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Special Olympics: An Overview

Special Olympics is a global movement that unleashes the human spirit through the transformative power and joy of sport, every day around the world. Through programming in sports, health, education and community building, Special Olympics is changing the lives of people with intellectual disabilities solving the global injustice, isolation, intolerance and inactivity they face. The Special Olympics movement has grown to more than 5.3 million athletes and Unified partners in 169 countries. With the support of more than 1 million coaches and volunteers, Special Olympics delivers 32 Olympic-type sports and over 108,000 competitions throughout the year.

OUR MISSION
Provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and 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.

OUR REACH
• 5.3 million athletes and Unified partners
• 1 million coaches and volunteers
• More than 108,000 competitions each year
• 32 Olympic-type sports
• Programs in 169 countries
• Dynamic sports and corporate partnerships

OUR SOLUTION
• REAL SPORTS: Deliver, high-quality training and competition in an inclusive culture that stresses athletic excellence, rewards determination, emphasizes health and celebrates personal achievement.
• ATHLETE HEALTH: Promote the overall well-being of people with intellectual disabilities via programs that ensure ongoing access to quality, community-based healthcare services, highlighted by free health screenings at Special Olympics’ competitions, games and other venues.
• TRANSFORMATIVE EDUCATION: Equip young people and adult influencers with effective tools and training to create sports, classroom and community actions that produce friendships and acceptance, driving positive attitude and behavioral change.
• BUILD COMMUNITIES: Marshal resources, implement diverse programming and act as a convening power of stakeholders to drive positive attitudinal and behavioral change toward people with intellectual disabilities in communities worldwide, strengthening the fabric of society.

www.specialolympics.org
Intellectual Disabilities

Special Olympics serves athletes with intellectual disabilities.

WHAT ARE INTELLECTUAL DISABILITIES?
According to the definition by the American Association on Intellectual and Developmental Disabilities (AAIDD), an individual is considered to have an intellectual disability (mentally retarded*) based on the following three criteria:

1. Intellectual functioning level (IQ) is below 70-75,
2. Significant limitations exist in two or more adaptive skill areas; and
3. The condition manifests itself before the age of 18.

Adaptive skill areas are those daily living skills needed to live, work and play in the community. The definition includes 10 adaptive skills: communication, self-care, home living, social skills, leisure, health and safety, self-direction, functional academics, community use and work.

Adaptive skills are assessed in the person’s typical environment across all aspects of an individual’s life. A person with limits in intellectual functioning who does not have limits in adaptive skill areas may not be diagnosed as having an intellectual disability.

Children with intellectual disabilities grow into adults with intellectual disabilities; they do not remain “eternal children.”

A person is eligible to participate in Special Olympics if they have been identified by an agency of professional as having intellectual disabilities as determined by their localities. The minimum age requirement for participation in Special Olympics competition is eight years of age. Special Olympics also offers the Young Athletes™ Program, an innovative sports play program for children with intellectual disabilities between the ages of 2-7, which engages young athletes through developmentally appropriate play activities designed to foster physical, cognitive, and social development while also introducing them to the world of sports prior to Special Olympics eligibility at age eight.

HOW PREVALENT ARE INTELLECTUAL DISABILITIES?
The following statistics and information on intellectual disabilities have been adapted from information from the Population Reference Bureau, The Arc (formerly the Association for Retarded Citizens), the World Health Organization and various associations for people with disabilities.

According to the World Health Organization, up to three percent - or nearly 200 million people - of the world’s population have intellectual disabilities. Intellectual disability is the largest developmental disability in the world.

Intellectual disabilities know no boundaries. It cuts across the lines of racial, ethnic, educational, social and economic backgrounds, and it can occur in any family.

www.specialolympics.org
DISABILITY LANGUAGE GUIDELINES

Words matter. Words can open doors to cultivate the understanding and respect that enable people with disabilities to lead fuller, more independent lives. Words can also create barriers or stereotypes that are not only demeaning to people with disabilities, but also rob them of their individuality. The following language guidelines have been developed by experts for use by anyone writing or speaking about people with intellectual disabilities to ensure that all people are portrayed with individuality and dignity.

Special Olympics prefers to focus on people and their gifts and accomplishments, and to dispel negative attitudes and stereotypes. As language has evolved, Special Olympics has updated its official terminology to use standard terminology that is more acceptable to our athletes. We use “people-first language” - examples: refer to people with intellectual disabilities, rather than “intellectually disabled people”. See more tips below.

Appropriate Terminology
- Refer to participants in Special Olympics as “Special Olympics athletes” rather than “Special Olympians” or “Special Olympic athletes.”
- Refer to individuals, persons or people with intellectual disabilities, rather than “intellectually disabled people” or “the intellectually disabled.”
- A person has intellectual disabilities, rather than is “suffering from,” is “afflicted with” or is “a victim of” mental retardation/intellectual disabilities.
- Distinguish between adults and children with intellectual disabilities. Use adults or children, or older or younger athletes.
- A person “uses” a wheelchair, rather than is “confined” or “restricted to” a wheelchair.
- “Down syndrome” has replaced “Down’s Syndrome” and “mongoloid.”
- Refer to participants in Special Olympics as athletes. In no case should the word athletes appear in quotation marks.
- In formal documents, refer to persons with a disability in the same style as persons without a disability: full name on first reference and last name on subsequent references. Do not refer to an individual with intellectual disabilities as “Bill” rather than the journalistically correct “Bill Smith” or “Smith.”
- A person has a physical disability rather than crippled.
- Use the words “Special Olympics” when referring to the worldwide Special Olympics movement.

Terminology to Avoid
- Do not use the label “kids” when referring to Special Olympics athletes. Adult athletes are an integral part of the movement.
- Do not use the word “the” in front of Special Olympics unless describing a specific Special Olympics event or official.
- Do not use the adjective “unfortunate” when talking about persons with an intellectual disability. Disabling conditions do not have to be life-defining in a negative way.
- Do not sensationalize the accomplishments of persons with disabilities. While these accomplishments should be recognized and applauded, people in the disability rights movement have tried to make the public aware of the negative impact of referring to the achievements of people with physical or intellectual disabilities with excessive hyperbole.
- Use the word “special” with extreme care when talking about persons with intellectual disabilities. The term, if used excessively in references to Special Olympics athletes and activities, can become a cliche.
Fact Sheet: Special Olympics

Special Olympics

Did You Know?...

- Special Olympics has extensive programming in the areas of health, education and community building in addition to its well-established sports programs.

- More than 84% of Special Olympics athletes are outside of North America!

- To be eligible to participate in Special Olympics, an athlete must be at least eight years of age and identified by an agency or professional as having one of the following conditions: intellectual disability, cognitive delays as measured by formal assessment, or significant learning or vocational problems due to cognitive delay that have required specially designed instruction.

- Special Olympics athletes are divided to compete in categories based on gender, age, and ability level by a process called “divisioning.”

- All Special Olympics activities reflect the values, standards, traditions, ceremonies, and events embodied in the modern Olympic movement. These Olympic-type activities have been broadened and enriched to celebrate the moral and spiritual qualities of persons with intellectual disabilities so as to enhance their dignity and self-esteem.

- Eunice Kennedy Shriver founded Special Olympics in 1968, with the first international Special Olympics Games at Soldier Field in Chicago, Ill. Her son, Dr. Timothy P. Shriver, is currently the Chairman of the Special Olympics International Board of Directors. Mary Davis currently serves as the Chief Executive Officer. The Special Olympics International Board of Directors is comprised of a range of leaders in sports, business, entertainment and government.

- Individuals who compete in Special Olympics develop improved physical fitness and motor skills and greater self-confidence. They exhibit courage and enthusiasm and build lasting friendships. These life skills enhance their ability to live normal productive lives. More than ever, Special Olympics athletes hold jobs, own homes, go to school and successfully confront life’s challenges.

