

SPECIAL OLYMPICS HEALTHY ATHLETES FIT FEET MANUAL



June 2006

***“Fit Feet means keeping the special athlete in the game
and on the move!”***

--Pat Nunan, DPM, Global Clinical Advisor Fit Feet



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SPECIAL OLYMPICS BACKGROUND

Letter from Eunice Kennedy Shriver

Welcome to Special Olympics Healthy Athletes

Dear Healthy Athletes Program Leader,

I am delighted that you are interested in starting a Special Olympics Healthy Athletes Program. The purpose of the following information is to provide basic organization and program information to volunteers and sponsors in health and allied health professions, and to Special Olympics program leaders who are interested in starting a local Special Olympics Healthy Athletes Program.

As you know, Special Olympics provides year-round sports training and athletic competition in a variety of Olympic-type sports for children eight years of age and older, as well as for adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

The Special Olympics Healthy Athletes Program has been developed because Special Olympics athletes cannot participate successfully in their sport unless they are in good health. And, there is evidence that our Special Olympics athletes experience a wide array of health problems and too frequently fail to receive, or are limited in their access to, the health care that they need.

In an effort to provide more health opportunities, better understanding and training for health professionals, and to increase access to health care for Special Olympics athletes, the Special Olympics Healthy Athletes Program was formally launched in 1996. After several years of successful event-based health screenings and care, the Special Olympics Healthy Athletes Program is ready to expand worldwide.

I would like to share with you some basic information to assist you in beginning a Special Olympics Healthy Athletes Program. Your efforts will be the foundation that establishes these much needed health and learning opportunities for Special Olympics athletes. You also will give the opportunity for health care providers in your area to be trained in the specific needs of our athletes and experience the joy of being a part of the Special Olympics family.

Congratulations to you for your interest, enthusiasm and dedication. More importantly, thank you!

Sincerely,

Eunice Kennedy Shriver

What is Special Olympics?

Special Olympics began in 1968 when Eunice Kennedy Shriver organized the First International Special Olympics Games at Soldier Field, Chicago, Illinois, USA. The concept was born in the early 1960's when Mrs. Shriver started a day camp for people with intellectual disabilities. She saw that people with intellectual disabilities were far more capable in sports and physical activities than many experts thought. Since 1968, millions of children and adults with intellectual disabilities have participated in Special Olympics. Please log on to the Special Olympics public website for additional information—www.specialolympics.org.

<i>Overview</i>	Special Olympics is an international program of year-round sports training and athletic competition for more than 1 million children and adults with intellectual disabilities.
<i>Oath</i>	“Let me win, but if I cannot win, let me be brave in the attempt.”
<i>Leaders</i>	<ul style="list-style-type: none"> • Eunice Kennedy Shriver, Founder and Honorary Chairman; • Sargent Shriver, Former Chairman of the Board; • Timothy P. Shriver, Ph.D., Chairman • Vacant, President & CEO
<i>Mission Statement</i>	To provide year-round sports training and athletic competition in a variety of Olympic-type sports for individuals with intellectual disabilities by giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in a sharing of gifts, skills, and friendship with their families, other Special Olympics athletes and the community.
<i>Goal</i>	for all persons with intellectual disabilities to have the chance to become useful and productive citizens who are accepted and respected in their communities. The benefits of participation in Special Olympics for people with intellectual disabilities include improved physical fitness and motor skills, greater self-confidence, a more positive self-image, friendships, and increased family support. Special Olympics athletes carry these benefits with them into their daily lives at home, in the classroom, on the job, and in the community. Families who participate become stronger as they learn a greater appreciation of their athlete's talents. Community volunteers find out what good friends the athletes can be and everyone learns more about the capabilities of people with intellectual disabilities.
<i>The Spirit Of Special Olympics</i>	Skill, courage, sharing, and joy – transcends boundaries of geography, nationality, political philosophy, gender, age, race, or religion.
<i>Around The World</i>	There are accredited Special Olympics programs in more than 150 countries in 7 regions. To date, 1.4 million athletes participate in Special Olympics—2 million by 2005. Special Olympics Programs are continually being developed around the world. Special Olympics is the only organization authorized by the International Olympic Committee to use the term “Olympics” worldwide.

Special Olympics Hierarchy

Special Olympics, Inc., (SOI) headquarters located in Washington, DC, directs the mission of the Special Olympics Healthy Athletes initiative worldwide and develops resources to help support the initiative through its headquarters office and seven regional offices. The seven Special Olympics regions are Africa, Asia Pacific, East Asia, Europe/Eurasia, Latin America, Middle East/North Africa and North America. Each regional office is responsible for the direction of Special Olympics Programs within that region.

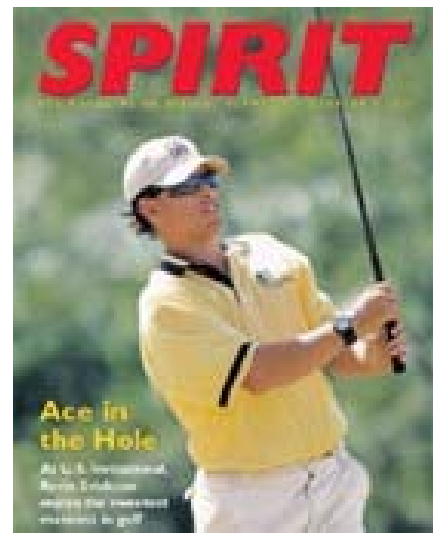
SPECIAL OLYMPICS BACKGROUND

Local, state and national Special Olympics (SO) Programs organize its respective events (e.g., sports, Healthy Athletes, families, schools, etc). SOI headquarters provide clinical discipline-specific guidelines and protocols to clinical directors for planning Healthy Athletes events; other general guidelines about organizing events are provided by the state Program to trained clinical directors once they return home. **Please note that the Special Olympics Program should take the lead with the administrative details and coordinating events. SOI Headquarters guidelines are and Program guidelines may differ; default to Program.** Clinical Directors are responsible for guiding the planning process from a clinical standpoint (e.g., number of clinical volunteers needed, necessary equipment and supplies for screening and etc.)

Spirit Magazine—New and Improved

The senior management has developed a vision for the Movement that they would like to see reflected in *Spirit* magazine. The foundation of this vision is that at the heart of the Special Olympics Movement lies a model, a mechanism and a promotional vehicle for the transformation of human society. *Spirit* magazine is undergoing a transformation in 2005. Specifically, content of the magazine will change to better reflect the power of Special Olympics to:

- Change attitudes around the world
- Build bridges between people with and without intellectual disabilities
- Transform communities (as in Ireland – host towns/atmosphere of welcome)
- Provide new personal insight about the world (empathy)
- Develop acceptance and appreciation of human differences
- Create an atmosphere of respect for people’s right to achieve personal fulfillment and each their full potential



Purpose	Espouse and promulgate the values and messages of Special Olympics to a broader audience; change attitudes about intellectual disabilities and the potential of people with intellectual disabilities.
Audience	Opinion leaders; high net worth individuals, media, Special Olympics constituents (athletes, families, coaches, volunteers, donors, etc.)
Content	<u>Consumer appeal!</u> Articles should not be “news stories” about <i>what</i> happened but “anecdotal” about the <i>effect</i> of what happened on the <i>participants</i> . We also would love to publish stories of lasting changes that have occurred in people, communities, schools, etc. because of a Special Olympics experience.

