

Special Olympics FUNfitness

FUNfitness: Learn how to Organize, Promote and Present





Table of Contents

Chapter 1: Introduction to Healthy Athletes	3
Special Olympics Healthy Athletes	4
Objectives	4
Healthy Athletes Disciplines	4
Healthy Athletes Software System (HAS)	8
Chapter 2: FUNfitness Event Guide	9
Planning a FUNfitness Event	10
Organization	12
Volunteer Recruitment	14
Staffing During the Event	17
Preparing for your Event	19
Things to Remember	22
Promoting your Event	22
Chapter 3: Guidelines to FUNfitness Tests and Measures	27
HAS Forms	29
Screening Procedures and HAS Form Documentation	29
Chapter 4: FUNfitness Education & Referrals	53
Education	54
Referrals	54
Athlete Scorecard	55
Educational Materials/Handouts	57
Chapter 5: Documentation and Forms	72

Special Olympics FUNfitness



Chapter 1: Introduction to Healthy Athletes

3

Special Olympics Healthy Athletes[®]

Special Olympics Healthy Athletes 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.

OBJECTIVES

The key objectives of Special Olympics Healthy Athletes are as follows:

- To improve access and health care for Special Olympics athletes at event-based and other health screening clinics.
- To make referrals or recommendations for follow-up to community health professionals as appropriate.
- To train health care professionals, students and others about the needs and care of people with intellectual disabilities.
- To collect, analyze and disseminate data on the health status and needs of people with intellectual disabilities.
- To advocate for improved health policies and programs for people with intellectual disabilities.

HEALTHY ATHLETES DISCIPLINES

Special Olympics-Lions Clubs International Opening Eyes[®] (1991) Special Olympics Special Smiles[®] (1992) Special Olympics FUNfitness (1999) Special Olympics Healthy Hearing (2000) Special Olympics Health Promotion (2000) Special Olympics Fit Feet (2003) Special Olympics MedFest (2004) Special Olympics Strong Minds (2016)

These health screenings and examinations are conducted at Special Olympics local, state or country, Regional and World Games, and occasionally at special events. Healthy Athletes screenings have provided free care to hundreds of thousands of Special Olympics athletes. Each discipline maintains the confidentiality of athlete data. 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 all Special Olympics athletes.

The Healthy Athletes initiative is supported by grants from the Centers for Disease Control and Prevention and the Golisano Foundation, significant in-kind donations of health care equipment and products, monetary sponsorships from organizations such as Lions Clubs International, additional cash donations, local support from health-related organizations and industries and most important, volunteer services from thousands of healthcare professionals and students. As a result of train-the-trainer seminars and online training conducted since 1999, Special Olympics Healthy Athletes is expanding rapidly worldwide. More than 435 physical therapists have been trained as FUNfitness Clinical Directors to implement Healthy Athletes screenings in their home states, provinces or countries. **Opening Eyes.** In 1991, Special Olympics established Opening Eyes. Opening Eyes and Special Smiles jointly formed the basis of the Special Olympics Healthy Athletes initiative in 1996.

Opening Eyes conducts extensive vision screening and prescription eyeglasses and sports eyewear. Through the global partnership of Special Olympics and Lions Clubs International, Special Olympics athletes receive the following:

- Extensive vision and eye health tests
- Refraction for those requiring further screening
- Prescription eyeglasses, if needed
- Prescription protective sports eyewear, if appropriate
- Referral for follow-up care

Lions Clubs International has been committed to global blindness prevention and sight conservation programs for more than 80 years. Lions have been in the forefront of eye health initiatives, including vision screenings, free and reduced-cost eye care programs, used eyeglasses collection and Sight-First. By partnering to create Opening Eyes, the two organizations (Lions Club and Special Olympics) have brought eye care to more Special Olympics athletes around the world than would have been possible otherwise. The partnership has tripled the amount of quality vision care available to all Special Olympics athletes through grants to individual Special Olympics Programs worldwide. The Special Olympics-Lions Clubs International partnership uniquely serves the worldwide volunteer community. Eye health professionals who perform the technical screening are joined by volunteer Lions Club members who handle athlete registration, distribution of glasses and protective sports goggles and the less technical near and far visual acuity and color vision testing.

Special Smiles. Special Smiles offers dental screenings, health education and prevention services, and refers athletes to potential sources of treatment and follow-up care. At a Special Smiles event, dental professionals provide the following services to athletes:

- Oral screenings/health education
- Individually fitted sports mouth guards, if needed
- Oral health education and personal prevention products
- Information concerning needed follow-up care by community-based dentists and education institutions
- At selected sites local dental vans can provide urgent care with state or country licensed dental professions.