- Special Olympics receives funding in support of the movement from individuals, corporations, foundations, government and restricted grants. The vast majority of funding received is from individuals through the Special Olympics direct mail program.

- The Law Enforcement Torch Run® (LETR) for Special Olympics is the movement’s largest grass-roots fundraiser, having raised more than a half-billion dollars since its inception in 1981. This support includes a variety of fundraising events such as Torch Runs, Polar Plunges, and the World’s Largest Truck Convoy. More than 100,000 international law enforcement officers have carried the Flame of Hope.

www.specialolympics.org
Special Olympics

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www.specialolympics.org

Special Olympics and Healthy Athletes

From a backyard summer camp for people with intellectual disabilities to a global movement, Special
Olympics has been changing lives and attitudes nearly 50 years.

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and 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.

Special Olympics strives to create a better world by fostering the acceptance and inclusion of all people.

Through the power of sports, people with intellectual disabilities discover new strengths and abilities, skills and success. Special Olympic athletes find joy, confidence and fulfillment -- on the playing field and in life. They also inspire people in their communities and elsewhere to open their hearts to a wider world of human talents and potential.

There are up to 200 million people with intellectual disabilities around the world. Special Olympics’ goal is to reach out to every one of them – and their families as well. Special Olympics does this through a wide range of trainings, competitions, health screenings and fund-raising events. Special Olympics also creates opportunities for families, community members, local leaders, businesses, law enforcement, celebrities, dignitaries and others to band together to change attitudes and support athletes.

The Special Olympics 2014 Reach Report Summary outlines the scope and global impact of Special Olympics from sports to family leadership activities to health programs. The scope is broad and impact significant. Over 4.5 million athletes at 93,000 competitions in 170 countries are just a few of the achievements in 2014.

What is Healthy Athletes?
Healthy Athletes is a Special Olympics program that provides free health screenings in a fun, welcoming environment that removes the anxiety and trepidation people with intellectual disabilities often experience when faced with a visit to a doctor or dentist.

The impact of Healthy Athlete on the health and well-being of Special Olympics athletes around the world is great, in some cases saving lives by discovering unknown health issues or providing health care that otherwise would not be available. Healthy Athletes not only serves the athletes but also trains health care professionals who then go back to their practices with increased knowledge of and compassion for people with intellectual disabilities.

Healthy Athletes’ influence is evident with more than 135,000 healthcare professionals trained, free health screenings provided to more than 1.6 million athletes, and 100,000 free pairs of eyeglasses given to athletes. Healthy Athletes continues to grow each year with help from a global network of volunteers, in-kind donations and other financial support. An overview of the vision, problem, proposed solutions, and partnerships is depicted in the Sustaining Athlete Health Infographic.

Disciplines
There are seven disciplines in Healthy Athletes. Information and resources are available for each on the Special Olympics website.

Fit Feet offers podiatric screenings to evaluate ankles, feet, lower extremity biomechanics, and proper shoe and sock gear to participating athletes.
**Funfitness** is the physical therapy component of Healthy Athletes. Designed to assess and improve an athlete’s flexibility, functional strength, aerobic capacity and balance, these screenings also educate participants, families and coaches.

**Health Promotion** uses interactive educational tools and displays, motivational literature and demonstrations to heighten the awareness of athletes, reinforcing the need to improve and maintain an enhanced level of wellness and self-care. Screenings include BMI – Height and Weight, BP – Blood Pressure, BMD - Bone Mineral Density and an athlete interview to assess health related behaviors.

**Healthy Hearing** Special Olympics Healthy Hearing program is a free hearing screening designed to ensure proper audiology care for participating Special Olympics athletes.

**Medfest** offers the physical exam that all athletes need prior to participating in Special Olympics sports programming.

**Opening Eyes** the Special Olympics-Lions Clubs International Opening Eyes program is a vision and eye health screening in partnership with the Lions Clubs International Foundation. Led by volunteer vision care professionals, Opening Eyes is able to offer prescription eyewear, sunglasses, and sports goggles to Special Olympics athletes.

**Special Smiles** provides comprehensive oral health care information, including offering free dental screenings and instructions on correct brushing and flossing techniques to participating Special Olympics athletes. This also includes issuing preventative supplies like toothpaste and toothbrushes and fluoride varnish.

**Strong Minds** introduces stress management techniques and teaches the important of emotional wellbeing
Healthy Athletes Fact Sheet

WHAT WE DO:
Healthy Athletes is a Special Olympics program that provides free health examinations in a fun, welcoming environment that removes the anxiety and trepidation people with intellectual disabilities often experience when faced with a visit to a medical professional. Our impact on the health and well-being of Special Olympics athletes around the world is great, in some cases saving lives by discovering unknown health issues or providing health care that otherwise would not be available.

We not only serve these athletes but also train health care professionals who then go back to their practices with increased knowledge of and compassion for people with intellectual disabilities.

Examinations are offered in seven different health areas:
- Med 
- Feet 
- Health Promotion 
- Hearing 
- Smiles

IMPORTANT AND IMPACT:
Despite a mistaken belief that people with intellectual disabilities receive the same or better health care than others, they typically receive sub-standard care or virtually no health care at all.

Health examinations have found that Special Olympics athletes are at increased risk of secondary health issues:

- 48% have at least one kind of skin or nail condition
- 37% have obvious, untreated tooth decay
- 26% fail hearing tests
- 23% have low bone density
- 16% have an eye disease

Largest global public health organization specifically for people with intellectual disabilities

Provided more than 1.4 million examinations to Special Olympics athletes worldwide

Trained more than 120,000 health care professionals in the specific health care concerns of people with intellectual disabilities

Events in more than 125 countries

Given away more than 100,000 pairs of eyeglasses free of charge

Healthy Athletes Software (HAS) is the largest database of health data for people with intellectual disabilities in existence

Contributed to establishment of the American Academy of Developmental Medicine and Dentistry and the signing of the Special Olympics Sports and Empowerment Act of 2004

(Data through 12/31/2013)
**Sustaining Athlete Health**

### Vision
A world where every person with an intellectual disability and their family and/or caregivers understand what they need to do in order to optimize their health, and where accessible information, resources, systems, and policies exist at the individual, community, national, and global levels that support them in realizing healthy and productive lives.

### The Problem

**The Issue**
Up to 200,000,000 people with intellectual disabilities are denied access to quality health services.

**Our Role**
Promote the overall well-being of people with intellectual disabilities via programs that ensure ongoing access to quality, community-based healthcare services, highlighting free health exams and a year-round focus on health and wellness.

**Successes**
- 1.4 million exams
- 7 healthcare disciplines
- 120,000 professionals trained
- New data for research & awareness
- Increased access to care through the launch of Healthy Communities

**Limitations**
- Episodic exams (at games only)
- 3.5% athlete penetration rate
- Static snapshot data system
- Limited engagement of coaches, families, & community partners
- Low awareness of Special Olympics’ role at the largest global public health organization dedicated to people with ID

### The Solution

1. **Infuse expanded health services into all of Special Olympics’ worldwide, year round events & programming.**
   - More Exams in More Places
   - New Programming
   - More Advocates (athletes, coaches, families)

2. **Create local Healthy Community networks of health providers engaged in Special Olympics’ health work & committed to providing ongoing health resources & services to people with intellectual disabilities & their families outside of Special Olympics.**
   - Foster Community Partnerships
   - Activate at Special Olympics
   - Catalyze Access by Community Healthcare Services

3. **Create global Healthy Communities coalition of leading businesses, NGOs, & governments that support Special Olympics’ health work & increase access to health resources & services through micro-level action.**
   - International
   - UNICEF
   - Other
   - Finish Line

4. **Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with intellectual disabilities to measure progress, inform public policy leaders, and demand health justice worldwide.**
   - ID Data
   - WHO
   - World Health Organization
Healthy Communities

In 2012, at the Clinton Global Initiative Annual Meeting, Special Olympics announced a commitment to create Healthy Communities in order to expand health services currently offered through Special Olympics, increase access to health care and improve the health status of Special Olympics athletes and others with intellectual disabilities.

