a favorable outcome...

Sudden and unexpected deaths of young individuals are highly visible and emotionally charged events.¹⁻³ These deaths are frequently the consequence of unsuspected congenital cardiovascular diseases³⁻⁶ in trained athletes. However, organized sports are subject to another risk for sudden death (ie, blunt, nonpenetrating, and usually innocent-appearing chest blows, *commotio cordis*).⁷⁻¹² However, the spectrum of commotio cordis is diverse, and the risks considerably more pervasive. In this study we characterize more completely the evolving and heterogeneous clinical profile of chest blows causing sudden death.

Only one case of Commotio Cordis was related to football in the United States Commotio Cordis Registry, 2009 (USSCCR).

Commotio cordis ([Medscape](#))

Practice Essentials

Sudden unexpected cardiac death that occurs in young people during sports participation is usually associated with previously diagnosed or undiagnosed structural or primary electrical cardiac abnormalities. Examples of such abnormalities include [hypertrophic cardiomyopathy](#), anomalous origin of a coronary artery, arrhythmogenic right ventricular cardiomyopathy, and primary electrical disorders, such as congenital prolongation of the QTc interval and catecholaminergic, polymorphic ventricular tachycardia (CPVT).^[1] Sudden death due to ventricular fibrillation may also occur following a blunt, nonpenetrating blow to the chest, specifically the precordial area, in an individual with no underlying cardiac disease. This is termed commotio cordis.^[2]

[There is evidence](#) that many, if not most of the Commotio Cordis cases caused by light trauma had a pre-existing heart condition.

 **Liz Wheeler**  @Liz_Wheeler · 3h

1 in 5,000 young men have heart issues from COVID vax.

Yearly commotia cordis cases? ~15. (RARELY over age 20).

1,598 athlete cardiac arrests since Jan 2021. 69% fatal.

(Average athlete cardiacs before vax was 29/yr).

“Science” ignores this.

That’s why people ask questions.

Yet here we go: the sports doc who posted this video is in absolute denial that there could possibly be a link to a pre-existing condition (including possible vaccine injury) prior to the event. How many people have watched this video? 8.4 million people have viewed this in 24 hours, and near as I can tell, not a single comment has a different opinion about whether this could also be related to a vaccine injury. That is the power of social media to influence public opinion.

Damar Hamlin Collapses and Suffers Cardiac Arrest After a Hard Hit



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This is where one could speculate, even determine that it is very possible, that a vaccine injured athlete would be more susceptible to Commotio Cordis. The number of deaths in young male athletes is real.

Is there a way to determine if a vaccine injury could have been involved?

- Did his physicians conduct a full cardiac examination after inoculation and when was his last inoculation?
- Did his physicians conduct a full cardiac examination recently (before the event)?
- Was blood collected and stored at regular intervals? Were there tests run on that blood? Is the blood available for further testing?
- Were there previous tests run to rule out myocarditis, such as d-dimer levels? The D-dimer is a protein fragment that is made when a blood clot dissolves in the body.
- Blood tests. cardiac enzyme test can check for proteins related to heart muscle damage. What laboratory tests were run recently?
- Electrocardiogram (ECG or EKG), chest X-ray, heart MRI (Cardiac MRI) or an Echocardiogram are all tests that could be used to help detect heart damage but most likely were not conducted recently.
- Did he have any known pre-existing heart conditions?

It is unlikely that answers to these questions will become available.

So frankly, there is a very good chance that we will never know if he had a pre-existing condition, including a vaccine injury. That whatever his doctors conclude, we will all be playing “back-seat quarterback.”

This is why it is critically important for funding to become available to conduct studies in sudden deaths.

Having scientists and physicians trying to conduct such research on Saturday afternoon, after their funded research or clinical duties are finished for the week, is no way to get

real answers.

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209 Comments



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Jpeach Jan 3

If I were an NFL player I would demand that I be prescreened for myocarditis before playing another game. The players looked horrified. Primarily their teammate's life was in extreme peril. But, secondarily, they are likely aware of the huge number of sudden deaths of athletes, post vaccination.

♡ 140 Reply Collapse

5 replies



gi whiz Jan 3 Liked by Robert W Malone MD, MS

Thank you Dr. Malone for your clear-headed, rational and responsible perspective on this tragic event. I was watching the game when this happened and could not help but wonder if

his "vaccination" had some impact on this horrible event.

♡ 129 Reply Collapse

2 replies

207 more comments...
