



Special Olympics  
**MedFest**<sup>®</sup>



MedFest Clinical Director and Program Staff Guide

*Special Olympics*



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## HEALTHY ATHLETES

The Special Olympics Healthy Athletes® program is designed to help Special Olympics athletes improve their health and fitness. The ultimate goal of Healthy Athletes is to improve each athlete's ability to train and compete in Special Olympics as well as in life.

The key objectives of Special Olympics Healthy Athletes are to:

- Improve access to care at event-based and other health screening clinics;
- Make appropriate referrals for follow-up to community health professionals;
- Train health care professionals and students about the needs of people with intellectual disabilities;
- Collect, analyze and disseminate data on the health needs of people with intellectual disabilities; and
- Advocate for improved health policies and programs for people with intellectual disabilities.

The eight Healthy Athletes Disciplines are:



Lions Clubs International Opening Eyes® (started in 1997)



Special Smiles® (started in 1997)



FUNfitness (started in 1999)



Healthy Hearing (started in 2000)



Health Promotion (started in 2000)



Fit Feet (started in 2003)



MedFest® (started in 2007)



Strong Minds (started in 2017)

Health screenings are conducted at World Games as well as local, State and National Games, and occasionally at special events. Healthy Athletes screenings have provided free care to hundreds of thousands of Special Olympics athletes. All Healthy Athletes screening areas maintain confidentiality of each athletes' health information. The screening data are aggregated and assessed to improve individual athlete health, and to assist in policy recommendations and advocacy for improved health care for Special Olympics athletes around the world.

## HISTORY OF MEDFEST

Since the early days of Special Olympics, 'medical volunteer days' have been organized in order to help athletes obtain the sports physical necessary to participate in trainings and Games. In 1999, this event was given a name by volunteers in Chicago – MedFest. Six years later, Special Olympics Healthy Athletes, along with other medical volunteers from the American Academy of Developmental Medicine and Dentistry, the American Academy of Family Physicians and the American College of Sports Medicine worked to formalize the way in which medical physicals should be delivered to people with intellectual disabilities at MedFest events. In 2007, MedFest became an official Healthy Athlete discipline. In 2014, a new medical form that reflected best medical standard for sports physicals in the context of Special Olympics was launched for MedFest.

### Purpose of MedFest

The purpose of MedFest is four-fold:

1. Offer a free sports physical and other health screening services to people with ID,
2. Recruit new athletes to Special Olympics and retain existing Special Olympics athletes,
3. Foster new partnerships between Special Olympics and the community, and
4. Provide physicians, nurses and other healthcare providers with training and specialized experience in the examination and assessment of people with intellectual disabilities.

### Barriers – Lack of Physician Training and Access to Quality Care

Aside from screening athletes for risk factors, MedFest serves an unmet need in the realm of medical education. Surveys have shown that most medical schools and medical residencies do not spend adequate curriculum time focusing on patients with intellectual disabilities. In one survey, over half (52%) of US medical school deans and students report that graduates are "not competent" to treat people with ID.

This lack of training is important, because it calls into question the quality of care that some physicians can provide to their patients with intellectual disabilities. MedFest provides an opportunity for many physicians to interact with people with intellectual disabilities and, therefore, to begin to learn more about them and gain a comfort and a knowledge they can take back to their own practices. Based on surveys with Special Olympic volunteers, 84% of healthcare providers felt better prepared to treat people with ID as a result of volunteering with Special Olympics.



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Education of healthcare providers is critical in addressing one of the key contributors to the health disparities that exist for people with ID. A 2013 UK study showed that people with ID die younger than the general population (average of 13 years for men, 20 years for women). The majority of these premature deaths were not a result of factors related to their disability; they were due to delays or problems investigating, diagnosing, and treating illnesses that could have been prevented. Of those athletes coming through MedFest since 2007, on average, 22% have had at least one previously undiagnosed health condition.

To find more research information and/or access to Healthy Athlete data, please visit the Special Olympics Research website: <http://resources.specialolympics.org/Research/>

## THE ROLE OF THE CLINICAL DIRECTOR

MedFest Clinical Directors play a vital role in the success of the event. **A Clinical Director should be licensed to practice medicine and prescribe medications in the state or country in which the screenings are held.**

Preference should be given to practicing physicians with certification in either developmental medicine, developmental and behavioral pediatrics or with an extensive history of working with people with ND and intellectual disabilities. If candidates lack this experience, preference should be given to those with a family practice, sports medicine or general practice background, followed by a pediatric or internal medicine background.

A Clinical Director may also be a Registered Nurse Practitioner, Doctor of Osteopathy or a Physician Assistant (or the equivalent in your Region).

The Clinical Director will serve as the primary authority for medical operations of the MedFest event. He or she will assist Special Olympics staff in:

- Recruiting and training volunteers
- Approving clinical equipment
- Finding referral networks
- Enforcing the standard of care and improving protocols
- Serving as the clinical authority if questions or issues arise at a MedFest

### **Referral Network**

This is perhaps the most important aspect of a MedFest event and the most often overlooked. Prior to the MedFest event, the Clinical Director, with the help of the Special Olympics Program, should attempt to establish a network of professionals willing to accept referrals from the MedFest event. In addition to primary medical care, other important professions to include in the network are audiology, optometry/ ophthalmology, podiatry, dentistry, physical therapy, nutrition, cardiology, and neurology. If no network can be established, the athlete should be referred to their primary care physician for follow-up, or if the volunteer is willing, to the practice of the MedFest volunteer.

## **MEDFEST PROGRAM MODELS**

At its core, MedFest is an event where a volunteer team of health professionals assemble to provide people with intellectual disabilities free access to sports physicals that will qualify them for Special Olympics. The event may be used primarily to attract new athletes or to provide requalification physicals which are periodically required of Special Olympics athletes. MedFests may be free-standing events that are not associated with any sports activity or they may be conducted in conjunction with sports training or competition. Additionally, MedFests may be associated with other Healthy Athletes disciplines or they may be offered as a single discipline, only providing sports physicals. Because MedFest is a very flexible program, it can fit the needs and cost structures of most Special Olympics Programs.