VISION
A world where Special Olympic athletes and others with intellectual disabilities have equal access to health and wellness resources and are able to lead healthy and productive lives.

The Problem
200,000,000 people with intellectual disabilities are denied access to quality health services.

The Solution
Using the Special Olympics global network, health care providers, partnerships with other health-related organizations, technology and increasing awareness to reach a population that is currently dramatically underserved with care, services and resources.

HEALTHY COMMUNITIES WORLDWIDE
Special Olympics Healthy Communities are being piloted in South Africa, Malawi, Romania, Kazakhstan, Peru, Mexico, Malaysia, Thailand and in the United States in Arizona, Wisconsin, Kansas, New Jersey, New York and Florida.

STRATEGIC APPROACH

1. PARTNERSHIP DEVELOPMENT
   - Provide more health services and new programming including care through partnership by engaging a range of national, regional, state/provincial and local organizations in providing their services to people with intellectual disabilities.
   - Increase international development cooperation focused on delivering care to this population.

2. ENGAGING SPECIAL OLYMPICS NETWORK
   - Harness the Special Olympics network of caregivers, coaches, and athlete peers in support of athletes and people with intellectual disabilities’ health year-round.

3. LEVERAGING TECHNOLOGY
   - Utilize health information systems to empower athletes, caregivers and coaches with the information they need.
   - Provide referral, follow up and health promotion SMS/text messages to people with intellectual disabilities and their caregivers.

4. BUILDING AWARENESS
   - Incubate innovative solutions to building healthy communities.
   - Educate and inform families, communities and health care professionals about intellectual disabilities.

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Special Olympics Global Outreach

Reach Report is Available at: http://www.specialolympics.org/Common/Reports.aspx
Fit Feet offers podiatric screenings to evaluate ankles, feet, lower extremity biomechanics, and proper shoe and sock gear to athletes. Many athletes suffer from foot and ankle pain, or deformities that impair their performance. In fact, up to 50 percent of Special Olympics athletes experience one or more preventable or treatable foot conditions that can affect their sports participation. Often, these individuals are not wearing the most appropriate shoes and socks for their particular sport. To alleviate these problems, volunteer foot specialists work with athletes to evaluate problems of the feet, ankles and lower extremity biomechanics.

Importance and Impact
Fit Feet examinations have found that a large percentage of Special Olympics athletes have untreated foot conditions.
- 50% have gait abnormalities
- 53% have skin and nail problems
- 21% have bone deformations
- 41% of Special Olympics athletes in the U.S. are wearing the wrong size shoe

Purpose of the Exam and Goals:
The mission of Special Olympics Fit Feet is to improve the quality of life and long-term health of Special Olympics athletes and people with intellectual disabilities. Fit Feet screenings give athletes, coaches and caregivers a better understanding of any existing and previously unknown foot problems. They also:

- Offer free podiatric screenings to evaluate ankles, feet, lower extremity biomechanics, and proper shoes for Special Olympics athletes.
- Increase access to foot care for Special Olympics athletes, as well as all people with intellectual disabilities.
- Raise podiatrists awareness of foot concerns of people with disabilities, including difficulties involved in accessing treatment.
- Provide a list of regional podiatrists who care for people with disabilities to all athletes who participate in the Special Olympics Fit Feet program.
- Develop a body of knowledge about proper foot care of children and adults with disabilities.

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FIT FEET MILESTONES

2002  Patrick J. Nunan volunteers for AAPSM to lead the project with Special Olympics
2002  Pilot program Ohio/USA Summer Games
2003  10 screenings in the USA
2003  Official approval of Fit Feet by Special Olympics, Inc.
2003  Kick off for global implementation at World Summer Games (Dublin/Ireland)
2004  18 screening events in the USA, 5 screenings in Europe/Eurasia
2004  First Clinical Director Train-the-trainer program—Houston, TX
2004  North America Train-the-Trainer, Salt Lake City, UT
2005  First international train-the-trainer program—World Winter Games, Nagano, Japan
2005  40 to 50 screening events globally
2005  Train-the-Trainer Program – Villanova, PA
2006  North America Train-the-Trainer, Ames, Iowa, USA
2007  TTT in China for World Games
2009  TTT in Idaho USA for World Winter Games
2011  TTT at World Games Athens, Greece
2011  Lock Laces partnership
2013  TTT in Pyeongchang, South Korea for World Winter Games
2015  TTT in Los Angeles, CA USA for World Games
2017  TTT in Austria for Winter World Games
Fit Feet Team
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The Healthy Athletes Clinical Director Role:  Fit Feet
The Healthy Athlete Clinical Director Role: Fit Feet

Special Olympics is a global movement of people creating a new world of inclusion and community, where every single person is accepted and welcomed, regardless of ability or disability. We are helping to make the world a better, healthier and more joyful place -- one athlete, one volunteer, one family member at a time.

The Healthy Athletes program is dedicated to providing health services and education to Special Olympics athletes, and changing the way health systems interact with people with intellectual disabilities. Through free health screenings, training for healthcare professionals, and evaluation of the health status of people with intellectual disability, Healthy Athletes has become a powerful public health organization worldwide.

Clinical Directors are an important part of the Healthy Athletes Fit Feet team. Clinical Directors are responsible for working with their local Special Olympics Program and other volunteer health professionals in coordinating a Fit Feet event in their region.

The role of a Fit Feet Clinical Director includes, but is not limited to:

1. **Determining event opportunities**
   Identifying and scheduling the best opportunity to provide Fit Feet screenings is a joint effort between the Clinical Director and their local Special Olympics Program. Clinical Directors will also determine which areas of Fit Feet to offer and how, based on the local needs and resources available.

2. **Recruiting and Training Volunteer Health Professionals**
   Clinical Directors are the best people to identify and train health volunteers to work in the specific areas that will be offered in the Fit Feet venue, because they know their community and its local health care professionals. Potential volunteers may come from:
   
   • Private Practitioners
   • Universities/Colleges/Schools
   • Health and Professional Associations
   • Medical Facilities
   • Government Medical Facilities (Military/VA/State/National/Local) and
   • State or Local Public Health Agencies

3. **Capacity Grant Application**
Clinical Directors will work with their local Program to assure that supplies and equipment needed to deliver the core components of Fit Feet are included in the Healthy Athletes’ Capacity Grant application. These grants assist Programs in purchasing interactive educational materials, athlete giveaways and incentives, volunteer recognition, signage and other supplies/equipment needed to conduct an impactful Fit Feet program.

4. **Obtaining Equipment, Supplies and Athlete Giveaways**
   Needed supplies, equipment and athlete giveaways may be available to Clinical Directors through donations or loans obtained by networking with local sponsors and health services. Special Olympics headquarters also receives donations of goods and equipment that can be made available for events, if local sources are not available.

5. **Setting Up and Supervising the Healthy Athletes Venue**
   On the day of the event, the Clinical Director is responsible for supervising the set up and delivery of screening and interactive education services by trained volunteers.

6. **Collecting and Reporting Data**
   Clinical Directors use Healthy Athletes Software (HAS) to document screening data collected during the event. Data is used to determine need for health care provider referrals, and to assess the health status and needs of individual Special Olympics athletes. This data provides Healthy Athletes Programs worldwide with factual information to increase awareness and provide more services.

7. **Program Evaluation**
   Evaluation gives Clinical Directors the opportunity to continuously improve and adapt their programs to the needs of the athletes.