If you would like to write a story for Spirit or have a great story idea, please contact the following:

Ms. Kathleen Smallwood	Managing Editor, (202) 824-0382. ksmallwood@specialolympics.org
Mr. Douglas McAllister	Director, of publications Director of Publication (202) 824-0276 dmcallister@specialolympics.org

WRAP UP AND OTHER RELATED MATERIALS

HEALTHY ATHLETES

Special Olympics Healthy Athletes® is a program designed to help Special Olympics athletes improve their health and fitness. This leads to an enhanced sports experience and improved well being. Athletes receive a variety of health services through clinics conducted in welcoming environments at Special Olympics competitions, while health care professionals learn about the health needs of Special Olympics athletes and gain confidence and satisfaction in volunteering their skills to an underserved population.

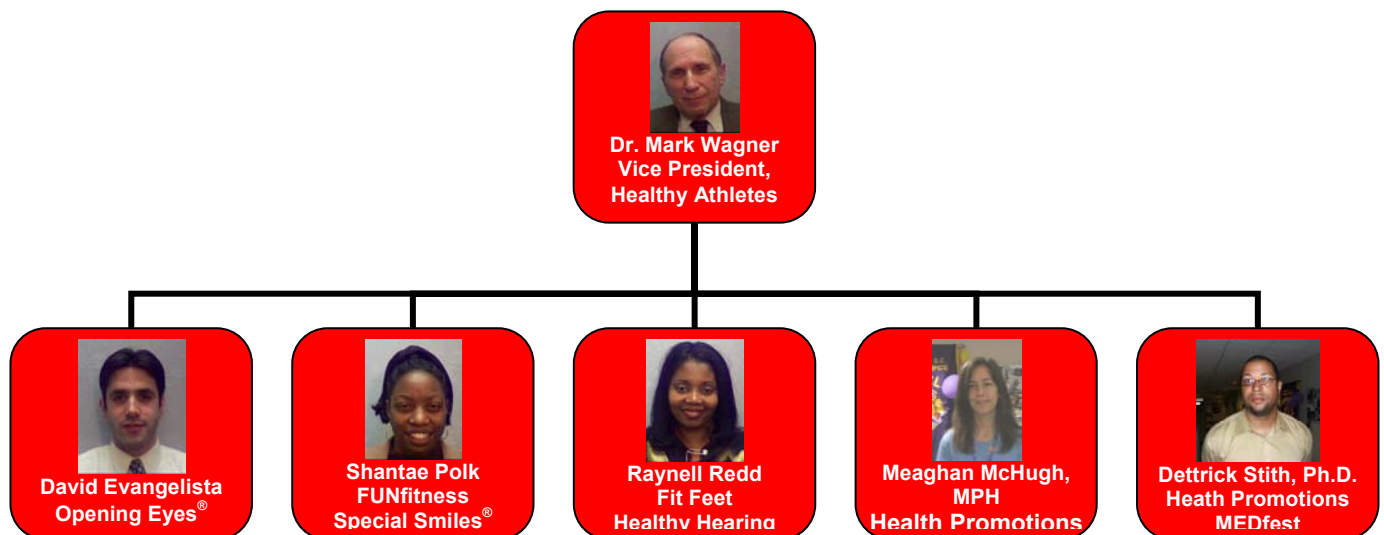
The Special Olympics Healthy Athletes Initiative includes these disciplines:

Program	Launch Year	Description	Special Olympics Manager	Global Clinical Director
Special Smiles®	1995	Dental	Shantae Polk	Dr. Steve Perlman
Opening Eyes®	1997	Optometry	David Evangelista	Dr. Paul Berman
FUNfitness	1999	Physical therapy	Shantae Polk	Dr. Donna Bainbridge
Health Promotion	2000	Physical fitness and promoting better health	Meaghan McHugh, MPH Detrick Stith, Ph.D.	Alice Lenihan
Healthy Hearing	2000	Audiology	Raynell Redd	Dr. Gilbert Herer
Fit Feet	2003	Podiatry	Raynell Redd	Dr. Pat Nunan
MEDfest	2004	Physical exams for recruitment purposes	Detrick Stith	Dr. Matt Holder

See organizational information below.

Special Olympics, Inc. (SOI) Headquarters

Address: 1133 19th Street NW, Washington, DC 20036-3604



Regional Offices

Respective addresses are listed in the table below.

Region	First Name	E-mail	Phone	Fax	Address
Africa	Annemarie van Wieringen	avanwieringen@specialolympics.org	27 11 402 1620	(f) 27 11 402 1626	Special Olympics Africa 124 Van Beek Street New Doornfontein 2094 Johannesburg
Asia/Pacific	Dr. Rajeev Prasad	rprasad@specialolympics.org	91 11 518 25 367	91 11 518 25 364	Special Olympics Asia Pacific A-57 Nizamuddin East, Basement New Delhi 110013 India
China/East Asia	Michael Wong	michaelwong@hksam.org.hk	86-10-8518-8500, ext 5591	86-10-8518-8501	Special Olympics East Asia Unit 3 -10A, Level 9, Tower E3 The Towers, Oriental Plaza No.1 East An Avenue Dong Cheng District Beijing, China 100738
Europe/Eurasia	Sabine Brecklinghaus	sbrecklinghaus@specialolympics.org	(32) 2 536 09 18	(32) 2 538 71 67	Special Olympics Europe/Eurasia 43 Avenue Louise, 3rd Floor 1050 Brussels, Belgium
Latin America	Gonzalo Larrabure	ofawzy@specialolympics.org			
MENA	Omneya Fawzy	ofawzy@specialolympics.org	202-345-5510/12	202-345-5514	Special Olympics Middle East/North Africa 35 Geziret El Arab Street Mohandesseen, Giza Egypt
North America	Martin Wisor	mwisor@specialolympics.org	202.824.0378	(202) 824-0398	Special Olympics North America 1133 19th Street, NW 10th Floor Washington, DC 20036

WRAP UP AND OTHER RELATED MATERIALS

Global Clinical Advisor – Fit Feet



Dr. Patrick Nunan – Former President of the American Academy of Podiatric Sports Medicine (AAPSM). Practicing in the field of podiatry for more than 20 years, Dr. Nunan has special interests in geriatric, pediatric, diabetic, arthritis, surgery, sports medicine, biomechanics and orthotics.

Board Certifications

- American Board of Podiatric Surgery, Foot and Ankle
- American Board of Podiatric Orthopedics and Primary Podiatric Medicine

Growth

The table below outlines the growth of the Healthy Athlete program since its inception in 2000.

Year	Number of HA Events Globally	Growth over Previous Year
2000	65	
2001	100	35%
2002	140	29%
2003	271	48%
2004	390 Projected	31%
2005		

2003 World Summer Games	
Number of Screenings	Number of Athletes
10,000	3,500

Objectives

- Improve access and health care for Special Olympics athletes at event-based health screenings,
- Make referrals to local health practitioners when appropriate,
- Train health care professionals and students in the health professions about the needs and care of people with intellectual disabilities,
- Collect, analyze and disseminate data on the health status and needs of people with intellectual disabilities
- Advocate for improved health policies and programs for person with intellectual disabilities.

FIT FEET INITIATIVE

Founded to evaluate problems of the feet, ankles, lower extremity biomechanics, as well as checking for proper shoe and sock gear, Fit Feet is the newest discipline—although launched at Special Olympics 2003

World Summer Games, Fit Feet was introduced in 2002—developed through SO collaboration with the American Academy of Podiatric Sports Medicine (AAPSM).

Many Special Olympics athletes suffer from foot and ankle pain or deformities that impair their performance. Also, athletes are not always fitted with the best shoes and socks for their particular sport. During Special Olympics competitions, athletes receive foot and ankle screening for deformities, and are checked for proper shoes and socks. They are provided with community referrals as needed and athletes, coaches and families are educated on the proper shoes and socks. Dr. Patrick Nunan, former AAPSM President and Global Clinical Advisor; Raynell Redd, SOI Headquarters Fit Feet Manager; and Rita Yates, Executive Director of AAPSM work together to manage this initiative.