### **Recruitment vs. Retention**

The first question that must be answered is whether MedFest will be used primarily to recruit new athletes, retain existing athletes or both. The answer to this question will determine when and where it might make sense to do an event and also who the strategic partners will be for planning and what type of medical volunteers will be primarily involved.

### **Stand Alone vs. Games-Based**

MedFest can be either a stand-alone event or a Games-based event. Factors that determine which type of MedFest a Special Olympics Program will coordinate will center on the limitations and preferences of the Program itself. Some Programs do not have the time or volunteer resources to put on another event outside of a large Games event. In this case, it is easier to provide a Games-based MedFest.

From the stand point of overall Program effectiveness, there does not appear to be a difference between a stand-alone or Games-based MedFest. While Games-based events can be more fun for athletes and for volunteers, they can be more logistically complex for organizing staff. It is also important to note that newly recruited athletes cannot participate in competition directly after being medically cleared, because this will violate the organizational rules of mandatory athletic training prior to competition. Existing athletes who had been training and are just getting a requalification exam are the exception to this rule.

### **Single Discipline vs. Multiple Discipline**

Logistically, a single discipline MedFest event is the easiest to plan and execute than an MedFest that is done in conjunction with other Healthy Athlete disciplines.

#### **Single Discipline:**

A single discipline MedFest consists of a check-in station where athlete paperwork will be checked; a med-check station where medications are screened, a vitals station where height, weight, vision, hearing, pulse, pulse oxygenation, temperature and blood pressure are measured; an exam area where physicians perform medical examinations; and a check-out station where paper forms are collected and athletes receive any giveaways.

Athlete flow at a standard MedFest is linear: check in → vitals → exam → check out.

### **Multiple Discipline:**

In the case of a multidisciplinary MedFest it is recommended that the MedFest portion of the event be completed first, so that if athletes run out of screening time they will have received medical clearance for participation in Special Olympics. Once they have received medical clearance they may participate in any other healthy athlete discipline screenings as needed. Since the primary purpose of any MedFest is the medical clearance of athletes, all disputes between Clinical Directors of different disciplines shall be resolved and coordinated by the MedFest Clinical Director. However, the MedFest Clinical Director should not act in any way as to compromise the clinical integrity of the established protocols of the other disciplines. While it is optional to include a discipline, once that discipline is included, its protocols should be adhered.

To ensure that all athletes complete each discipline, a punch card for the athletes with all offered disciplines can be used or stickers can be handed out to track which disciplines an athlete has gone to. Because athlete flow can be more chaotic at a multidisciplinary MedFest event, it is recommended that athlete cards and athlete evaluation forms be checked for completeness prior to the athlete exiting the event. Athletes with missing screening information should be directed back to the appropriate station to complete their screening.

## **THE MEDICAL FORM:**

MedFest uses a specific form that is based on best medical practice and current standards for conducting a sports physical exam and the needs of Special Olympics Athletes. This form was developed by the Medical Advisory Committee which is comprised of physicians and health professionals from around the world.

This form must be used at event that is using MedFest branding or grants and is the recommended form for Special Olympics registration generally. You can access the medical form on the MedFest Resources Page:

[http://resources.specialolympics.org/Taxonomy/Health/ Catalog\\_of\\_MedFest.aspx](http://resources.specialolympics.org/Taxonomy/Health/ Catalog_of_MedFest.aspx). **Note that there is a version for Programs in the US and a version for Programs outside the US.** Please select the Form appropriate for your Program.

The form is three pages and includes two key sections:

1. A health history to be completed by the athlete or their parent, guardian or caregiver.
2. A physical exam form to be completed and signed by a Medical Professional

A fourth page is included in case the athlete is referred to for follow-up care prior to clearance.

There is a separate registration page for all the contact information and demographic data important for athlete registration, but separate from Medical Clearance, which is the goal of the medical form. All other Athlete Registration Materials can be found here:

<http://resources.specialolympics.org/participant-registration-forms/>

The image shows a digital form titled "Athlete Medical Form - HEALTH HISTORY" and "Athlete Medical Form - PHYSICAL EXAM". The "HEALTH HISTORY" section includes fields for Name, Date of Birth, Sex, and various medical history questions such as "Do you have any chronic conditions?", "Do you have any allergies?", and "Do you have any recent injuries?". The "PHYSICAL EXAM" section includes a table for recording vital signs (Blood Pressure, Heart Rate, Temperature, etc.) and a list of physical exam findings (Head, Neck, Lungs, etc.) with checkboxes for "Normal" or "Abnormal". There are also sections for "MEDICAL HISTORY" and "PHYSICIAN SIGNATURE".

### **Filling out the Form**

#### Health History:

The Health History section is particularly important for the MedFest event as that is what will ensure the physician examining the athlete has all the information necessary. The Health History is also important for the Special Olympics Program to have in case of a medical emergency during competition or practice.



**BEST PRACTICE:** The form should be sent to athletes expected to attend the MedFest before the event. The athlete or parent/guardian or caregiver should fill out the first two pages (the Health History) and return the form to the Special Olympics Programs. This will help the Clinical Director and the Program better plan for the event since it serves as a RSVP for the MedFest. It will also ensure that you have as complete and accurate a health history as possible. If the athlete does not have their health history when they arrive at the event, it will take nearly twice as long to screen them and you may not get the most accurate health history, especially if the athlete is not with someone who has knowledge of their health history.

### Physical Exam:

For the exam, it is important to complete all the sections of the form. The guides the health professional to:

1. Assess vision, using a Lea chart to determine 20/40 vision or better.
2. Assess height and weight (and Body Mass Index)
3. Assess vitals (blood pressure, oxygen saturation, temperature, pulse)
4. Conduct a Physical Exam, including:
  - a. Basic hearing
  - b. Cardiopulmonary
  - c. Abdominal
  - d. Strength and mobility
  - e. Basic neurological exam to determine presence of Atlanto-axial Instability and/or Spinal Cord Compression (this is a combination of the exam and health history)

Once the exam is completed, the examining physician should indicate whether the athlete is cleared to participate. There are three clearance levels:

1. **Cleared** – the athlete is able to participate without any restrictions or limitations
2. **Cleared with restrictions** – the athlete is able to participate WITH restrictions or limitations (e.g., no downhill skiing or no impact sports).
3. **Not Cleared** – the athlete is MAY NOT participate in Special Olympics Sports until seen for further evaluation.