**Fit Feet Clinical Director Background and Requirements:**
- Certificate and current licensure as a Podiatrist or other licensed health care providers.
- A minimum three-year commitment to ensure quality and continuity of the Fit Feet program;

Attendance at a SOI sponsored Train-the-Trainer session where information and training about Special Olympics, Healthy Athletes, Fit Feet specific management and clinical requirements are provided. During training, Clinical Directors participate in a Fit Feet screening event. Expenses are covered by Special Olympics International.
The role of a Fit Feet Clinical Director includes, but is not limited to:

1. **Determining Event Opportunities**

Identifying and scheduling the best opportunity to provide Fit Feet screenings is a joint effort between the Clinical Director and their local Special Olympics Program. Specifically, the CD should connect with the Event Coordinator. The event coordinator is responsible for working with local programs and sites to coordinate the event. Many programs now have a “Healthy Athletes Coordinator or Manager” who will be a key contact person for this. They should work closely with the Clinical Director and Special Olympics Program to decide on site size and location, hours of screening, equipment needed, and provision of amenities (food, water, uniforms) for volunteers. This person should also develop methods to encourage athletes to attend the event. They should work with local medical and professional groups to strengthen ties between the sponsors and the local community.

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 to ½ of anticipated number of competitors; this number may fluctuation depending on the size of the venue, available incentives and if other Healthy Athletes venues are present.

(b) **Event date(s) and screening date(s)**

(c) **Hours per each day of screening**—noting that a cutoff time for athlete registration for your event will be ½ to one hour later for your team to be done with the screening—the approximate time it would take an athlete to work through a Fit Feet event. General cleanup of the venue may take another hour or so.

Another variation may occur when Fit Feet is incorporated into a multiple discipline event. If the Fit Feet venue is last in the series of say, four disciplines, it should be estimated how long it will take for an athlete that registers at the outset to complete all four disciplines. This value would be added to time the general registration table closes. You may learn that even though registration stops at say, 2:00 PM athletes may still be in your venue at close to 4:00m PM. Knowing this will help you plan for how long you will require the volunteers to be available.

(d) **Venue location** (inside location preferred—less noisy and not subject to weather impact)

- One of the most critical issues in planning the event is procurement of adequate space. It must accommodate the expected number of athletes and volunteers and not infringe or be infringed upon by other Healthy Athletes venues that may be nearby. The venue must also be compatible with a workable flow within Fit Feet and other venues. More information on specific in ideal size of the venue and flow preferences will follow below.

- If venue is outside, add roughly three, 3 foot x 20 foot in-door/out-door carpet to supplies list

- It is ideal to perform a walk-through of the proposed venue in advance to assess actual space available dedicated to Fit Feet and potential issues including flow and interaction with other Healthy Athletes disciplines. Keep in mind the typically large number of athletes and volunteers that will occupy the space and be assured that available air conditioning can keep up.
(e) Incentives or Giveaways

Will there be incentives or giveaways available at Checkout? What will they be?

2. Obtaining Equipment, Supplies and Athlete Giveaways

Needed supplies, equipment and athlete giveaways may be available to Clinical Directors through Programs as well as donations or loans obtained by networking with local sponsors and health services. Special Olympics headquarters also receives donations of goods and equipment that can be made available for events, if local sources are not available. The new CD should become familiar with their affiliated programs;

*Available inventory of supplies and materials designated for fit feet events.

*Available inventory of giveaways for athletes designated for fit feet events.

*Access to Mat Scan for screenings and if so, add laptop, Mat Scan with software and electrical hook up to the supplies list.

* Determine if HAS data entry be live? If yes, need to identify data entry person; add lap-top, internet and electrical hook up to supplies list (local program should coordinate)

3. Recruiting and Training Volunteer Health Professionals

Clinical Directors are the ideal individuals to identify and train health volunteers to work in the specific areas that will be offered in the Fit Feet venue, because they know their community and its local health care professionals. Potential volunteers may come from:

- Private Practitioners
- Universities/Colleges/Schools
- Health and Professional Associations
- Medical Facilities
- Government Medical Facilities (Military/VA/State/National/Local) and
- State or Local Public Health Agencies

Recruitment of volunteers (lay and clinical)

Generally, the lay volunteers will be provided by the staff of the State/Country Program and the Clinical volunteers are enlisted by the Clinical Director. These are typically other foot care specialists and/or students. Contact other fellow podiatrists/ foot care specialists 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, athlete escorts, facility set up 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.

Scheduling of volunteer orientation to Special Olympics -- generally, the lay volunteers will receive a general
orientation from the staff of the State/Country Program ---more specific instructions related to their role at the Fit Feet venue are usually left to the Clinical Director or his/her designee. Orientation for the Clinical volunteers will be the responsibility of the Clinical Director or his/her designee. Although your clinical volunteers will be well versed in the performance of the Fit Feet exam components, they will still need to be informed on the logistics of the process, the data entry, etc.

Enlisting a Volunteer Coordinator

The volunteer coordinator is responsible for recruiting and scheduling lay volunteers. This person should work with the Special Olympics Program and the Clinical Director to decide when and how the general Special Olympics volunteer orientation will be completed. The volunteer coordinator should also provide orientation and training to volunteers in the Fit Feet clinics, as well as maps and parking information. On-site assignments and definition of responsibilities are included in the position's duties. As noted above, recruitment and training of CLINICAL volunteers is typically the role of the Clinical Director.

4. Setting Up and Supervising the Healthy Athletes Venue

On the day of the event, the Clinical Director is responsible for supervising the set up and delivery of screening and interactive education services by trained volunteers. Delegating responsibilities well ahead of time will help to make the planning process go smoothly. Details of the set up process are below.

5. Collecting and Reporting Data

Clinical Directors use Healthy Athletes Software (HAS) to document screening data collected during the event. Data is used to determine need for health care provider referrals, and to assess the health status and needs of individual Special Olympics athletes. This data provides Healthy Athletes Programs worldwide with factual information to increase awareness and provide more services.

It is crucial to determine where athletes with findings necessitating a professional referral are sent. It is imperative to have a regularly updated list of local practitioners who have expressed an interest and willingness to care for our athletes available at the Fit Feet events.

6. Post Event Debriefing & Evaluation Process

This Post-event evaluation of how the screening went may include volunteers as well as the Local Healthy Athletes Coordinator and Clinical Director.

Although the Clinical Director and Program manager for Fit Feet should be keeping a list of issues, needs and other pertinent notes of “how we can do better next time”, it is valuable to ask other clinicians and lay volunteers for their opinion as to how did things go?, what could we do better? Did we have enough X?

Ultimately, this process allows Clinical Directors the opportunity to continuously improve and adapt their programs to the needs of the athletes, other Healthy Athletes disciplines and Special Olympics at-large.
7. Fundraising

This role is typically carried out by an individual at the Program level. The fundraiser solicits contacts and funds for the event. He/she should have a fact sheet with information about Special Olympics, Healthy Athletes and Fit Feet to share with potential supporters. Information is available from the Special Olympics resources website, http://resources.specialolympics.org/Taxonomy/Health/_Catalog_of_Fit_Feet_Resources.aspx.

The Host professional organization may consider creating a budget line for state Games if it wishes to host Fit Feet yearly. Donations may also be solicited from local businesses or fraternal organizations, especially if their names are associated with the event. Local or regional universities or schools might donate for publicity, possibly through a school challenge or a service-learning project. The sponsor may then create a budget line for future donations.

Local clinical directors, who may have professional connections that could provide resources to Special Olympics, along with the Special Olympics 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, New Balance, Finish Line SOI Headquarters will have to be contacted prior to making contact because there may be larger deals under development.

In any case, it is important to publicly recognize sponsors at the event for their support. A thank-you note or letter should also be sent to all sponsors. This recognition will reaffirm your appreciation for their participation in the Fit Feet event. This should be done by the program hosting the event but cosigning by Fit Feet Clinical director would be a nice touch.

8. Media Spokesperson

Like the Fundraiser noted above, the media Spokesperson is typically carried out by an individual at the Program level. The media spokesperson is the primary contact for media information. He/she will organize interviews about the event (before, during and after). The spokesperson should work with the local Special Olympics Program director or media person to coordinate and plan publicity. Ideally, the media spokesperson should have prior experience with the media, think well on his/her feet and have good writing skills. Special Olympics has press kits available for both Special Olympics, and Special Olympics Healthy Athletes.