Screening Set Up

Along with check-in and check-out, the following stations are included in Special Olympics Fit Feet screening:

Station	Examinations	Length of Time Per Athlete
Check-in	<ul style="list-style-type: none"> Complete top portion of HAS form Gives athlete clip-boarded HAS form 	30 seconds
1	<ul style="list-style-type: none"> Biomechanical/Walking Exam (Mat Scan select events) General Foot Exam—skin, nail, toe, and bone analysis Joint Range of Motion 	3 minutes; add 2 minutes if Mat Scan is being used
2	<ul style="list-style-type: none"> Shoe exam Sock Exam Shoe size measurement 	2 minutes
3	<ul style="list-style-type: none"> Education Review of Findings checkout 	3 minutes

TOTAL 8.5 to 10.5 minutes per athlete

Milestones

Date/Year	Event
February 2002	Patrick J. Nunan volunteers for AAPSM to lead the project with Special Olympics
June 2002	pilot program Ohio/USA Summer Games
2003	10 screenings in the USA
May 2003	Official approval of Fit Feet by Special Olympics, Inc.
June 2003	Kick off for global implementation at World Summer Games (Dublin/Ireland)
2004	18 screening events in the USA, 5 screenings in Europe/Eurasia
May 2004	First Clinical Director Train-the-trainer program—Houston, TX
October 2004	North America Train-the-Trainer, Salt Lake City, UT
February 2005	First international train-the-trainer program—World Winter Games, Nagano, Japan
2005 (projected)	40 to 50 screening events globally

WRAP UP AND OTHER RELATED MATERIALS

Goals

- To continue to expand the Fit Feet program world wide
- Find corporate sponsors to help sustain the program
- Standardize screening programs
- Assist the athletes with intellectual disabilities to obtain follow up care.

“Fit Feet means keeping the special athlete in the game and on the move!”

--Pat Nunan, DPM, Global Clinical Advisor Fit Feet

Clinical Directors

Selection Process

In general, healthcare professionals are personally and individually selected to participate in the Healthy Athletes program by fellow professionals already participating in SO and/or by your state SO program or by professional memberships and affiliations. In the case of Fit Feet, SO has partnered with the American Academy of Podiatric Sports Medicine (AAPSM) to identify clinicians in the U.S. SO Programs are encouraged to identify clinicians at the local level as well.

General Professional Criteria for Fit Feet

- podiatrists/chiropracist or other licensed and trained professionals,
- willing to accept the responsibility of coordinating events for up to 3 or more years—a minimum of 1 event per year
- proven interest of service
- Member of or active in local/state/national professional organization
- geographic accessibility to Program activities
- demonstrated leadership abilities
- **willing to assist with garnering corporate sponsorship, networking and soliciting**
- **willing to tap into clinical network to solicit clinical volunteers for screening events**
- train local volunteers
- work within the guidelines of the local program to coordinate events yearly
- ensure proper data collection
- ensure quality assurance
- **develop network for follow-up referral for athletes**

Fundraising

Guidelines

Local clinical directors, along with the SO Program, are free to raise funds/garner support locally subject to the few international partnerships that SOI has or is working on—with a few exceptions. If there are large deals such as Nike, SOI Headquarters (Dr. Mark Wagner) will have to be contacted prior to making contact because there may be larger deals under development.

Potential/Committed Fit Feet Global Partnerships

- Discussions with Dr. Scholl's and Schering Plough (a combined effort of several HA programs) have been initiated in Europe. Please do not contact these companies without prior approval from Dr. Mark Wagner, SOI and Dr. Pat Nunan.
- Tek Scan has donated a Mat Scan system for use at select events and World Games.
- Thor-Lo is a potential contact for SOI Headquarters.
- Discussions are underway with Super Feet about providing insoles.
- Contact has been made with the ACSM.
- Contact soon to be made with the Brannock Device Company, Inc.
- Contact soon to be made with Principle Business Ent., Inc.—pillow paws—throw-a-way slippers

Other Partnerships

Presidente Mauro Montesi -- Association Italiana Podologi, Rome, Italy has accepted a position on the commission for Special Olympics. The Association Italiana Podologi had started a podiatry program similar to that of Fit Feet. It has merged the two programs under the umbrella of Healthy Athletes Fit Feet.

Tim Dutra, DPM, Board Member, AAPSM, San Leandro, California

Dr. Ronald Lepow, Federation of International Podiatrists (FIP). FIP currently has 50,000 members worldwide. This includes the US, Canada, Ireland, UK, Italy, France, Belgium, Israel, South Africa and many other countries.

Insurance Requirements

All healthcare providers recruited for or volunteering to conduct health screenings at Special Olympics Healthy Athletes events **must** have their own malpractice insurance. Special Olympics, Inc. (SOI) also has liability insurance which serves as a secondary policy in the event that a malpractice/liability claim were filed against SOI and/or its Programs located solely in the United States, and each Program's directors, officers, agents, employees, and volunteers with regard to the Special Olympics Healthy Athletes program (the "SOI Policy). To be covered under the SOI Policy, all healthcare providers volunteering at Special Olympics Healthy Athletes events **MUST** sign a "Hold Harmless Agreement" which indemnifies the healthcare provider and SOI from all liability, loss, expenses, or claims for injury or damages that are caused by or that are a result of their negligent or intentional acts or omissions. In essence, each signatory to the form agrees that

WRAP UP AND OTHER RELATED MATERIALS

they will be solely and entirely responsible for any damage that occurs as a result of their negligence or misconduct.

Clinical student volunteers or non-practicing healthcare providers at educational institutions or health care organizations conducting screenings are also covered under the SOI Policy, but may also be covered under their respective educational institution's or health care organization's insurance policy as volunteering at Healthy Athletes events may be considered field experience. Clinical student volunteers and non-practicing healthcare providers should contact the relevant department of their appropriate institutions to verify such insurance coverage.

The SOI Policy ONLY provides coverage to parties at Healthy Athletes events conducted in the United States. Liability and legal requirements for health providers volunteers at events outside of the United States are dictated by the laws of that country, province, state, etc. To protect both the healthcare providers and SOI, however, health providers at events outside the United States also MUST sign a "Hold Harmless" agreement prior to participating in a screening.

Hold Harmless Agreement	
Your Name _____	
_____ shall defend, hold harmless and indemnify Special Olympics, Inc., and its local programs, and each organization's directors, officers, agents, employees and volunteers from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages that are caused by or that are a result from the negligent or intentional acts or omissions by the person or entity named above who provides screening services as provided as part of the Special Olympics Healthy Athletes program.	
Special Olympics, Inc. shall defend, hold harmless and indemnify _____ against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages that are caused by or that are a result of the negligent or intentional acts or omissions of Special Olympics, Inc. and/or its local programs, and each organization's directors, officers, agents, employees, and volunteers with regard to the Special Olympics Healthy Athletes program.	
_____	_____
Special Olympics, Inc.	Date
_____	_____
Volunteer/Agent for Organization (Volunteers Signature)	Date

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance

HIPAA authorizes the U.S. Department of Health and Human Services (HHS) to implement and enforce privacy regulations to protect health information maintained by a patient's health insurance plan. These privacy regulations provide for the following:

- Limit the use and disclosure of protected health information;
- Give patients the right to access their medical records;
- Restrict most disclosure of health information to the minimum needed for the intended purpose; and
- Establish safeguards and restrictions regarding disclosure of records for certain public responsibilities (i.e., public health, research and law enforcement).