Athletes and their families receive education about the importance of good oral hygiene habits and are instructed in correct tooth brushing and flossing methods.

The Academy of General Dentistry and American Dental Association recognize credits for participation, allowing students and dentists the opportunity to gain a comfort level working with the Special Olympics population while gaining education credits.

FUNfitness. FUNfitness provides fitness screening and education services. FUNfitness, developed in collaboration with the American Physical Therapy Association, has been a part of Special Olympics events since 1999. Physical therapists and physical therapy students, assisted by physical therapist assistants and other healthcare professionals, provide an assessment of athlete flexibility, functional strength, balance and aerobic condition. Flexibility of hamstring, calf, shoulder rotator and hip flexor muscles; strength of upper and lower extremity, abdominal and grip muscles, static and dynamic balance; and aerobic fitness are assessed and used as the basis for one- on-one education and on-site consultation to athletes, coaches and families on how to improve performance. Physical therapists also discuss with

athletes, families and coaches the components of a good fitness program for risk prevention and make recommendations for optimal function in sports training and competition so that the athletes train and compete safely.

Healthy Hearing. Healthy Hearing provides external ear canal inspection, evoked otoacoustic emissions screening, tympanometry, and pure tone screening for those with identified need. Individual molded ear plugs and referral and access to hearing aids are offered at many Healthy Hearing screening events. Reduced

hearing can have a significant negative impact on an athlete's ability to compete and understand verbal information from coaches, teammates, judges and officials. Healthy Hearing assesses the hearing of individual athletes, and reports to coaches and caregivers if any follow-up care is needed.

Certified audiologists supervise Healthy Hearing screenings. Most often, volunteers include other audiologists, speech-language pathologists, special educators and graduate students in these disciplines. Healthy Hearing uses an approach similar to the model used by most school systems in the United States– athletes receive an examination of the ear canals for the presence of cerumen (earwax) and an individual hearing acuity test using an evoked otoacoustic emissions (EOAE) instrument that measures hearing without any behavioral signal from the athlete. These two steps can be accomplished in a relatively quiet area at Special Olympics events and take only a few minutes out of the athlete's event schedule.

If an athlete does not pass the initial screening, at least two other stations are available to assess the condition of the middle ear. The results of the screening are noted and given to the athlete and coach, accompanied by comments and professional judgments. Athletes may be referred for earwax removal, further testing of middle ear problems or management of hearing loss.

Health Promotion. Health Promotion focuses on healthy lifestyles and the facilitation of healthy choices. In 2001, Special Olympics launched new efforts to improve the general health and fitness of its athletes. The rationale for Special Olympics to promote overall health is the long-standing awareness that people with intellectual disabilities frequently have medical conditions such as heart disease, obesity and diabetes, and that they tend to develop these conditions at earlier stages of life. Findings also show that exercise and diet can improve performance and reduce health risks.

Health Promotion uses interactive educational tools and motivational information to encourage

Special Olympics athletes to improve their nutrition, keep physically active and modify lifestyles to lower disease risk and improve quality of life. Nutritionists and dietitians assess body mass index and educate athletes on good eating habits. In the sun safety component, athletes learn about the dangers of exposure to the sun and how to protect themselves while training and competing in sports. Education in tobacco cessation and the effects of smoking is provided. Bone density screening and education on strong bones are now being provided at most events. Assessment of blood pressure is taken, and athletes are taught correct hand washing.

A new component of Health Promotion is the year-round community-based emphasis on nutrition and fitness for Special Olympics athletes. Because Special Olympics is a worldwide movement with athletes from countries at varied stages of health service development, Special Olympics Health Promotion can offer a flexible spectrum of health education, including such areas as personal safety, hygiene and avoidance of communicable disease.

Fit Feet. The next Healthy Athletes screening is Fit Feet, developed in collaboration with the American Academy of Podiatric Sports Medicine.

Many Special Olympics athletes suffer from foot and ankle pain or deformities that impair their performance. Also, athletes are not always fitted with the best shoes and socks for their particular sport. Healthy Athletes, in cooperation with the American Academy of Podiatric Sports Medicine, has developed the Fit Feet screening discipline to evaluate foot and ankle deformities. Athletes receive foot and ankle screening for deformities and are checked for proper shoes and socks. Athletes receive education in proper footwear and care of the feet and toes.

MedFest MedFest was created to offer the physical exam that all athletes need prior to participating in Special Olympics sports programming. It is sometimes the first exposure these athletes have to medical care. In many cases, life-threatening conditions have been found and subsequently treated thanks to MedFest.