However the Clinical Director may be asked to meet with media, write press releases or perform other tasks that address clinical issues.

It is helpful if the media spokesperson or their designee take pictures during the event and gather stories from athletes, families, and coaches about the impact of Fit Feet on their lives. They should also solicit remarkable success stories from clinicians as well. Some of the Fit Feet publicity might be rolled into usual Special Olympics Games media information. After collecting this information, they should connect with Fit Feet Manager or the Health Communications team at SOI.
9. Capacity Grant Application

Clinical Directors will work with their local Program to assure that supplies and equipment needed to deliver the core components of Fit Feet are included in the Healthy Athletes’ Capacity Grant application. These grants assist Programs in purchasing educational materials, athlete giveaways and incentives, volunteer recognition materials, signage and other supplies/equipment needed to conduct a successful Fit feet program.

FIT FEET SCREENING SET UP

Once the Date, time, location and approximate number of athletes that will be screened are determined, the next step will be event set up.

Typically the Clinical Director will have clinical volunteers lined up—usually students and/or other foot care specialists. In most cases, the Healthy Athletes Manager will oversee all other logistical issues such as having available tables, chairs, supplies, athlete giveaways, signage and lay volunteers.

The Clinical Director is usually responsible for the setup of the venue (see later) but will work with the Healthy Athletes Manager as far as how Fit Feet will incorporate into the flow of athletes with the other Healthy Athletes Disciplines.

If possible, it seems best to set up the venue the day prior. The tables, chairs and other supplies can be arranged as per planned flow of the athletes. Changes will be commonplace but this will give the Clinical Director more time to better orient the volunteers on the morning of the event.

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

<table>
<thead>
<tr>
<th>Station</th>
<th>Examinations</th>
<th>Length of Time Per Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-in</td>
<td>Complete top portion of HAS form</td>
<td>1 minute</td>
</tr>
<tr>
<td></td>
<td>Gives athlete clip-boarded HAS form</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Biomechanical/Walking Exam (Mat Scan select events)</td>
<td>10 minutes; add 2 minutes if Gait Scan device is being used</td>
</tr>
<tr>
<td></td>
<td>General Foot Exam—skin, nail, toe, and bone analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joint Range of Motion</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Shoe exam</td>
<td>5 minutes</td>
</tr>
<tr>
<td></td>
<td>Sock Exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shoe size measurement</td>
<td></td>
</tr>
<tr>
<td>Check-out</td>
<td>Review of Findings</td>
<td>5 minutes</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checkout/Athlete Giveaways</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL~20 minutes per athlete

Above is a traditional station set-up and will be seen at many events. In this model, each clinical station, Gait, General exam and Shoe/Socks are manned by a different clinician. They perform their exam, fill in the results and then escort/send athlete to the next station.
Some venues are converting to a model whereby a given clinician will take an Athlete through all the exam stations, the purported benefit being the Clinician can foster a better rapport with the athlete, a better flow of screenings, less confusing to the athlete, a better clinical knowledge of any issues discovered that can be relayed to the Check-out, etc.

Another effective shift in the traditional model is for the Shoe/Socks station to be manned by persons well versed in the process of foot/shoe measurement—i.e. Finish Line Shoes salespersons. Not only are they generally more competent at this task than most foot specialists, but this frees up the clinicians to do more exams that require their expertise.

**FACILITY SPACE AND REQUIREMENTS**

<table>
<thead>
<tr>
<th>Needs</th>
<th>Size/Quantity</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>40’ x 40’ or 12.2 x 12.2 meters</td>
<td>Preferred inside location; if outside, 2 or 3 3’ x 20’ indoor/outdoor carpet strips are needed</td>
</tr>
<tr>
<td></td>
<td>Dependent on number of athletes and volunteers</td>
<td></td>
</tr>
<tr>
<td>Tables</td>
<td>2 medium sized to large (6 ft+) for check-in and checkout</td>
<td>Stations 1 and 2 should have 1 small table with the following supplies: gloves, hand sanitizers, paper towels &amp; trash bags</td>
</tr>
<tr>
<td></td>
<td>2 to 3 small for supplies (station 1 &amp; 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 at station 1 if gait analysis is being used</td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td>20—24 w/ waiting area</td>
<td>Spread throughout facility; see diagram below</td>
</tr>
<tr>
<td>Power</td>
<td>Electrical hook up if you will be using the electronic gait analysis or internet for live data entry</td>
<td>OPTIONAL</td>
</tr>
<tr>
<td>Internet</td>
<td>Internet hook up if you will be entering HAS data live</td>
<td>OPTIONAL</td>
</tr>
<tr>
<td>Lap-top</td>
<td>Lap-top</td>
<td>OPTIONAL if data entry live or using Mat Scan</td>
</tr>
</tbody>
</table>

**Layout of the Fit Feet Venue**

The diagram below is suggestive only as needs will change with the number of athletes, available clinicians and flow—it is not unusual for an initial set up to evolve to one quite different from what you start with!—as long as the athletes get screened, do not be concerned with the layout. This layout below is the traditional one. Those who utilize the One Clinician/One Athlete process will have a somewhat different layout.
Fit Feet Venue Layout

STATION 1
Gait Analysis
- Supplies table
- Chairs

STATION 2
Shoe & Sock Exam & Shoe measuring
- Supplies table
- Chairs

STATION 3
Education, Review of Finding & Check out
Medium to large sized table and chairs
- Supplies table
- Chairs

Check In
- Chairs

Waiting Area
- Chairs

Over flow Waiting Area
- Chairs

Walking Area
- Mat-scan table (optional)
## Fit Feet Station Specifics

### Check-in

<table>
<thead>
<tr>
<th>CHECK-IN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>See diagram for recommended placement of check-in station.</strong></td>
</tr>
<tr>
<td><strong>Supplies/Equipment Needed</strong></td>
</tr>
<tr>
<td><strong>Recommended Set-Up</strong></td>
</tr>
</tbody>
</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

<table>
<thead>
<tr>
<th>Number of Volunteers</th>
<th>3 – (2 checking in and 1 floater) non-clinical</th>
</tr>
</thead>
</table>
| Positioning of Athlete/Volunteer | Volunteers are seated behind check-in table
Athletes are seated in front of check-in table |
| Procedure for Working with Athlete | 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. |
| HAS Requirement | 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. In some events, the athlete will have an ID sticker that will have essentially all the info requested on the top portion of the HAS form. Some venues will also attaché the athlete Evaluation form to this clipboard to be filled out at the Check-out. |
| Next | After completing the top of the form, (it must be on clipboard) hand the form to the athlete and have the “Floater” escort/direct the athlete to Station 1. Or handoff the athlete and their clipboard to a waiting clinician. |

**Waiting Room**

At times all exam stations may be occupied and athletes that are checked in will have no place to go. If this occurs, previously set up chairs in the Fit Feet venue area can function as a “waiting room”. Remember to call athletes to exams in order and let the athletes know when they can move to the next station. It is important to have the waiting area apart from the immediate exam area such that athletes and those escorting them are not able to mill about in the actual exam area as this will significantly reduce order and efficiency.

**Consent**

At check-in, it is not typically necessary to deal with the athletes’ consent for either the fit feet exam or if any treatment is administered. Generally, the athlete, when registering for a given event, they and/or their legal guardians will provide the following consent: “I understand that information gathered as part of the screening process may be used anonymously to assess and communicate overall health and needs of athletes to develop programs to address those needs” A sample of the consent document can be found in the addendum.-----In most cases, this general consent for athletes should allow for photographs both general event and specific interesting findings that may be of importance for educational purposes. Nevertheless, it may be advisable to obtain verbal consent prior to taking a picture as a simple courtesy.
### Station 1: Biomechanics, Joint Range of Motion, Skin, Nail and Toe versus Biomechanical, Structural and Dermatological Exam.

See diagram for recommended placement of Station 1.