The full text of HIPAA's privacy regulations can be found by accessing the following Web site: www.hhs.gov/ocr/combinedregtext.pdf.

A Special Olympics Program is not required to comply with HIPAA's privacy regulations simply due to its operational requirement of collection of athlete medical information prior to an athlete's participation in the Program. Further, participation by a Special Olympics Program in the Healthy Athletes® program does not subject the Program to HIPAA's privacy regulations.

Special Olympics Program HIPAA Specifics

As an employer however, a Special Olympics Program may be subject to HIPAA's privacy regulations if the Program operates a self-insured or self-funded health insurance plan for its employees. If so, the Program must implement a privacy policy by 14 April 2003 if the Program's annual health care receipts exceed US\$5 million. Programs in this category that have annual health care receipts that are less than US\$5 million have until 14 April 2004 to comply with HIPAA's privacy regulations.

A Special Olympics Program that participates in fully insured health care plans should review any incoming data from its insurance plan to ensure that it does not conform to protected health information under HIPAA, thus making the Program subject to HIPAA's privacy regulations.

Organizations that file certain federal tax returns for their health plan and report receipts on those returns should use the guidance provided by the Small Business Administration at 13 CFR 121.104 to calculate annual receipts. Health plans that do not report receipts to the IRS (for example, ERISA group health plans that are exempt from filing income tax returns) should use proxy measures to determine their annual receipts. Further information about the relevant provisions of 13 CFR 121.104 and these proxy measures, and additional information related to "small health plans," may be found at <http://cms.hhs.gov/hipaa/hipaa2/default.asp>.

Does HIPAA Apply to Special Olympics Programs?

Covered Entities The privacy regulations are mandatory for "all protected health information" used or disclosed by "covered entities" as of 14 April 2003. Covered entities are health care providers who electronically transmit any health information in connection with a standard transaction. A health care provider is defined as a provider of medical or health services and any other person or organization who furnishes bills, or is paid for health care in the normal course of business (e.g., health insurance plan, medical doctor, hospital, etc.). Special Olympics Collection of Health Information to Provide Sports Training, Competition and Healthy Athletes Services to Athletes. Special Olympics Programs (including their staff and coaches) are not, in general, subject to HIPAA's privacy regulations due to the Program's collection of athlete medical information prior to the athlete's participation in Special Olympics. This is because the Program is not considered a "covered entity" under HIPAA. Programs should, however, provide appropriate safeguards to ensure the protection of medical information of its athletes. Similarly, Programs that participate in any Healthy Athletes program (e.g., Opening Eyes®, Special Smiles®) are not subject to the privacy regulations because although the Program provides health care services, it does not electronically transmit the health care information received nor does the Program charge a bill or receive payment for the Healthy Athletes services; thus it is also not a "covered entity." An interactive tool to determine whether your Program is a covered entity is provided by HHS at the following Web site: www.hhs.gov/ocr/hipaa.



WRAP UP AND OTHER RELATED MATERIALS



Healthy Athlete Software (HAS) Form

Betterhealth Global Ltd. has created a web-based software application called Healthy Athletes Software (HAS). This form is used to capture screening data across all Healthy Athletes disciplines. This information is important for planning, Programs, gaining support, improving policies and research.

Betterhealth Global Holdings Ltd and Special Olympics officially announced its global five-year partnership 13 November 2003, a major advance for Special Olympics, enabling real-time electronic management of athlete medical information from around the world. In the near future you will be able to upload information on site. At present, you will need to **download from SO public website and copy locally; this is the responsibility of the SO Program. Please write clearly when completing the form** as this information will be data entered at a later date. Until further notice, send all completed forms to Mr. Martin Wisor at the SOI Headquarters office.



SPECIAL OLYMPICS BACKGROUND

Firstname _____		Lastname _____		HAS ID _____																																					
Date	<input type="radio"/> Male <input type="radio"/> Female	DoB	Age (years)	<input type="radio"/> Not sure																																					
Event	Location	DoB		Sport																																					
Delegation		SO Program																																							
Athlete Concerns/Previous Treatment or Surgery _____																																									
 																																									
Station 1: Biomechanics, Joint Range of Motion, Skin, Nail and Toe Exam (select all that apply)																																									
Screener's name _____																																									
Biomechanics		<i>Left Foot</i>		<i>Right Foot</i>																																					
Over Pronator	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>																																					
Supinator	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>																																					
Abducted	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>																																					
Adducted	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>																																					
Antalgic	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																																					
Crossover	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																																					
Foot Structure																																									
Pes Cavus	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>																																					
Pes Planus	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>																																					
Metatarsus Adductus	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																																					
Joint Range of Motion		<i>Left Foot</i>		<i>Right Foot</i>																																					
		Norm	Flex	Rstr																																					
Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																				
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Station 2: Shoe and Sock Exam and Shoe Size Measurement																																									
Screener's name _____																																									
Shoe Type		Current <input type="checkbox"/> Recommended <input type="checkbox"/>		Measured shoe size? <input type="radio"/> Child <input type="radio"/> Adult																																					
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WRAP UP AND OTHER RELATED MATERIALS

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“Are You A Healthy Athlete Book”

The Special Olympics booklet *Are You A Healthy Athlete?* was selected as a winner in the prestigious 10th annual National Health Information Awards. **Authored by Special Olympics athletes Kester Edwards and Renee Dease**, its designed to educate Special Olympics athletes on being and staying healthy, and to encourage participation in Healthy Athletes screenings.

To keep track of which screenings athletes go through, the “Are you A Healthy Athlete” booklet is given to all athletes participating in train-the-trainer screenings. In the back of the book is a list of all six Healthy Athlete disciplines. Fit Feet is missing because this edition precedes Fit Feet’s Launch; the 2nd edition is forthcoming.



WRAP UP AND OTHER RELATED MATERIALS

GETTING STARTED—PLANNING STAGE

After attending an SOI train-the-trainer (TTT) program, contact your local SOI Program; Program contact information should be on the back of the name tag you received at the TTT. Let the program representative know that you have been trained and would like to work with them to start a Fit Feet program. Start with the event schedule of the respective SO Program and work with the contact to coordinate a Fit Feet screening. Important information to know about the targeted event is as follows:

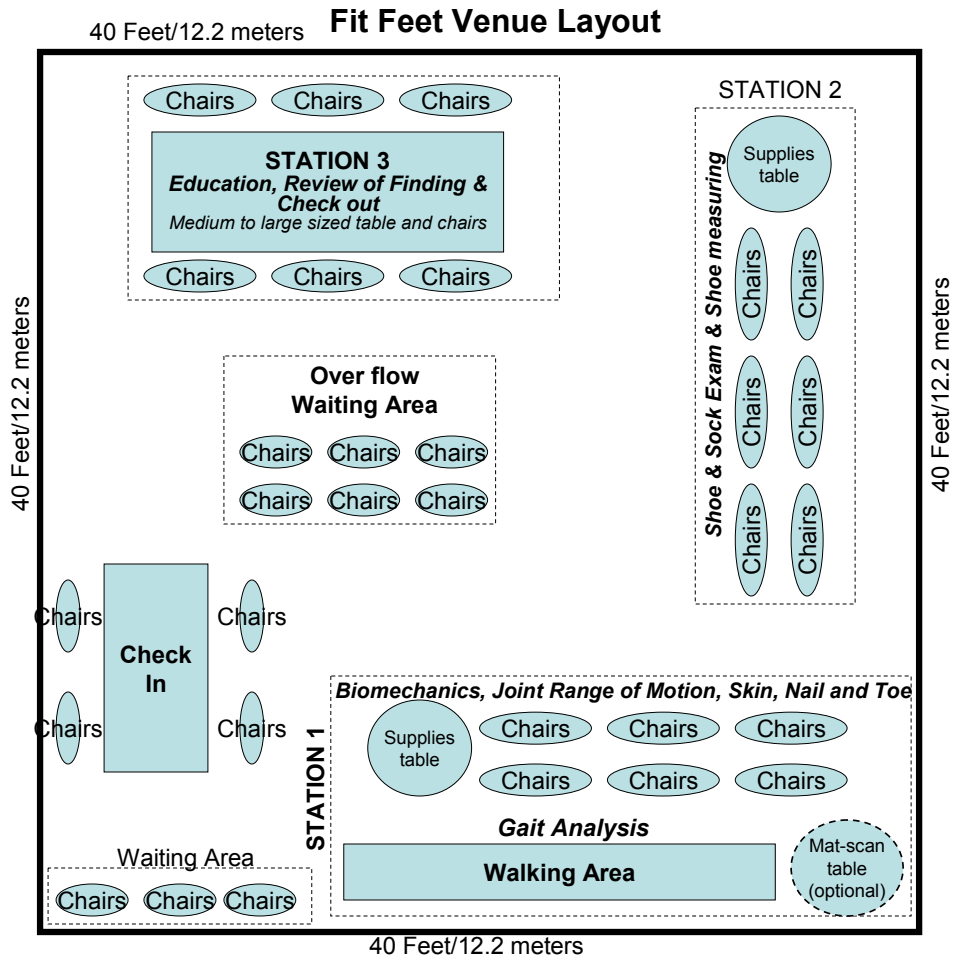
- (a) Number of anticipated athletes—average number of athletes screened per Fit Feet event is 1/3 of anticipated number; this number may fluctuate depending on the size of the venue and if other Healthy Athletes venues are present
- (b) event date(s) and **screening date(s)**
- (c) hours per each day of screening
- (d) venue location (inside location preferred—less noisy)
 - a. **if venue is outside, add 3, 3 foot x 20 foot in-door/out-door carpet to supplies list**
- (e) will you use the Mat Scan for this screening
 - a. if so, add lap-top, Mat Scan w/ software and electrical hook up to supplies list
- (f) will HAS data entry be live?
 - a. If yes need to identify data entry person; add lap-top, internet and electrical hook up to supplies list, the SO Program needs to contact Raynell Redd, SOI.

Once you’ve gathered the preliminary information, contact Raynell Redd at rredd@specialolympics.org, 202.824.0304 and provide her with the information as well as request any items you may need to support the event, e.g., banners, Fit Feet brochures (general, skin and nail care), giveaway information and etc.

Facility Space and Requirements

Needs	Size/Quantity	Requirement
Facility	40’ x 40’ or 12.2 x 12.2 meters	Preferred in side location; if outside, 3, 3” x 20” indoor/outdoor carpet are needed
Tables	2 medium sized to large (6 foot) (check in and Station 4) 2 to 3 small for supplies (station 1 & 2; 2 at station 1 if Mat Scan is being used)	<ul style="list-style-type: none"> • Stations 1 and 2 should have 1 small table with the following supplies: gloves, hand sanitizers, paper towels & trash bag
Chairs	20—24 w/ waiting area	Spread throughout facility; see diagram below
Power	electrical hook up if you will be using the Mat-Scan or internet for live data entry	OPTIONAL
Technology	internet hook up if you will be entering HAS data live	OPTIONAL
Technology	Lap-top	OPTIONAL if data entry live or using Mat Scan

See the suggested Fit Feet venue layout diagram below.



Volunteers

Work with the SO Program to establish a schedule for athletes screenings. Often time, this may have to be ad hoc. Contact other fellow podiatrist to see if they will volunteer once you have the event date and times of the screening; the SO Program can provide non-clinical volunteers to do paperwork, etc. Inform the SO Program of the number of clinical and non-clinical volunteers you will need to conduct the screenings and work with your Program contact to recruit clinical volunteers. **Please note that some Programs may have an age requirement for volunteers at specific venues.** Please check with your local program. See volunteer information below.

WRAP UP AND OTHER RELATED MATERIALS

STATION	VOLUNTEER TYPE			
	CLINICAL		NON-CLINICAL	
	# of Volunteers Needed	Duties	# of Volunteers Needed	Duties
Check in	0	n/a	2	Complete top of HAS form (i.e., name, age, delegation etc. as well as Initial Concerns and Previous treatment or surgery), hand form to athlete and direct athlete to Station 1
Check in/Station 1 Area	0	n/a	1	Greet athlete, request that they take shoes off and take seat in waiting area if a clinician is not available, keep flow of athlete going on a first-come, first-served basis
Floater	0	n/a	1	Escorts athletes about as appropriate, helps with keeping the flow going in order and juggling if need be
1	3 to 4	<ul style="list-style-type: none"> • Biomechanical/Walking Exam (Mat Scan select events) • General Foot Exam—skin, nail, toe, and bone analysis • Joint Range of Motion (3 if no Mat Scan; 4 with Mat Scan) 	0	n/a
2	2 to 3	<ul style="list-style-type: none"> • Shoe exam • Sock Exam • Shoe size measurement 	0	n/a
3	2 to 3	<ul style="list-style-type: none"> • Education • Review of Findings • checkout • (Provide skin, nail and general foot care brochure) • Collects HAS form, signs “Are you a Healthy Athlete” booklet (if available) and issues giveaway—sneaker ball etc. 	0	n/a
TOTAL	7 to 10		4	GRAND TOTAL = 11-14

Standard Supplies

Work with the local SO Program to acquire the standard supplies below. The SO Program is responsible for purchasing the supplies. **Grant funds are available from the SOI Headquarters office to assist in planning Healthy Athletes event (see grant info below).** The grant template has a worksheet for standard Fit Feet supplies (similar to the list below) which will calculate totals. At the end of the event, reusable items should be packed up and stored away (by the SO Program) to support future Fit Feet screenings. All forms can be downloaded from SOI's public website www.specialolympics.org/healthyathletes/fitfeet. The SOI Headquarters office will provide 2 banners, brochures and while supplies last, giveaways on a donated bases for new Fit Feet programs. Contact Raynell Redd at rredd@specialolympics.org or 202.824.0230. **The Healthy Athlete Consent and Healthy Athlete Hold Harmless Agreement are forms that the SO Program is responsible for obtaining signatures.** Use the list below as a check list for standard supplies; quantities are listed for some items. Other quantities are based on anticipated number of athletes as well as anticipated number of volunteers; use your judgment and guidelines in the comments section to determine item quantities. In the SO Program is applying for a grant, use this information to build the budget accompanying the application. As SO is a non-profit organization, SO Programs w/ the assistance from the Clinical Directors, please make attempts to acquire supplies via donations (e.g., giveaways, non-latex gloves, etc.).