### **Common Issues for non-clearance**

The majority of athletes will clear without issue. For those that do not, the most common causes for non-clearance are included on the medical form. These are:

- A concerning cardiac exam
- A concerning neurological exam for possible Atlanto-axial Instability or Spinal Cord Compression or other neurological concern
- For an acute infection. Once the infection is gone, the athlete should be cleared to participate.
- For uncontrolled Stage II Hypertension or above (this is a Blood Pressure of >160/100) or for 20mmHg difference in blood pressure between right and left arms.
- For oxygen saturation less than 90% on room air
- For Hepatomegaly (enlarged liver) or Splenomegaly (enlarged spleen)

As a guiding principal for clearance, remember that the true purpose of a sports physical for Special Olympics athletes is not to determine if the athlete is capable of participating in a particular sport. Special Olympics provides the platform for athletes to determine their own capabilities. Instead, the purpose of the sports physical is to determine if the athlete will incur a higher risk of serious injury if they participate in a particular sport.

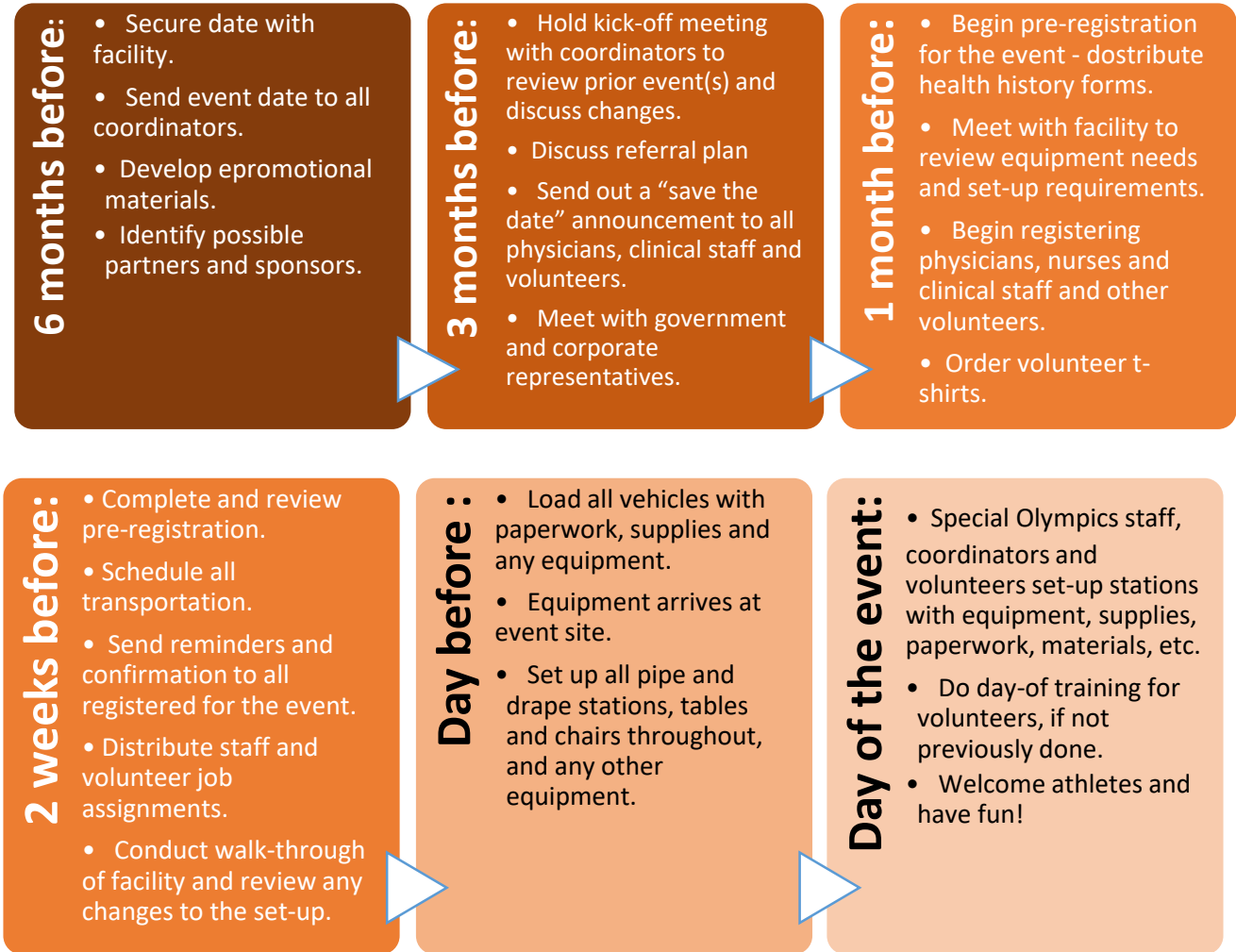
It is only a significantly increased risk of serious injury or death that should prohibit an athlete from being cleared medically.



**BEST PRACTICE:** At the MedFest exit station, forms should be reviewed for completeness. In order to be considered complete a medical form must have a full physical exam completed, one of the boxes checked that describe the athlete's spinal cord compression status, one of the clearance boxes checked and a physician signature. If an athlete is denied medical clearance, then the form is not considered complete until the referral form has been completed by another physician.

# PLANNING MEDFEST

As with venue set-up, there is a lot of flexibility with planning and implementing a MedFest and it is what works best for the Program and Clinical Directors, but here is a guide for a timeline of key events to help guide first MedFests in your area.



Below will walk you through the key considerations when estimating the venue size, number of stations and volunteers. On the [MedFest website](http://media.specialolympics.org/resources/health/disciplines/medfest/MedFest-Equipment-and-Volunteer-Calculator.xls), there is a calculator that will automatically calculate the needs for your event based on the number of athletes expected and the length of time for your event. Access the calculator here: <http://media.specialolympics.org/resources/health/disciplines/medfest/MedFest-Equipment-and-Volunteer-Calculator.xls>

NOTE: To use this Calculator just enter the number of athletes expected and the length of the screening event (number of hours) below. The spreadsheet will automatically calculate and update the ideal number of stations needed, the square footage, equipment and volunteers needed.