<table>
<thead>
<tr>
<th>Supplies/Equipment Needed</th>
<th>1, small table and 24 chairs; if it is an outside venue, in-door/out-door carpet (3’ x 20”), clip boards for writing on HAS form, “Station 1” sign, pens, paper towels, trash bag, gloves, hand sanitizer, lotion; clinician should have knee pads on if available</th>
</tr>
</thead>
</table>
| Recommended Set-Up        | Pens should be on person  
Paper towels, gloves, lotion and hand sanitizer should be placed on the table  
Proximate trash can or 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 |
| Number of Volunteers      | 3 to 4 clinical w/ knee pads if available |
| Positioning of Athlete/Volunteer | Volunteer is sitting or standing as per exam purpose  
Athlete is sitting or standing as per exam purpose |
| Procedure for Working with Athlete | Greet the athlete and introduce yourself. Use pictures or demonstrate on a colleague how you want the exam done. |
| Screening Requirements    | General foot exam: NWB: With the athlete seated, with their shoes and socks off, place their feet on the chair positioned between you. Assess for dermatological findings and document on HAS form. Now assess for range of motion for pedal joints and what is termed foot and bone deformities.  
General foot exam: WB: With the athlete standing, assess for structural deformities that would be denoted in HAS form section “foot structure, calcaneal position and in some cases navicular drop are assessed for as part of the overall biomechanical picture. Findings are documented on the HAS form.  
Gait analysis: Some clinicians first have the athlete walk with shoes on. Then remove or ask athlete to remove his/her shoes and have the athlete walk with shoes off. Document findings on HAS. |
<table>
<thead>
<tr>
<th>HAS Requirement</th>
<th>Complete Station 1 section of the HAS form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Write your name in the “Screener’s name” box</td>
</tr>
<tr>
<td></td>
<td>Verify information in the “Athlete Concerns/Previous Treatment or surgery” section</td>
</tr>
</tbody>
</table>

**Next**  
Give HAS form to the athlete and escort/direct the athlete to Station

### Gait Analysis-Secondary Evaluation

In some venues, most typically World Games events, athletes found to have unique gait abnormalities that additional assessment may be beneficial for teaching or research. These athletes may then have their gait videotaped/assessed via a program or smartphone application, e.g. Dartfish. Another option used at some venues is a pressure measurement system that converts foot pressures during gait to a color based image. Keep in mind, the use of this types of evaluative tools will pull at least two clinicians from the general screening team and unless you have a robust supply of Clinical Volunteers, this may limit the number of athletes screened.

### Station 2: Shoe and Sock Exam and Shoe Size Measurement

| **Station 2**  
| Supplies/Equipment Needed | 1, small table and 12 chairs; if it is an outside venue, 1, 3' x 20' in-door/out-door carpet, extra clip boards  
1” sign, Pens, paper towel, trash bag, gloves of varying sizes, hand sanitizer, lotion; Clinician should have knee pads on if available |
| Recommended Set-Up | Place “Station 2 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  
Proximate trash can or 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 |
| Number of Volunteers | 6 to 8 clinical w/ knee pads if available—for this station, Clinical can also include shoe retail professionals—i.e. Finish Line volunteers |
| Positioning of Athlete/Volunteer | Volunteer is seated in chair |
| Procedure for Working with Athlete | Greet the athlete and introduce yourself. Explain what you want and what you are going to do in the exam. |
| Screening Requirements | 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 participates in.

Note if shoes are appropriate for the sport the athlete participates.

<table>
<thead>
<tr>
<th>HAS Requirement</th>
<th>Complete Station 2 section of the HAS form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next</td>
<td>Give HAS form to the athlete and escort/direct the athlete to Station 3. Athlete should have their shoes on when leaving this station</td>
</tr>
</tbody>
</table>

**Station 3: Check Out: Education and Review of Findings**

<table>
<thead>
<tr>
<th><strong>Station 3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supplies/Equipment Needed</strong></td>
</tr>
<tr>
<td><strong>Recommended Set-Up</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Number of Volunteers</strong></td>
</tr>
<tr>
<td><strong>Positioning of Athlete/Volunteer</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Procedure for Working with Athlete</strong></td>
</tr>
<tr>
<td><strong>Screening Requirements</strong></td>
</tr>
</tbody>
</table>
Dispense brochures on Foot, Nail and Skin Care as indicated.

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 “Congratulations, you have FIT FEET and require no follow up care. Indicate current and measured shoe size.

If certain conditions are noted on the HAS form, mark the box that reads, “You have the following condition(s):” and check/write in the conditions noted.

<table>
<thead>
<tr>
<th>HAS Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the athlete requires follow-up care, indicate so by marking the appropriate box, i.e., Your feet require extended treatment; please contact the following physician for a follow-up appointment:</td>
</tr>
<tr>
<td>Use pre-fabricated labels listing follow-up care physician information or write in as appropriate if labels are not available.</td>
</tr>
<tr>
<td>Complete Station 3 of the HAS form</td>
</tr>
<tr>
<td>Note any OTC treatments</td>
</tr>
<tr>
<td>Note the physician referred as appropriate</td>
</tr>
<tr>
<td>If insoles were given at event, note which on Page 2 of the for under “Giveaways (optional)</td>
</tr>
<tr>
<td>Note any comments and sign the HAS form</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give HAS form to the athlete and escort/direct the athlete to Station 3.</td>
</tr>
<tr>
<td>Give the athlete the Evaluation Form (report card) and a giveaway.</td>
</tr>
<tr>
<td>Keep the HAS form for the SO Program records—do NOT give to Athlete!</td>
</tr>
</tbody>
</table>
SPECIAL OLYMPICS FIT FEET EVALUATION RESULTS FORM

You have the following condition(s) that need follow up care:

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot structure/morphology</td>
<td>flat, high arch, abducted, adducted</td>
</tr>
<tr>
<td>Skin</td>
<td>athlete’s feet, dermatitis, wart, callus, corn, dry skin, excessive sweating/moisture, cyst, growth, lesion</td>
</tr>
<tr>
<td>Nail disease</td>
<td>fungus/mold/yeast, ingrown, hematoma/blood under the nail, loose nail</td>
</tr>
<tr>
<td>Bone</td>
<td>bunion, hammertoe, heel pain, short toes, deformed toes, extra toes, bunionette, growth, metatarsal pain, bow legs, heel bump</td>
</tr>
<tr>
<td>Abnormal joint motion</td>
<td>ankle, subtalar, midtarsal, 1\textsuperscript{st} MTP joints</td>
</tr>
<tr>
<td>Muscles/tendons</td>
<td>pain, tight, weak Achilles, Posterior tibial, Anterior tibial, Peroneal, Extensor tendons, Flexor tendons</td>
</tr>
<tr>
<td>Nerve</td>
<td>neuropathy-painful, numbness, neuroma, tarsal tunnel</td>
</tr>
<tr>
<td>Gait</td>
<td>pronation, supination, in-toe, out-toe, heel valgus, scissors, cross over, painful, apropulsive</td>
</tr>
</tbody>
</table>

Athlete Referral Information

Note: Fit Feet volunteers, please circle each referred specialist. If possible, please share additional contact details below specialist type(s) to aid with follow-up care efforts and coordination.

<table>
<thead>
<tr>
<th>Specialist Type</th>
<th>Podiatrist</th>
<th>Chiropodist</th>
<th>Physiotherapist</th>
<th>Orthotist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic/Osteopathic</td>
<td></td>
<td>Orthopaedics</td>
<td>Neurology</td>
<td>Other</td>
</tr>
</tbody>
</table>
VOLUNTEER SPECIFICS

How many are needed?

Below are some general estimations of the number of volunteers needed, both Clinical and Lay Person---numbers are based on 100 athletes seen in a 6 hour Fit Feet session----yours may vary. It is generally beneficial to have the Lay Volunteers rotate amongst the varied stations to relieve tedium—that is, it is difficult for a volunteer to sit at Check-in for the entire session------have a system to allow for breaks and/or a given Volunteer to switch positions over the course of the event. Encourage volunteers to go and observe competitions if logistically possible as this gives a better perspective on what they are a part of!