Check/Standard Supply List

Standard Supply Item	Comment/ Recommendations	Quantity Recommend
Athlete Giveaways	Recommended sneakerballs or shoe laces. Contact rredd@speicalolympics.org or see below.*	1/3 of anticipated athletes screened
Bottled water	For volunteers use	average 2 per volunteer
Brannock shoe measuring device	2-adult female 2-adult male 2-child	6
clipboards	Used for standing and writing on forms	15
Decoration	Balloons, foot-related signs and posters, etc	
Decoration	Foot steps for floors/decoration and to map out where to go next (in lieu of directional arrows)	
Disposable slippers	Athlete will be walking barefoot for some time	1/3 of anticipated athletes screened
hand sanitizer	wet wipes or liquid soap	
Knee pads	Clinicians do a lot of kneeling	1 per clinical volunteer for Stations 1 & 2
non-latex gloves--sm, med & lg	8 (max # of clinical vol.) x 1/3 # of anticipated athletes = # of gloves needed	
Paper towel		1 for each station and back up supply
pens		20

WRAP UP AND OTHER RELATED MATERIALS

Standard Supply Item	Comment/ Recommendations	Quantity Recommend
Plastic bags	For athlete to store shoes and socks during screening and to take away	1/3 of anticipated athletes screened
Signage--Fit Feet Banners	If this is a first-time Fit Feet event, 2 banners will be shipped to the Program; contact rredd@specialolympics.org	
Signage--labeling station numbers	Check-in, check-in and Stations 1-3	4
Scissors	cutting tape and misc	2
Skin cream	Recommend: Vaseline Intensive Care	1 for each station and back up supply
table coverings	1 per table	5 to 6
Tape	hanging signage and (duct) for taping down electrical cord	
Trash bags	Tape on side of each table per station	1 for each station
OPTIONAL ITEMS		
Grid paper	Optional if measuring navicular drop	
In-door/Out door Carpet (3" x 20)	Optional --if venue is outside	
Lap-top	Optional --if Mat Scan being Used; THIS MUST BE RENTED OR BORROWED; NOT PURCHASED	1
Platform to stand on	Optional if measuring navicular drop	1
Power Cord	Optional --if Mat Scan being Used	
Tape (packing)	to pack up MatScan	

Fit Feet Forms Matrix

Form	Directions/Comments
Brochures--Fit Feet foot care	REQUIRED to conduct an SOI-Protocol Fit Feet event; 1/3 of anticipated athletes; download from website and (translate if necessary) and reproduce locally or you may order from rredd@specialolympics.org
Brochures--Fit Feet general care	REQUIRED to conduct an SOI-Protocol Fit Feet event; 1/3 of anticipated athletes; download from website and (translate if necessary) and reproduce locally or you may order from rredd@specialolympics.org
Brochures--Fit Feet nail care	REQUIRED to conduct an SOI-Protocol Fit Feet event; 1/3 of anticipated athletes; download from website and (translate if necessary) and reproduce locally or you may order from rredd@specialolympics.org
Evaluation	Sent with grant approval letter or request from SOI
Healthy Athlete Software (HAS)*	download and print from www.specialolympics.org (copy expense add to printing/copy line items)
Healthy Athlete	Programs may take this responsibility--can be signed before the event; Each

SPECIAL OLYMPICS BACKGROUND

Form	Directions/Comments
Consent*	athlete/guardian needs to sign this form; Programs should take on this responsibility- can be signed before the event;
Healthy Athlete Hold Harmless Agreement*	Needs to be signed by all screeners
Report Card	Given to athlete to inform them of the outcome of their screening. See respective discipline public website page
Signage--Sponsor advertisement/décor	Contact respective SOI discipline managers
Signage--Station	Numbers indicated Station number per discipline, in most cases, add 2 more signs 1 for check-in and 1 for check-out, per station
Training Manuals (for reference only)	Have a few on hand for convenient referencing

The brochures below were developed by Ms. Mary Moore. Its audience is athletes to provide information on general foot, skin and nail care—downloadable via the internet. **A general brochures geared toward volunteers is under construction. If unable to print locally, contact Raynell Redd at rredd@specialolympics.org to request these brochures for your event.**

Brochure	Information Provided
General Care	Provides general guide on foot care, e.g., cleanliness, grooming, protection and appropriate fit of shoes.
Skin Care	Provides skin care for feet by asking and answering common questions such as what to do if you have a blister or if your feet is sore.
Nail Care	A guide to common questions dealing with nail care, illustrates how to maintain nails properly and gives examples of what not to do.



Capacity Grant Application Program

The SO Fit Feet program is funded by a grant from the Centers for Disease Control (CDC) and is managed by the SOI Headquarters staff. Through this funding, SOI has created a capacity grant application program, whereby local SO Programs may apply for funds and resources to assist with starting a HA program, in this case, Fit Feet. As this is a federally-funded program, SOI must adhere to strict guidelines.

The completed application **MUST be submitted by the local Program**, not the clinical director or any other entity. Clinical Directors should work with the local Program with regard to the budget items and planning need. The local Program Executive Director must sign before it is submitted to Dr. Mark Wagner at the SOI Headquarters staff.

WRAP UP AND OTHER RELATED MATERIALS

The Grant Excel workbook template consists of 10 worksheets. Below are detailed instructions for completing. The SO Program is responsible for filling out the grant request to conduct a Healthy Athlete screening; SOI will not accept any grant requests from any other entity. It should complete one Grant application per SO Program event which will host one or more HA screening events. For each application, it must complete worksheets, 4-9; sheets 7 & 8 are discipline-specific supplies sheet. Print those completed worksheets, acquire the appropriate signature(s) and fax and/or e-mail to Dr. Mark Wagner at mwager@specialolympics.org or 202.628.3926. The SO Program will receive an e-mail from SOI within 24 to 48 hours acknowledging receipt and informing you of the start of the review process. The SO Program will need Clinical Directors input on the required supplies as listed above. The Program more than likely will request that the Clinical director complete that sheet of the Workbook; the supplies sheet resembles that of the Supply Check List above, only it has columns for “Quantity Needed” and “Cost.”

Grant Workbook Sheets and Directions for Completing

Worksheet Number/Name	Directions for Completing
1-Directions Overview 2-Directions Line Item Explanation 3-Directions Equipment Overview	These sheets are directions/tools for completing the application; refer to as needed.
4-Application 5-Wire & Requirement Information	Complete the numbered sections, 1-4 in its entirety. Acquire the necessary signatures, that is, Executive/National Director and Regional Managing Director or designate. Complete wire information as outlined. The Requirements page is page 2 of sheet 5. The items listed are checked by default; no other information is needed for the Requirement page; include with final grant application.
6-Vol. & In-Kind Details	<p>As SOI is a not-for-profit organization some record of VIK is required for all grant application. This sheet will show that fundraising efforts are being made/in effect to support and sustain the Healthy Athlete Program. This sheet MUST be completed to be considered for funds. Volunteer information is also collected with this sheet. Type the following at the top left of the page:</p> <ol style="list-style-type: none"> 1. Respective disciplines you are applying for 2. Special Olympics Program name 3. Event date 4. Anticipated number of athletes 5. Indicate the currency you are working with <p>The above information is linked to all other relevant pages. It is not necessary to re-type for each sheet. Please note that all funds will be disbursed in U.S. dollars (USD \$); conversion will be done on the day of issuing funds by SOI finance department (conversion tool used by SOI is OANDA.com)</p> <p>Do the following to complete this sheet:</p> <ol style="list-style-type: none"> 1. Type the name of the discipline and indicate number of clinical and regular volunteers per 2. Type the name of the vendor for any in-kind received and note its estimated value; list out which disciplines benefited.