Number of Athletes	Length of Screening Event (Hours)	Number of Stations	Equipment	Volunteers
100	1	100	100	100
100	2	200	200	200
100	3	300	300	300
100	4	400	400	400
100	5	500	500	500
100	6	600	600	600
100	7	700	700	700
100	8	800	800	800
100	9	900	900	900
100	10	1000	1000	1000

## Number of Athletes

The determining factor for all other aspects of MedFest event planning is the number of athletes expected to attend the event. In a mixed recruitment/retention MedFest, the Special Olympics Program will likely be working closely with school districts, group homes, habilitation programs and advocacy organizations to bring potential and existing athletes to the event. These organizations should be able to accurately predict the number of athletes that will attend.

As the date of the event draws closer and pre-registration/history/consent forms are signed and returned to the Special Olympics Program office, this number will become more and more reliable. The expected turn out for an event will usually be a function of the population of the area served, the efficiency of transportation and the level of unmet medical need of the area.



MedFest events in the past have ranged from serving 50 to 5,000 athletes. However, the majority of MedFest events serve anywhere between 100 and 500 athletes. Some Programs that have specific agreements with local clinics/hospitals, may even just have a window of time once a month when athletes can stop by that clinic to have a free sports physical and get their medical form completed. In those cases, you may have a very small number of athletes participating. So long as you have a trained clinical director, and you are using the SOI-approved medical form, this may qualify as a MedFest.

### Number of Exam Stations and Physician Volunteers

The number of physician stations needed is a direct function of the number of athletes expected and the amount of time the event will be operating. A single physician should be able to perform a physical exam and complete the necessary paperwork for six athletes every hour. A very efficient physician may be able to perform these exams faster, however, pressure to do so may compromise the quality of the physical exam delivered. It is therefore **recommended, for planning purposes, that physicians be expected to see one athlete every ten minutes.**

#### Calculating Exam Stations and Physician/Nurse Practitioner Volunteers

Very simply, then, the planning formula used to determine the number of physician stations is:

$$\text{Number of athletes} \div (6 \times \text{Number of event hours} - .5 \text{ hour}) = \text{Number of physician stations}$$

You want to take 30 minutes out because it takes time to check-in individuals. For example if a MedFest expected 300 athletes and was planning on operating for 5 hours the formula would be:

$$300 \div (6 \times 4.5) = 10 \text{ or } 300 \div (27) = 11 \text{ exam stations}$$

**To support these 11 stations, you would need to have 11 eligible clinical volunteers.**

NOTE: The previously mentioned Excel [Calculator](#) will automatically calculate this.

#### Using Specialists – Pediatric and Adult

It is important to remember that some physicians who specialize in caring for adults may not be comfortable performing physicals on children. Likewise, some physicians who specialize in caring for children may not be comfortable performing physicals on adults. This will impact how many (and of what specialty) physicians may actually need to volunteer. Additionally, it is important to remember that the above formula determines the number of physician stations. Some physicians will only volunteer for a few hours. In this case, additional physician volunteers will need to be scheduled to make sure that the exam station is fully staffed at all times during the event.

#### Eligible Healthcare Professionals

Laws about this vary from state to state and country to country so it is important that you confirm what is permitted in your local jurisdiction. For MedFest, the healthcare professional performing the exam must be qualified to conduct the exam in your state/country and also be able to prescribe medications. Generally there are four types of healthcare professionals eligible to complete the SOI medical form:

- Physician (MD equivalent -- e.g., MBBS)
- Doctor of Osteopathy (DO)
- Registered Nurse Practitioner (ARNP equivalent)
- Physician Assistant

**Chiropractors and Physical Therapists are NOT permitted to conduct the SOI medical exam per current policy. This is regardless of whether they can legally do so in your state/country.**

#### Using Students

MedFest can be an excellent way to engage Medical Schools or other Allied Health Professional Schools. This is an excellent hands-on training for their students and can help you set-up a permanent supply of volunteers, while also training the next generation of healthcare professionals on how to provide care to people with intellectual disability. However, if you are going to have student participant in MedFest, here are some considerations:

- A fully licensed physician must check the work of each student and provide his or her signature as the medical authority granting clearance to the athlete. Students and other unlicensed professionals should

never provide the final clearance or sign the clearance form without a licensed qualified professional double checking and countersigning their work.

- Be sure this is in compliance with local law.
- Ideally, find time to do a pre-training with the student volunteers (and all volunteers) so they know what to expect and how to complete the medical form.

### Number of Height and Weight, Vision, and Vitals Stations and Volunteers

Vital signs at MedFest include, but are not limited to:

- pulse,
- oxygen saturation (if possible),
- temperature,
- blood pressure in both arms,
- height and weight (and body mass index (BMI)),
- vision screening

It is also recommended, that you have a medication check with a pharmacist volunteer, where possible.

Well-suited volunteers for these stations are volunteers with a healthcare background. As a general guideline, if the volunteer is part of a profession that sees patients in a clinical setting, they will be comfortable performing vitals. On average, the entire battery of vital signs can be measured in ten minutes (two minutes for the pulse, oxygen saturation and temperature; four minutes for the blood pressure in both arms; four minutes for the height, weight and BMI; four minutes for vision screening). Usually, one volunteer will perform the height, weight, and BMI, and one to two volunteers will do the vision screening, and all the other vitals will be performed by another volunteer.