Before an athlete steps on the playing field, they are required to have a comprehensive sports physical. MedFest was created to offer the physical screenings that all athletes need prior to participating in Special Olympics sports. Screenings assess blood pressure, temperature, pulse, height, weight, body mass index, vision, hearing, medical history, potential medication side effects and general physical health. It is sometimes the first exposure these athletes have to medical care. In many cases, life-threatening conditions have been found Led by volunteer physicians, nurses, physician assistants, and medical students, the MedFest screening consists of the following stations: medical history, height and weight, blood pressure, cardiology test, musculoskeletal test, orthopedic tests, abdominal evaluation, and a check out station.

Strong Minds The newest of our screening events, Strong Minds was developed to address the daily stresses faced by our athletes.

Strong Minds is an interactive learning activity focused on developing adaptive coping skills. Competition provides a natural opportunity to develop active strategies for maintaining emotional wellness under stress, such as: thinking positive thoughts, releasing stress and connecting with others. Athletes try a few different active coping strategies as they move through the stations. Before exiting, athletes identify the strategies they like best and volunteers provide them with visual reminders to use these tools in competition and in daily life.

Healthy Athletes Software (HAS) System

In support of the Healthy Athletes initiative, Better Health Global Ltd. has created a Web-based software application called Healthy Athletes Software System (HAS) to enable the electronic capture of screening data across the Healthy Athletes disciplines. HAS is rapidly becoming 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 Healthy Athletes Software (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 be entered into the HAS Website later. Since 2019, the screening data is being captured on a tablet with an online system. This system assigns a unique identifying number to each athlete when they are entered and permits real-time data entry.

<u>CONFIDENTIALITY</u>

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

<u>RESULTS</u>

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 screening and gives Special Olympics permission to use the data collected at the screenings. Once entered into the HAS database reports can be generated summarizing the screening data for each event, an individual athlete, a team or a sport. Data can also be aggregated across many events, geographical regions. Data can be evaluated by each screening 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 screenings 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.





Chapter 2: FUNfitness Event Guide

Planning A FUNfitness EVENT

FUNfitness is the result of collaboration between the American Physical Therapy Association (APTA) and Special Olympics. The original event was developed by APTA and its North Carolina chapter as a flexibility screening for athletes participating in the 1999 Special Olympics World Summer Games. In November 1999, APTA agreed to develop and expand the original FUNfitness into a full fitness screening of flexibility, functional strength and balance for Healthy Athletes to address ongoing fitness needs of Special Olympics athletes. Special Olympics FUNfitness underwent major revision in 2006 to add aerobic testing and tests for athletes in wheelchairs, and has subsequently had other more recent revisions based on our assessment of athlete needs and test sensitivity, validity and reliability. This manual reflects the version current in January of 2023 as dated on this manual.

INITATE FUNFITNESS:

Several organizational steps can be followed in planning to initiate FUNfitness:

- 1. A Special Olympics Program can develop an interest in hosting FUNfitness, and contact the Special Olympics Regional Health Manager (RHM)
 - a. The Special Olympics Program can nominate an appropriate physical therapy professional for training as the Clinical Director.
 - b. The SO Program can request assistance from the FUNfitness Regional Clinical Advisor (RCA), RHM or SOI Discipline Manager to work with the appropriate physical therapy professional organization to identify a professional for training.
- 2. An identified physical therapy professional will submit a resume to the Special Olympics Program for review by the FUNfitness Clinical Practice Manager for review and approval
 - a. If the identified physical therapy professional meets the qualifications for and agrees to become the state or country Clinical Director, he/she will be invited to the online training modules and will then attend the next most appropriate FF screening event for the hands-on component of the training.
 - b. Once trained, the state or country Clinical Director should meet with the Special Olympics Program Director or Health Coordinator to mutually agree on the following topics reviewed in greater detail below
 - i. Event Opportunities
 - 1. Location and date of the event at which FUNfitness will be held
 - 2. Amount and location of space for FUNfitness at the event(s)
 - 3. Dates and times of the screening
 - ii. Recruitment/Scheduling volunteers (professional and general)
 - iii. Obtaining Supplies/Equipment/Giveaways and volunteer amenities
 - iv. Fundraising/Events

DETERMINING EVENT OPPORTUNITIES:

Identifying and scheduling the best opportunity to provide FUNfitness screenings is a joint effort between the Clinical Director and their local Special Olympics Program. Many programs now have a "Health Coordinator or Manager" who will be a key contact The Clinical Director and Special Olympics Program decide on site size and location, hours of screening, equipment needed, and provision of amenities (food, water, uniforms) for volunteers. The Program will develop methods to encourage athletes to attend the event; but together the CD and Program manager should work with local medical and professional groups to strengthen ties between the sponsors and the local community. Clinical Directors will also determine which optional areas of FUNfitness to offer and how, based on the local needs and resources available.