<table>
<thead>
<tr>
<th>STATION</th>
<th>CLINICAL</th>
<th>NON-CLINICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Volunteers Needed</td>
<td>Duties</td>
</tr>
<tr>
<td>Check-in</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Station 1</td>
<td>3-4</td>
<td>Clinical Screening</td>
</tr>
<tr>
<td>Station 2</td>
<td>6-8</td>
<td>Clinical Screening</td>
</tr>
<tr>
<td>Check-out</td>
<td>1-2*</td>
<td>Education; Review of findings; Collects HAS form and signs</td>
</tr>
<tr>
<td>Floater</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>
It is noted above that 2-3 CLINICAL Volunteers are required for Check-out------this is ideal but frequently not possible as this pulls possibly limited number of Clinical Volunteers from the general screening areas---limiting the number of those screened. The obvious downside of a Non-Clinical person at Check-out is the difficulty in communication of the findings as reported on the Athlete’s Evaluation form. One solution that has worked in some venues that use the “Clinician stays with the athlete for the full event” approach, has that Clinician go over the findings as a Check-out station person would, leaving the giveaway and educational information material disbursement duties to the Lay Volunteer.

VOLUNTEER TIPS FOR SCREENINGS

- Every day, each volunteer must check-in at the “volunteer registration desk” if provided.
- Credentials must be worn during the screening.
- Fit Feet T-shirt must be worn during the screening, if provided.
- Every morning the volunteers are introduced to each other, tasks are divided, supervisors are identified.
- Breaks and lunch time are scheduled to ensure there are always enough volunteers present for screening.
- Keep the screening area clean and tidy. Don’t put cans, lunch boxes etc. On the screening tables. Dispose all garbage in one of the many waste baskets spread over the screening area.
- Change the small garbage bags that hang on almost every table in the screening area, when necessary. Throw the small bags in a big garbage bag, and hang a new small bag in the same place.
- Ask for help if necessary. Some volunteers have a lot of experience with the athletes and/or this specific screening process. Take this opportunity to learn from them.
- Make sure everything on the screening form is completed at each screening station. Always start by writing down your own first name in the box on the screening form so that any queries about the athlete’s screening results can be traced back to you.
- Write as clearly as possible, use capital letters, this way data-input will run smoother.
- It’s possible that there will be waiting lines for screening. Non-clinical volunteers can keep track of athlete flow – which athlete was first.
- At times, because of the way athletic events are scheduled, there may be screening down times. Non-clinical volunteers can approach coaches about bringing teams to the Fit Feet venue.
- Screening is for athletes. Non-athletes, like coaches, family members, other volunteers, are not our target group. We can screen them when there are no athletes to screen.

Attracting Athletes to the Venue

It is not unusual for a Healthy Athletes venue to slow down. Reasons for this may be:

1. Athletes are participating in competitions.

2. Athletes and coaches are unaware of the Healthy Athletes screenings

3. Athletes and coaches may not be motivated to attend.

Although you cannot do anything about ongoing competitions, you can take steps to increase awareness of the screenings---Work directly with the local program managers to improve attendance------this is primarily done by one on one communication with the coaches. Informing them you are there and providing encouragement to get their team of athletes to Fit Feet and other disciplines. There have been a number of successful strategies to
accomplish this. These so-called giveaways can range from athletic sox, pedometers, sneaker balls, foot creams, shoe inserts, shoelaces and the very effective, athletic shoes. A free pair of quality athletic shoes has been a powerful incentive and numerous venues.

Another technique some local programs have used that is especially geared for the interdisciplinary aspect is that the Event procures a significant item of value such as an iphone, TV, Bike etc. And holds a raffle—but only those athletes that have documented they have attended every Healthy Athletes venue at the event in question, are eligible to be in the raffle.
Standard Supplies
The Clinical Director should work with the local Special Olympics Program to assure you have the necessary supplies for your event. The Special Olympics Program is responsible for purchasing the supplies. Work closely with your Fit Feet manager to assure that when supplies are running low, they can be reordered. You will be in best position to determine this. In fact, it is helpful to have a notepad handy at the actual event to list items that are running low or may be beneficial to add to the inventory in the future.

Grant funds are available from the Special Olympics International Headquarters office to assist in planning Healthy Athletes events (see grant info). 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 Special Olympics Program) to support future Fit Feet screenings. All forms can be downloaded from Special Olympics International’s public website

Http://resources.specialolympics.org/Topics/Healthy_Athletes/Disciplines/Fit_Feet.aspx

The Special Olympics International Headquarters office will provide two banners (SONA only) and while supplies last, giveaways on a donated bases for new Fit Feet programs. Obtaining signatures for The Healthy Athlete Consent and Healthy Athlete Hold Harmless Agreement forms is the responsibility of the Special Olympics Program. 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. If the Special Olympics Program is applying for a grant, use this information to build the budget accompanying the application. As Special Olympics is a non-profit organization, please make attempts to acquire supplies via donations (e.g., giveaways, non-latex gloves, etc.).

Fit Feet Standard Supply Checklist

<table>
<thead>
<tr>
<th>Standard Supply Item</th>
<th>Description</th>
<th>Quantity Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete Giveaways</td>
<td>Sneaker balls, shoe laces, pedometer, shoes, socks, etc.</td>
<td>1/3 of anticipated athletes screened</td>
</tr>
<tr>
<td>Bottled water</td>
<td>For volunteers use</td>
<td>Average 2 per volunteer per day</td>
</tr>
<tr>
<td>Brannock shoe measuring device</td>
<td>2- adult female, 2- adult male, 2- child</td>
<td>6 (~100 athletes)</td>
</tr>
<tr>
<td>Clipboards</td>
<td>Used for standing and writing on forms</td>
<td>20 (~100 athletes)</td>
</tr>
<tr>
<td>Decorations</td>
<td>Balloons, foot-related signs and posters, etc.</td>
<td></td>
</tr>
<tr>
<td>Decoration</td>
<td>Footsteps for floors/decoration and to map out where to go next (in lieu of directional arrows)</td>
<td></td>
</tr>
<tr>
<td>Hand sanitizer</td>
<td>Wet wipes or liquid</td>
<td>6 of each</td>
</tr>
<tr>
<td>Knee pads</td>
<td>Clinicians do a lot of kneeling</td>
<td>1 per clinical volunteer for Stations 1 &amp; 2</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity/Note</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gloves</td>
<td>Non-latex small, medium &amp; large</td>
<td>8 (max # of clinical vol.) X 1/3 # of anticipated athletes = # of gloves needed</td>
</tr>
<tr>
<td>Paper towels</td>
<td></td>
<td>1 for each station and back up supply</td>
</tr>
<tr>
<td>Pens</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Plastic bags/bins</td>
<td>For athlete to store shoes and socks during screening and to take away</td>
<td>1/3 of anticipated athletes screened</td>
</tr>
<tr>
<td>Signage--labeling station numbers</td>
<td>Check-in, check-out and Stations 1-2</td>
<td>5</td>
</tr>
<tr>
<td>Plastic bags/bins</td>
<td>For athlete to store shoes and socks during screening and to take away</td>
<td>1/3 of anticipated athletes screened</td>
</tr>
<tr>
<td>Banners</td>
<td>If this is a first-time Fit Feet event in SONA, 2 banners will be shipped to the Program; contact <a href="mailto:jvalis@specialolympics.org">jvalis@specialolympics.org</a></td>
<td></td>
</tr>
<tr>
<td>Signage- labeling station numbers</td>
<td>Check-in, check-out and Stations 1-2</td>
<td>5</td>
</tr>
<tr>
<td>Scissors</td>
<td>Cutting tape and misc.</td>
<td>3</td>
</tr>
<tr>
<td>Skin cream</td>
<td>Donated- Sponsor</td>
<td>1 for each station and back up supply</td>
</tr>
<tr>
<td>Table coverings</td>
<td>1 per table</td>
<td>5 to 6</td>
</tr>
<tr>
<td>Tape</td>
<td>Hanging signage and (duct) for taping down electrical cord</td>
<td>2 rolls</td>
</tr>
<tr>
<td>Trash bags</td>
<td>Tape on side of each table per station</td>
<td>1 for each station</td>
</tr>
</tbody>
</table>