### Calculating Vital Stations and Volunteers

To estimate the number of volunteers needed, use the following formulas:

$$\# \text{ of height/weight volunteers} = \# \text{ of athletes} \div (15 \times \# \text{ of hours} - 0.5)$$

$$\# \text{ of vision volunteers} = \# \text{ of athletes} \div (15 \times \# \text{ of hours} - 0.5)$$

$$\# \text{ of Pulse/BP/O2/Temp Volunteers} = \# \text{ of athletes} \div (10 \times \# \text{ of hours} - 0.5)$$

If our hypothetical MedFest event of expected 300 athletes over a 5-hour period, the number of recommended volunteers (and thus stations) would be:

$$300 \div (15 \times 4.5) = \sim 4 \text{ volunteers (height \& weight)}$$

and

$$300 \div (15 \times 4.5) = \sim 4 \text{ volunteers (vision)}$$

and

$$300 \div (10 \times 4.5) = \sim 7 \text{ (pulse/bp/temp)*}$$

In this hypothetical situation, **a total of at least 15 volunteers** would be recommended for the vitals and vision stations.

NOTE: The previously mentioned Excel [Calculator](#) will automatically calculate this.

*\*If you are having your vital station outside the exam room, then you will want to have the same number of vital stations as you do exam rooms. In our example above, that would mean having 11 vital stations*

If enough clinical volunteers cannot be found, you can combine vital stations and have one volunteer do height/weight and vision and other vitals. It will slow the process down a little, but still is acceptable. Also, if you choose to have the Vitals (pulse/BP/temp/O2) done outside the Exam room, you will want to match the number of vital stations and volunteers with the number of exam rooms planned.

### General Volunteers:

A third type of volunteer for MedFest is the general/administrative volunteer. These volunteers will help check and collect paperwork, direct athletes from one station to another, and coordinate lunch, transportation and athlete giveaways. Because athletes will tend to arrive in groups, it is recommended that at least two volunteers work the check-in station and at least two volunteers work the check-out. Additionally, a volunteer should be stationed at the volunteer registration station and at every point of transition from one area of MedFest to another, including entry and exit ways. It is recommended that, at a minimum, there should be between 10-15 general/administrative volunteers, depending on the size of the event. Additional general/administrative volunteers should be added to accommodate larger events, as needed. This will help ensure that the event will run as smoothly as possible.

## Estimating Square Footage Needs

Once the number of athletes, volunteers, areas and stations have been estimated, square footage requirements are ready to be addressed. In estimating square footage needs, it is important to keep the special needs of some of the areas in mind.

Because each venue has different acoustic properties and each event will have different noise levels, it is also good to plan for the contingency that the noise may be too loud for the physicians to perform an adequate cardiac examination. In an ideal situation, each physician would perform the cardiac exam as part of his or her evaluation. However, if during the event, the clinical personnel feel that the noise level is too high to adequately perform this exam, a single physician could perform all of the cardiac examinations in a quiet room.

If the venue is a clinic, quiet areas and privacy in exam rooms will not be difficult to secure. However, many events occur in gymnasiums, auditoriums or other large venues and, therefore, require substantial pipe-and-drape partitioning.

All areas require adequate seating and large thoroughfares to accommodate people traveling in groups and/or wheelchairs. **At no place in the physical layout of a MedFest should any person in a wheelchair be expected to travel through a space less than 4 feet (1.2 meters) wide.**

### Waiting Area

The size of the waiting area depends on how efficient the entire MedFest team works and how well transportation to and from the event is coordinated. Though waiting is an inevitable part of a MedFest event, thorough planning and proper execution can minimize this inconvenience to the athletes. Ideally, groups of athletes will be scheduled far enough apart so that there is minimal overlap. The waiting area, therefore, should be able to accommodate the largest group plus 50% of the preceding expected group and 100% of the following group. **In the hypothetical example of the 300 athlete MedFest, 30 athletes would ideally arrive every 30 minutes.** In this case, the waiting area should accommodate 75 people. In general, a seated person requires approximately 8 (.75 m<sup>2</sup>) square feet. Therefore, the waiting area in the hypothetical example would require **about 600 square feet (55.8 m<sup>2</sup>) plus adequate pathways.**

### Stations

**Check-in/Check-Out stations:** Generally these stations just require tables and chairs. Assuming that each table is roughly 3' x 6' (.9 m x 1.8 m) and that you need to add approximately 8 ft (2.4 meters) to each side to allow for chairs and space to move. This gives a rough square footage requirement of each of these stations of 11' x 14' (3.4 x 4.3 m), or **roughly 154 square feet (14.3 m<sup>2</sup>).**

**Height and Weight Stations:** This is the smallest space necessary. You need room to be able to have a stadiometer (roughly 2' x 2' or .6 m x .6 m) and one scale 3' x 3' (1 m x 1 m) plus space to move around. Estimate **roughly 80 square feet (7.4 m<sup>2</sup>) per station.**

**Vision Screening Stations:** This station requires roughly 5' x 14' (1.5 m x 4.3 m), or **roughly 70 square feet (6.5 m<sup>2</sup>) per station.** This allows you to have the necessary 10' (3.0 m) distance between the athlete and the Lea chart.