**SPECIAL OLYMPICS
BACKGROUND**

Worksheet Number/Name	Directions for Completing
<p>7-Supplies Needs List Fit Feet, FUNfitness, Health Promotion</p> <p>8-Supplies Needs List--Healthy Hearing, Opening Eyes, Special Smiles</p>	<p>A detailed itemized list is required for the Supplies line item. Do the following to complete this sheet:</p> <ol style="list-style-type: none"> 1. Indicate how much of each item you will need and its total cost. <p>A cumulative total formula at the bottom of the sheet. Each cumulative total is rolled into it's respective discipline on sheet 6-- Consolidated Budget. The percentage is automatically calculated for your convenience. If this formula fails do the math and manually type in as appropriate. If all goes well, once the respective check/supplies list(s) have been completed, requirement for this line items has been met.</p>
<p>9-Consolidated Budget</p>	<p>THIS IS THE MOST IMPORTANT SHEET OF ALL. For each line item funds are being request, do as follows:</p> <ol style="list-style-type: none"> 1. Show a description in the second column. 2. Fill in the <u>total cost for all disciplines</u> (LESS ANY VIK RECEIVED) in the 3rd column. 3. Indicate if you received any VIK/donations for each line item by typing "Y" for yes or "N" for no. 4. Under the respective disciplines columns, allocate the percentage of cost per discipline; must add up to 100 percent; a formula to facilitate this process is included in the last column. <p>The above is true for all line items except "Supplies"; see directions for completing this line item below.</p>
<p>10-Forms and Facilities Matrix</p>	<p>Use this sheet as a check list for forms and resource documents required for putting Healthy Athlete events as well as fulfilling venue requirements. Associated costs for reproducing forms should be reflected in the "Printing/copying" line item on the consolidated budget. Associated costs/VIK for the facilities items listed below should be reflected in the "Facilities" line item on the consolidated budget and/or the VIK/volunteers worksheet.</p>

Application for grant, with budget template can be downloaded from the SO website or requested from Raynell Redd, rredd@specialolympics.org. The template is a Microsoft Excel file with pre-programmed formulas for calculations. If you are requesting grant funds for supplies and travel/accommodations line items, you are required to submit a detailed itemization for these expenses. To facilitate this process, a discipline-specific worksheet outlining standard supplies (with calculation formulas) (as shown below) is included in the budget template. Use the description column to justify expense line items.

The following line items are list on the Healthy Athlete grant template. Use the checklist/standard supplies list to calculate costs for the "Supplies" line items.

EXPENSE ITEMS
Accommodation
Clinical Volunteer Working Attire
Clinical Volunteer Working Meals
Equipment
Facilities (space/tent/tables/chairs/partitions)

WRAP UP AND OTHER RELATED MATERIALS

EXPENSE ITEMS
Insurance/ Security/ Storage
International Fees (customs/import)
Other (give details)
Postage/Delivery/Shipping
Printing/Copying
Signage (banners, signs)
Supplies (office/onsite/clinical) Itemize on separate sheet
Telephone
Training Publications/Manuals
Training/ Education for Volunteers (e.g., separate training facilities, meals, audio visual needs)
Travel
Total

CLINICAL SCREENING

Check-In

<i>See diagram for recommended placement of check-in station. Supplies/Equipment Needed</i>	1 Medium-sized to Large (6 ft) table, 4 chairs, Table covering, Fit Feet banner, "Check In" station sign, HAS forms, Clip boards and Pens
<i>Recommended Set-Up</i>	<ul style="list-style-type: none"> Place table covering on table Affix a Fit Feet banner in front of or somewhere in the vicinity of the check in Station Place sign "Check In" station sign on table or in vicinity of table Place HAS forms, clip boards and Pens on table
<i>Number of Volunteers</i>	3 – (2 checking in and 1 floater) non-clinical
<i>Positioning of Athlete/Volunteer</i>	<ul style="list-style-type: none"> Volunteer is seated behind check-in table Athlete is seated in front of check-in table
<i>Procedure for Working with Athlete</i>	Volunteers should greet athletes and ask the athlete to be seated. Look for name/athlete information tag or band of some sort; if the athlete does not have, ask the athlete/coach/escort/family member the appropriate question to fill out the HAS form.
<i>HAS Requirement</i>	Complete the top half of the HAS form. (i.e., first name, last name, date, etc.). Also fill in "Athlete Concerns/Previous Treatment or Surgery" section. Do not fill in the HAS ID number ; this number is automatically generated by the HAS system upon data entry. Please do write clearly.
<i>Next</i>	After completing the top of the form, hand the form to the athlete and have the "Floater" escort/direct the athlete to Station 1.

Station 1: Biomechanics, Joint Range of Motion, Skin, Nail and Toe

See diagram for recommended placement of Station 1.

<i>Supplies/Equipment Needed</i>	1, small table and 6 chairs; if it is an outside venue, 1, 3' x 20' in-door/out-door carpet , clip boards for writing on HAS form, "Station 1" sign, Pens, paper towel, trash bag, gloves, hand sanitizer, lotion; Clinician should have knee pads on if available
<i>Recommended Set-Up</i>	<ul style="list-style-type: none"> Place "Station 1" sign on table or in vicinity of table Pens should be on person Paper towels, gloves, lotion and hand sanitizer should be placed the table Trash bag should be taped on a side of the table For outside venues, lay carpet on the floor Use gloves when screening athletes; change for every athlete
<i>Number of Volunteers</i>	3 to 4 clinical w/ knee pads if available

WRAP UP AND OTHER RELATED MATERIALS

<i>Positioning of Athlete/Volunteer</i>	<ul style="list-style-type: none"> • Volunteer is sitting for entire exam except during walk • Athlete is sitting for entire exam except during walk
<i>Procedure for Working with Athlete</i>	Greet the athlete and introduce yourself. Use pictures or demonstrate on a colleague how you want the exam done.
<i>Screening Requirements</i>	<p>Gait analysis:</p> <ul style="list-style-type: none"> • Have the athlete walk with shoes on. • Remove or ask athlete to remove his/her shoes and have the athlete walk with shoes off. • Evaluate for over pronation of the foot with valgus deflection of the heel and navicular drop. Place a paper towel on your lap then have the athlete place his/her feet in your lap. • Start by examining the skin checking for abnormalities. • Evaluate the nails for disease and then for any bone deformities. • When done. • If measuring navicular drop and sway, have athlete stand on graph paper and measure the position of the navicular both in neutral and relaxed calcaneal stance.
<i>HAS Requirement</i>	<ul style="list-style-type: none"> • Complete Station 1 section of the HAS form • Write your name in the “Screener’s name” box • Verify information in the “Athlete Concerns/Previous Treatment or surgery” section
<i>Next</i>	Give HAS form to the athlete and escort/direct the athlete to Station 2.

Mat Scan—F-Scan System—For Select Events (optional)

Tek Scan has donated a Mat Scan system that is a computerized gait analysis mat—an imaging and tactile force and pressure measurement system. It is accurate and simple to use. This is a data acquisition hardware, analysis software with a data acquisition display, pressure or force sensors, and optional calibration aid. This system is based on standard IBM-PC compatible platforms. Install the included software to run the Mat Scan. Please note that the Mat Scan will not run off F-Scan Mobile software.

This MatScan system was supplied with an AC adapter from Cet Technologies that works with input voltages from 100V to 240V. Europe and other regions may require an adapter plug for the AC adapter to connect to the power outlets. A similar adapter will also be needed for the laptop computer.