**OPTIONAL ITEMS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grid paper</td>
<td>Optional if measuring navicular drop</td>
<td></td>
</tr>
<tr>
<td>In-door/Outdoor Carpet</td>
<td>Optional--if venue is outside</td>
<td></td>
</tr>
<tr>
<td>Lap-top</td>
<td>Optional--if Mat Scan being Used; THIS MUST BE RENTED OR BORROWED; NOT PURCHASED</td>
<td>1</td>
</tr>
<tr>
<td>Platform to stand on</td>
<td>Optional if measuring navicular drop</td>
<td>1</td>
</tr>
<tr>
<td>Power Cord</td>
<td>Optional--if Scan being Used</td>
<td>1</td>
</tr>
<tr>
<td>Tape (packing)</td>
<td>To pack up Scanning equipment</td>
<td></td>
</tr>
</tbody>
</table>
### Fit Feet Forms Matrix

<table>
<thead>
<tr>
<th>Form</th>
<th>Directions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochures--Fit Feet foot care</td>
<td>1/3 of anticipated athletes; download from website and (translate if necessary) and reproduce locally</td>
</tr>
<tr>
<td>Brochures--Fit Feet general care</td>
<td>1/3 of anticipated athletes; download from website and (translate if necessary) and reproduce locally</td>
</tr>
<tr>
<td>Brochures--Fit Feet nail care</td>
<td>1/3 of anticipated athletes; download from website and (translate if necessary) and reproduce locally</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Sent with grant approval letter or request from SOI</td>
</tr>
<tr>
<td>Healthy Athlete Software (HAS)*</td>
<td>Download and print from <a href="http://resources.specialolympics.org/Taxonomy/Health/_Catalog_of_Fit_Feet_Resources.aspx">http://resources.specialolympics.org/Taxonomy/Health/_Catalog_of_Fit_Feet_Resources.aspx</a></td>
</tr>
<tr>
<td>Healthy Athlete Consent*</td>
<td>Each athlete/guardian needs to sign this form before event; Programs should take on this responsibility-can be signed before the event;</td>
</tr>
<tr>
<td>Healthy Athlete Hold Harmless</td>
<td>Needs to be signed by all screeners</td>
</tr>
<tr>
<td>Evaluation Form</td>
<td>Given to athlete to inform them of the outcome of their screening. See respective discipline public website page</td>
</tr>
<tr>
<td>Signage--Sponsor advertisement/décor</td>
<td>Contact respective SOI discipline managers</td>
</tr>
<tr>
<td>Signage--Station</td>
<td>Numbers indicated Station number per discipline, in most cases, add 2 more signs 1 for check-in and 1 for check-out, per station</td>
</tr>
<tr>
<td>Training Manuals (for reference only)</td>
<td>Have a few on hand for convenient referencing</td>
</tr>
</tbody>
</table>

Forms noted above can be found at; http://resources.specialolympics.org/Topics/Healthy_Athletes/Disciplines/Fit_Feet.aspx

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

Healthy Athletes Software System (HAS)
In support of the Healthy Athletes initiative, Vecna Corporation has created a web-based software application called Healthy Athletes Software System (HAS) to enable the electronic capture of exam data across the Healthy Athletes disciplines. HAS was officially launched at the 11th Special Olympics World Summer Games in Dublin, Ireland, and has been used at all events since June 2003. HAS is rapidly become the world’s largest health database on people with intellectual disabilities. This database is invaluable not only for Special Olympics athlete management and administration, but also for the wider scientific and political communities.

Data capture
Each of the Healthy Athletes disciplines has a discipline-specific HAS form. These forms are readily available for clinical directors on the Special Olympics Web site or electronically from the regional Healthy Athletes coordinators, the global advisors or the managers at Special Olympics headquarters.

Several methods are used to capture the data at the screenings. At the very least, the athlete’s data are captured on a paper HAS form. Data on that form can then entered into the HAS Web site later. Ideally programs would have Web access and personal computers available at the screening event for immediate data entry from paper forms.

Data Collection in the Future
The ultimate goal is for the exam data to be entered by clinicians on tablets which have the advantage of instantaneous digital information populating the HAS Database, avoiding the cumbersome and very slow process of manual entry from paper forms. Additionally, the system on the tablets will not allow incomplete data entries on screened athletes which in past, led to significant corruption of data for research purposes.

Confidentiality
As in clinical practice, all athlete data are confidential. Access to the HAS system is limited by the individual’s role in Healthy Athletes.

Results
Prior to participation in Special Olympics events, athletes or their guardians are asked to sign a Consent Form. In addition to a consent to participate in the athletic events, this consent includes participation in the Healthy Athletes clinics and gives Special Olympics permission to use the data collected at Healthy Athletes clinics.

Once entered into the HAS database reports can be generated summarizing the exam data for each event. Data can also be aggregated across many events, geographical regions. Data can be evaluated by each test administered and reports can be generated that describe the health of Special Olympics athletes. Each athlete can receive an integrated personal report card summarizing all screenings that the athlete participated in and describing services, screening results and referral information.
Data collected from clinics are valuable to promote a change in the perception of people with intellectual disabilities, garner support from government and nongovernmental organizations, recruit volunteers and provide data and information to researchers and policy-makers. Similarly, the enormous database of Healthy Athletes findings is a treasure trove of information for use in professional research efforts, further enhancing the clinical knowledge regarding those persons with intellectual disabilities which will hopefully result in greater awareness, prevention and treatment of said conditions.

Capacity Grant Application Program
The SO Fit Feet program is funded by The Golisano Foundation and 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 the SOI Headquarters staff. The Clinical Director can be a valuable resource for information for the Program whilst preparing the Grant proposal.

ADDENDUM SECTION

General Guidelines
We talk about “intellectual disability”, not about mental handicap, mental retardation.

We talk about “athletes”, not about people with an intellectual disability or handicap.

Always talk directly to the athletes, make eye contact, introduce yourself, ask about their name, their sports, their competitions. Establishing rapport is important for the athletes so they feel at ease and are more likely to perform well during screening.

Explain to the athlete at every screening station what you will do, so the athlete knows what to expect.

If the athlete speaks another language, still talk with the athlete. Use the few words you know in that specific language, otherwise use your own language or English at International events.

If something important needs to be explained, and you don’t speak the athlete’s language, try to make sure a coach, another volunteer or a translator is available to explain this to the athlete.

If an athlete doesn’t feel well, contact the local first aid service or medical service.

At international events, athletes like to trade pins or badges. If you have some pins at home, don’t forget to bring them with you.

Within SO, everybody is addressed by their first name. No surnames or titles (doctor, professor, mister,) are used.

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

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 Jamie Valis jvalis@specialolympics.org.

- Jenkins DW, Cooper K, Heigh E: (2015) Prevalence of Podiatric Conditions Seen in Special Olympics Athletes: A
Comparison of USA Data to an International Population. The Foot. March 25 (1): 5–11

- Jenkins DW, Cooper K, O’Connor R & Watanabe L. (2012) Foot-to-Shoe Mismatch and Rates of Referral in Special

- Jenkins DW, Cooper K, O’Connor R, et al: Prevalence of podiatric conditions seen in Special Olympics athletes:
  - Multinational Study of Attitudes toward Individuals with Intellectual Disabilities
  - Closing the Gap: A National Blueprint to Improve the Health of Persons with Intellectual disabilities
  - 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

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.  
http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

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 discipline 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: http://www.hhs.gov/hipaa/for-professionals/covered-entities/index.htm

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