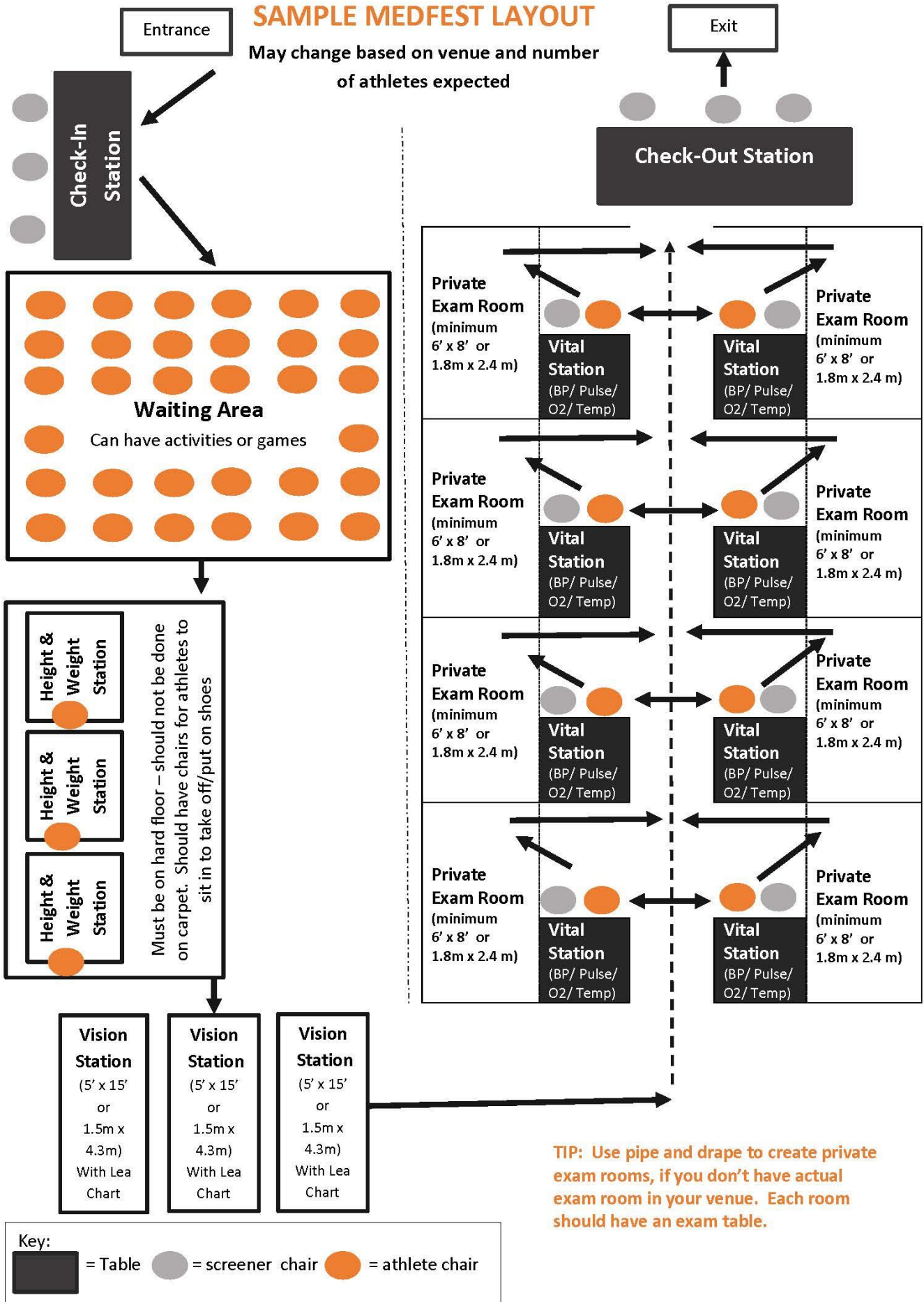
**Vitals Stations:** At this station, a small table and chairs are necessary. If you have 3' x 3' (.9 m x .9 m) tables, you would need (11' x 11' (3.3 x 3.3 m), or **roughly 121 square feet (11.2 m<sup>2</sup>).** If you only have large tables, you may need more space. Vitals stations may be located directly outside of each exam room.

**Physical exam stations:** The exam room requires a minimum of a 6' x 8' (1.8 m x 2.4 m) room, though an 8' x 10' (2.4 m x 3.0 m) room is preferred to allow for the exam table and a chair to fit. Four feet (1.2 m) should be added to one dimension of the room, to account for walkway space. Therefore, each medical examination room requires **roughly 80-120 square feet (7.2-11.2 m<sup>2</sup>) of space.**

This layout is designed for a 5 hour event to screen roughly 200 athletes

## SAMPLE MEDFEST LAYOUT

May change based on venue and number of athletes expected



Key:

= Table 
  = screener chair 
  = athlete chair

## Other Considerations

### Adding Medical Tests

It is acceptable for Clinical Directors to alter MedFest somewhat to fit the needs and resources of the community in which it is being offered. **In general it is acceptable to add protocols but it is not acceptable to eliminate them.**

1) Non-Invasiveness: **All MedFest protocols are to be non-invasive.** Therefore, gynecological and rectal exams are strictly prohibited. Blood testing and x-ray examination are also considered invasive and are prohibited. Urinalysis, EKG, echocardiography, ultrasound, bone densitometry and bioelectrical impedance are considered non-invasive and therefore can be done. Other tests should be discussed with Special Olympics and will be considered on a case-by-case basis. If a partner is offering these invasive services outside the scope of MedFest, that is permitted, but they will need to take responsible, need their own funding and their own consent form for these services. The MedFest logo should not be used at that station.

2) Free: MedFest is a free, elective event. No athlete should be required to undergo any testing which would cost him or her money.

### Autism

Autistic behavior is encountered frequently in the intellectual disabilities population. Fragile X and many other neurodevelopmental disorders are associated with autistic features. One of the common characteristics of autism is an aversion to visual or auditory stimulus. When a MedFest event is at its activity peak, there can be a lot of commotion and noise. This may be overwhelming to some athletes, especially those with autistic features. For these athletes, completing the exam in a quiet contingency room may be necessary.

### Wheelchairs

A number of Special Olympics athletes will require the use of a wheelchair. In most cases, the pre-registration process should alert the planning staff as to how many athletes with wheelchairs will participate in the event. Some MedFest protocols will need to be modified in order to accommodate the athlete. Specifically, the modified height and weight protocols described earlier will need to be used. It is imperative that all areas of MedFest accommodate athletes using wheelchairs.

### Communication - Put the Athlete First

Too often people with disabilities are described by their condition first. Although a specific disability label may provide some insight to a person's abilities or behavior, it does not do justice to their individuality. Because of this, Special Olympics uses "person- first" language. This means putting the person before the disability. For instance, when describing an athlete, you might say, "I met a young athlete who competes in track from southern Oregon who has Down syndrome."

Sometimes using person-first language feels awkward, but it is an important way to show respect for Special Olympics athletes. Simply put, you can't fail if you:

- Put the person first;
- Look for the person's individuality; and
- Look for common ground for conversation (ask about their sport, etc.).

To help train volunteers on communication and person-first athlete, use this video "Talk to Me: How to Speak with People with Disabilities" (<https://www.youtube.com/watch?v=nc9aAY6-ujQ>) - also available on the MedFest resource page.