You must also have a laptop computer with a parallel port that meets the computer requirements for the MatScan parallel electronics. See computer requirements link below.

http://www.tekscan.com/support/FAQ/tekscan_medical_computer_requirements.pdf

<i>Supplies/Equipment Needed</i>	Same as above and add: Mat Scan w/ software, Laptop, Electric power, Electrical cord, duct tape and an additional small table
<i>Recommended Set-Up</i>	<p>Same as above and add:</p> <ul style="list-style-type: none"> • Set up lap-top atop table, if electrical power cord is used, tape down with duct tape

<i>Number of Volunteers</i>	2 clinical
<i>Positioning of Athlete/Volunteer</i>	<ul style="list-style-type: none"> • Volunteer is standing • Athlete is standing
<i>Procedure for Working with Athlete</i>	When using the Mat Scan system, demonstrate to the athlete how to walk across the mat and remind them to keep their head up. If necessary give them something to focus on.
<i>Screening Requirements</i>	<ul style="list-style-type: none"> • Remove or ask athlete to remove his/her shoes and have the athlete walk with shoes off, striking the mat scan pad with each foot. • Capture as appropriate with computer software
<i>HAS Requirement</i>	<ul style="list-style-type: none"> • Complete the “Gait Analysis” section on page 2 of the HAS form; make comments as appropriate
<i>Next</i>	Same as above

Requesting the Mat Scan

The donated unit will only be used at large events. Some states where there are trained clinicians with their own systems may bring their systems to the screening. If you would like to request the Mat Scan unit for your event, please contact Raynell Redd at [redd@specialolympics.org](mailto:red@specialolympics.org) or 202.824.0230.

Address: Tekscan, 307 West First Street, South Boston, MA 02127 -- <http://www.tekscan.com>

Station 2: Shoe and Sock Exam and Shoe Size Measurement

6-12-06

See diagram for recommended placement of Station 2.

<i>Supplies/Equipment Needed</i>	1 small table, 6 chairs, clip boards for writing on HAS form, gloves of varying sizes, “Station 2” sign, Pens, paper towel and hand sanitizer.
<i>Recommended Set-Up</i>	<ul style="list-style-type: none"> • Place “Station 2” sign in vicinity • Pens should be on person • Paper towels, gloves and clipboards should be placed on table • Use gloves when handling athlete bare feet and socks; change for every athlete • Use hand sanitizer as appropriate
<i>Number of Volunteers</i>	2 to 3 clinical
<i>Positioning of Athlete/Volunteer</i>	<ul style="list-style-type: none"> • Volunteer is seated in chair • Athlete is seated in chair
<i>Procedure for Working with Athlete</i>	Greet the athlete and introduce yourself. Explain what you want and what you are going to do in the exam.

WRAP UP AND OTHER RELATED MATERIALS

<i>Screening Requirements</i>	<ul style="list-style-type: none"> • Check the shoe size of the athlete’s shoe. • Measure shoe size with Brannock device. • Check fit of shoes for length, width and depth. • Check the material of the socks the athlete is wearing. • Check the bottom of the shoes for abnormal wear pattern. • Ask the athlete what sport(s) he/she play. • Note if shoes are appropriate for the sport the athlete participates.
<i>HAS Requirement</i>	<ul style="list-style-type: none"> • Complete Station 2 section of the HAS form.
<i>Next</i>	<p>Give HAS form to the athlete and escort/direct the athlete to Station 3.</p> <p>Athlete should have their shoes on when leaving this station</p>


Station 3: Education and Review of Findings

See diagram for recommended placement of Station 3.


<i>Supplies/Equipment Needed</i>	1, medium-sized or large table, 6 chairs, clip boards for writing on HAS form, Foot, Nail and Skin Care brochures, “Station 3” sign, Pens, giveaways.
<i>Recommended Set-Up</i>	<ul style="list-style-type: none"> • Place “Station 3” sign in vicinity • Pens should be on person • Use table for supplies and writing on forms • Place giveaways on the floor under or beside the table
<i>Number of Volunteers</i>	2 to 3 clinical
<i>Positioning of Athlete/Volunteer</i>	<ul style="list-style-type: none"> • Volunteer is seated in chair • Athlete is seated in chair
<i>Procedure for Working with Athlete</i>	Greet the athlete and introduce yourself. Use simple terms and pictures on brochures to educate. You may need a translator so remember to speak slowly.
<i>Screening Requirements</i>	<ul style="list-style-type: none"> • Review findings with the athlete and any coaches or parent present. • Dispense brochures on Foot, Nail and Skin Care. • Review findings of the biomechanical exam and use examples of orthotics or insoles and how they fit on the feet and in the shoe. • After a thorough review of the HAS data form, complete the prescription/screening results (report card) form (see form below) as appropriate. That is, if the athletes feet checked out okay, mark the box that reads “<i>Congratulations, you have FIT FEET and require no follow up care.</i>” Indicate current and measured shoe size. • If certain conditions are noted on the HAS form, mark the box that reads, “<i>You have the following condition(s):</i>” and check/write in the conditions noted.

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	<ul style="list-style-type: none"> If the athlete requires follow-up care, indicate so by marking the appropriate box, i.e., <i>Your feet require extended treatment; please contact the following physician for a follow-up appointment.</i> Use pre-fabricated labels listing follow-up care physician information or write in as appropriate if labels are not available.
<i>HAS Requirement</i>	<ul style="list-style-type: none"> Complete Station 3 of the HAS form Note any OTC treatments Note the physician referred as appropriate If insoles were given at event, note which on Page 2 of the for under "Giveaways (optional)" Note any comments and sign the HAS form
<i>Next</i>	<ul style="list-style-type: none"> Give the athlete the Prescription/screening results (report card) form and a giveaway. Keep the HAS form for the SO Program records



Special Olympics



Prescription/Screening Results

Rx


Athlete's Name: _____ **Date:** _____

Measured Foot Size: *Left:* *Right:*

OUSA OEuro OEng OAsia

Recommended Shoe/Sock type: *Shoe* *Sock*

Congratulations, you have FIT FEET and require no follow-up care



You have the following condition(s):

<input type="checkbox"/> over pronation	<input type="checkbox"/> warts
<input type="checkbox"/> bunion	<input type="checkbox"/> arthritis
<input type="checkbox"/> hammer toe	<input type="checkbox"/> athlete's feet
<input type="checkbox"/> corns	<input type="checkbox"/> nail fungus
<input type="checkbox"/> calluses	<input type="checkbox"/> high arches
<input type="checkbox"/> other _____	

Treatment for these conditions are listed below.

Your feet require extended treatment; please contact the following physician for a follow-up appointment:

Prescribing Physician Signature

Waiting Room

At times the station may get more athletes than it can handled, if this occurs, set up chairs in somewhere in the Fit Feet venue area and use a "waiting room". Remember to keep the order going and let the athletes know when they can move to the next station.

WRAP UP AND OTHER RELATED MATERIALS

WRAP UP AND OTHER RELATED MATERIALS

Evaluation Process

UNDER CONSTRUCTION—Post-event evaluation of how the screening went.

Resources and Related Research Materials

For more information about Special Olympics, please refer the following publications (most are located on www.specialolympics.org) or contact Raynell Redd at rredd@speicalolympics.org.

- *Dyken Study*
- *How to Start a Healthy Athlete Program*
- *Are You A Healthy Athlete Book*
- *Clinical Update Newsletter*
- *Sprint Magazine*
- *Multinational Study of Attitudes toward Individuals with Intellectual Disabilities*
- *Closing the Gap: A National Blueprint to Improve the Health of Persons with Intellectual disabilities*
- *Report of the Surgeon General's Conference on Health Disparities and Intellectual disabilities/U.S. Department of Health and Human Services, 2002*
- *National Evaluation of the Special Olympics Unified Sports Program--* (Final Report, December 2001, by the Center for Social Development and Education, University of Massachusetts Boston and Department of Special Education, University of Utah)
- *The Health Status and Needs of Individuals with Intellectual disabilities--*September 15, 2000; Revised December 18, 2000, by the Department of Epidemiology and Public Health, Yale University School of Medicine & Department of Psychology, Yale University, New Haven, Connecticut
- *Promoting Health for Persons with Intellectual disabilities--A Critical Journey Barely Begun*