### Malpractice Coverage (United States only)

For events in North America, Special Olympics has malpractice coverage through a private insurance company. This coverage acts as a secondary coverage for physicians who already have malpractice insurance. It will also act as primary malpractice insurance for physicians who do not have malpractice insurance. In order to ensure that each volunteering clinician is covered both primarily or secondarily, the names of each volunteer should be collected and given to Special Olympics staff (who are, in turn, required to inform the insurance company) prior to the date of the MedFest. Be sure to have the [Hold Harmless Form](#) completed (Available on the MedFest page)

## VOLUNTEER RECRUITMENT

As discussed above, there are a variety of volunteers needed to host a MedFest. The easiest way to recruit volunteers is by partnering with a local hospital/clinic/medical or other allied health professional school. There are new tools and resources on the MedFest website that might help.

Volunteer Recruitment Resources:

[http://resources.specialolympics.org/Taxonomy/Health/Catalog\\_of\\_MedFest.aspx](http://resources.specialolympics.org/Taxonomy/Health/Catalog_of_MedFest.aspx)

- Volunteer Recruitment Flyers and MedFest Brochures
- Introduction to MedFest Video – a 90 second overview of MedFest showing the benefit it provides to athletes, healthcare professionals, and communities: <https://www.youtube.com/watch?v=2weAmpm2TCg>
- Longer Training video for Clinical Directors – this is designed for Clinical Directors and Program Staff, but can also be used, in part, to train day-of volunteers.
- COMING SOON – Talking points to pitch MedFest to local area healthcare providers, medical schools, residency programs, etc. as well as new training resources and tools for day-of volunteers.

If there are materials and tools needed, please contact the MedFest team. We are always looking for ways to assist the local Programs in implementing MedFest.

## SPECIAL OLYMPICS INTERNATIONAL CAPACITY GRANTS

Special Olympics Programs can apply for Capacity Grants from Special Olympics International. Clinical Directors may be asked to help assess what equipment and supplies need to be ordered through the Capacity Grant. See the equipment list above for guidance. You are strongly encouraged to use the capacity grants to build your capacity to offer MedFest, but Programs also encouraged to look for donations/loans locally. Clinical Directors may help Programs in securing those donations and loans through their networks.

There are some considerations that are unique for MedFest, in comparison to other Special Olympics Healthy Athlete disciplines.

- If you are hosting a standalone MedFest event (e.g., no sports competition) you can apply for transportation funds for athletes as part of a capacity grant.
- We strongly encourage that Medical Form Data be entered into the Games Management System (GMS) by the Program so you can run reports and analysis and have electronic access in case of an emergency on the field of play.
  - There is no requirement to be entered into Healthy Athlete Software (HAS) at this time.

## MAXIMIZING IMPACT OF MEDFEST

Providing free medical screening to people with intellectual disabilities is an attractive human interest story to most local newspapers and media outlets. It is also a good photo opportunity for local political leaders. It is recommended that a public relations strategy for Special Olympics Programs be developed which incorporates MedFest as a center piece. Local ministers of health, cabinet health secretaries, mayors, governors, senators, donors and providers of in-kind support should be invited to attend MedFest. Such public relations strategies can help solidify strategic relationships and potentially create opportunities for future relationships and funding. Work with coaches as well as Schools, Groups Homes, and family members/caregivers to promote MedFest events in advance to encourage participation and registration.

# APPENDIX

## BASIC EQUIPMENT

Basic equipment must be purchased or borrowed in preparation for the MedFest event. The quantities of each piece of equipment will vary based on the size and configuration of the event. The following is a brief list of necessary equipment. All of these can be purchased with SOI Capacity Grant Funds.

### MedFest Banners

For US Programs just starting to offer MedFest for the first time, you can request a MedFest Banner by emailing Peyton Purcell ([ppurcell@specialolympics.org](mailto:ppurcell@specialolympics.org)). For Programs outside the US, you can include costs for the MedFest Banner in your Capacity Grant. Access the MedFest Banner Template on the [MedFest Resources website](#).

### Blood Pressure Cuffs

Each station should have self-inflating blood pressure cuffs which are meant to be placed around the upper arm. Manually inflated cuffs are acceptable, however they can be very strenuous for the volunteer. Wrist blood pressure measurements are often inaccurate and such equipment should be avoided. The blood pressure units will come with a cuff that is sized to fit most adults. Unfortunately, these cuffs may produce inaccurate results for people with very thin or very large arms. It is therefore recommended that at least one small and one extra-large cuff be purchased and kept in the vitals area for every four blood pressure stations that will be operating.



### Pulse Oximeters

Pulse oximeters, such as the one shown here, are preferred standard equipment for MedFest. Other pulse oximetry devices are also acceptable. Work with your Clinical Director and Program staff.



### Stadiometers and Flexible Measuring Tape

Athletes should have their height measured without their shoes on using a stadiometer or a tape measure with .1 centimeter (1/8 inch) increments and a 90 degree head board. Stadiometers that are built on scales should be avoided because they become more inaccurate the more the person weighs. **One Stadiometer can be purchased with SOI Capacity Grant Funds.** You should look to have local hospitals/clinics loan others. For US Programs, we also have a limited number of Stadiometers that may be available to borrow. Email the MedFest Discipline Manager to request these at least one month before your event. The Program is responsible for return shipping charges



For athletes in wheelchairs or with significant spasticity, height may be measured with the athlete lying on the exam table. Alternatively, height may also be measured using flexible measuring tape and adding the distances from the bottom of the heel to the center of the knee, the center of the knee to the center of the hip joint, and from the center of the hip to the top of the head.

### Weight Scales

A professional grade digital scale that measures in increments of .2 kg (1/4 lb) or less and can weigh up to 400lbs (182 kg.) is desired. **One Professional Scale can be purchased with SOI Capacity Grant Funds.** You should look to have local hospitals/clinics loan others.

For US Programs, we also have a limited number of scales that may be available to borrow. Email MedFest Discipline Manager to request these at least one month before your event. The Program is responsible for return shipping charges. Athletes using wheelchairs may have difficulty having their weight measured. If an athlete can be transferred out of the wheelchair, the wheelchair should be weighed with and without the athlete in it. The athlete's weight can be derived from these two numbers. A special type of scale is usually necessary to measure the weight of people in wheelchairs, it is therefore recommended that at least one scale be modified for such purposes.



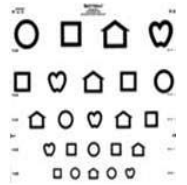
### Thermometers

Digital oral thermometers, temporal (forehead), or laser thermometers may be used to determine the temperature of the athlete. We recommended temporal or laser thermometers for ease and speed. Aural (Ear) temperatures may be used if compliance with standard temporal oral thermometry is compromised. Axial thermometry is not recommended. Rectal thermometry is prohibited.



### Vision Charts

The Lea eye chart is the preferred method of measuring near and far vision in the intellectually disabled population. Standard charts require a degree of literacy that may not be appropriate for all Special Olympics athletes.



### Exam Tables

Every medical examination should be performed on an exam table. Adequate abdominal and cardiac examinations require that the patient be examined in the supine position. Padded, portable exam tables often used by physical and massage therapists are the easiest to use and set up. However, makeshift exam tables using a standard 3 x 6 (.9m x 1.8 m) conference table and a table cloth can be effective. If makeshift tables are used, Special Olympics staff should test the weight capacity of the table prior to allowing any athletes to use them. The table should be able to hold at least 400 pounds (182 kg.)



### Hand Sanitizer

Alcohol based gel or foam hand sanitizer should be used by each clinician between each patient. Each medical exam station should have its own dedicated supply of hand sanitizer.



### Tongue Depressors

Though many clinicians are comfortable not using tongue depressors, some clinicians prefer using them. A supply should be kept on site for those clinicians wishing to use them.



### Otosopes and Speculum Covers

Otосcopy is essential for a proper athlete evaluation. Inexpensive, battery powered otoscopes are available and should be kept at each exam station. Each otoscope should be accompanied by an adequate supply of speculum covers. These covers must be changed after every athlete. So, the total supply of speculum covers should exceed the total number of athletes expected for the event.



### Stethoscopes

Physicians and other licensed practitioners should be encouraged and reminded to bring their own stethoscope. Each stethoscope transmits sounds differently. If a physician is used to performing a heart examination with a particular stethoscope, he or she is used to hearing certain tonal information associated with cardiac abnormalities. Upon changing stethoscopes, the quality of his or her exam could become compromised. A poorly performed cardiac exam could have dire consequences for the well-being of an athlete. For physicians who forget to bring their own stethoscope, it is recommended that a few high quality stethoscopes be kept onsite for the event.



### Non-Latex Gloves

A supply of medium and large non-latex gloves should be kept onsite for physicians performing examinations. Non-latex gloves are preferred because of the possibility of latex allergies. These gloves will be changed after every examination. It is therefore recommended that an ample supply of gloves be kept on site during the event.



### Referral Notes

Approximately 96 to 99% of all athletes screened at a MedFest will be cleared, without qualification, for sports participation. Some athletes however will require additional professional evaluation which cannot be rendered at the MedFest event. Page 4 of the medical form is meant to be used for referrals necessary for clearance. If there is just a recommendation for follow-up, but not required for clearance, you may want to also have a small "referral" note pad. The bottom part of page 3 of the medical form is a nice template for this.



### Pipe and Drape

Privacy for athletes is a necessity during the screening. Adequate pipe and draping must be supplied in order to create private rooms.



### Clip Boards and Pens

Having a large number of clip boards and pens will help the check-in process to go smoothly. Arranging the athlete medical forms in either alphabetical order or scheduled arrival time will facilitate faster processing time at the check-in area.





## FREQUENTLY ASKED QUESTIONS

- *Can nurse practitioners and physician assistants volunteer at MedFest?*
  - Yes. The level of supervision of these professionals that is necessary depends upon the rules of practice for the locale in which the MedFest is being held.
- *Can physicians from other states or countries volunteer at MedFest?*
  - Yes. However, a licensed physician from that locale must double-check and countersign the physicals performed by that physician, as the locally licensed physician will be held responsible for the clearance of the athlete.
- *Can medical, nursing or physician assistant students volunteer at MedFest?*
  - Yes. Students may volunteer at any station in which they feel comfortable working. Students working at the examination station must be double checked and countersigned by a licensed physician from that locale, as the locally licensed physician will be held responsible for the clearance of the athlete.
- *Does Special Olympics malpractice insurance cover all MedFest volunteers?*
  - Yes, in the United States. However, prior to the day of the MedFest event, a list of all clinical volunteers and their insurance status (whether or not they have malpractice insurance) should be given to the Special Olympics administrative office who will, in turn, give it to the insurance company. MedFest malpractice insurance acts as a secondary insurance for those who already have malpractice coverage, but acts as primary insurance for those who do not.
- *Can we offer finger-stick blood testing for diabetes, cholesterol, liver function or HIV?*
  - No. Any test which draws blood from the athlete is considered invasive. Through the stipulations of the funding provided to Special Olympics and insurance guidelines, no invasive tests may be given to Special Olympics athletes during the MedFest event, even if the athlete consents to and specifically requests such testing
- *Can somebody else offer blood testing for diabetes, cholesterol, liver function or HIV?*
  - Yes. Though Special Olympics is prohibited from offering invasive tests, other entities not funded through the MedFest grant may do so. Special Olympics is not responsible for what an athlete does directly before or after he or she participates in the MedFest event.
- *Can we offer vaccinations at MedFest?*
  - No. Vaccination is considered invasive. Through the stipulations of the funding provided to Special Olympics and insurance provisions, no invasive procedures may be given to Special Olympics athletes during the MedFest event, even if the athlete consents to and specifically requests such treatment.
- *Can somebody else offer vaccinations to Special Olympics athletes?*
  - Yes. Though Special Olympics is prohibited from offering invasive treatments such as vaccination, other entities not funded through the MedFest grant may do so. Special Olympics is not responsible for what an athlete does directly before or after he or she participates in the MedFest event.
- *How do we follow up with any recommendations or referrals made at MedFest?*
  - It is recommended that the Special Olympics Program identify a person such as a social worker, volunteer or staff member who will attempt to contact MedFest participants requiring follow-up after the MedFest event, to remind them of their referrals and recommendations.

# Contact Us

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