To confirm an event opportunity, start with the event schedule of the respective SO Program and work with the contact to coordinate a FUNfitness screening. Important information to know/consider to determine ability to hold event is as follows:

- Event date(s)/available screening date(s)
- **Number of anticipated athletes** : average number of athletes screened per FUNfitness event is generally about 1/3 to 1/2 of anticipated number of competitors but may vary
- **Hours per each day of screening**: a cutoff time for registration will be needed to ensure adequate time to complete screening (~ 30 minutes to 1 hour after registration) and to allow for general clean up (~ 1 hour).
 - a) If screening is taking place as multi-disciplinary event, it should also be estimated how long it will take for an athlete that registers at the outset to complete all disciplines. This value would be added to time the general registration table closes.
- **Venue location**: Procurement of adequate space is a critical aspect of an event. It must accommodate the expected number of athletes and volunteers, while not impacting other Healthy Athlete disciplines
 - a) It is ideal to perform a walk-through of the proposed venue in advance to assess actual space available dedicated to FUNfitness and potential issues including flow and interaction with other disciplines.
 - b) Keep in mind the typically large number of athletes and volunteers that will occupy the space and be assured that available HV/AC can keep up.

RECRUITING AND TRAINING VOLUNTEER HEALTH PROFESSIONALS:

Generally, the local program helps to secure non-clinical volunteers, however Clinical volunteers are enlisted by the Clinical Director. For FUNfitness these are Physical/PhysioTherapists, students or PTAs. Clinical Directors are the best people to identify and train clinical volunteers to work in the specific areas that will be offered in the FUNfitness 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

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 volunteers. Please note that some Programs may have an age requirement for volunteers at specific venues.

Training for volunteers is largely the responsibility of the Clinical Director. Although ALL volunteers (non-clinical and clinical) will need to receive Special Olympics orientation which can be provided by the program.

OBTAINING EQUIPMENT, SUPPLIES AND ATHLETE GIVEAWAYS:

Needed supplies/equipment for the various stations & athlete giveaways may be available to Clinical Directors through donations or loans obtained by networking with local sponsors and health services. Special Olympics International headquarters also receive donations of goods and equipment that can be made available for events, if local sources are not available. A Clinical Director should be familiar with their program's:

- Available inventory of supplies/materials and giveaways for athletes designated for FUNfitness events
- Access to Optional equipment
- Access to tablets
 - If not: Determine if HAS data entry will be live?
 - If yes, need to identify data entry person & add lap-top, and electrical hook up to supplies list
- Determine if an interpreter is needed for an athlete
 - o If yes, need to identify and potentially request cost be paid for through grants

<u>FUNDING</u>

Fundraising: This role is typically carried out at the Program level. Your Program may consider creating a budget line for state Games if it wishes to host FUNfitness 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 also donate. 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, etc. SOI Headquarters will have to be contacted prior to making contact because there may be larger deals under development. 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 FUNfitness event. This should be done by the program hosting the event but cosigning by FUNfitness Clinical Director would be a nice touch.

Capacity Grants: Clinical Directors will work with their local Program to assure that funds for supplies and equipment needed to deliver the core components of FUNfitness are available. One way to do so is having FUNfitness included in the program's Healthy Athletes' Capacity Grant application. These grants are applied to by the program manager and assist programs in gaining funds for materials, athlete giveaways, volunteer snacks, signage and other supplies/equipment needed to conduct an impactful FUNfitness program. Grants Applications occur once a year, and while Clinical Directors are not be themselves submitting the grant, they need to ensure the needs of Fit Feet are included for the year.

COLLECTING AND REPORTING DATA

Clinical Directors use Healthy Athletes Software (HAS) to document screening data collected during the event. When available screenings should be completing HAS form digitally on tablets. If tablets are unavailable programs may defer to the paper forms. Data is used to determine need

for provider referrals, and to assess the health status and needs of individual Special Olympics athletes. 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 FUNfitness events which can aid in the ability determine where athletes with findings necessitating a professional referral are sent.

LEGAL REQUIREMENTS:

FUNfitness involves screening and one-on-one education about stretching, strengthening, balance, falls prevention, and aerobic fitness training. Review your state or country practice act to determine the legality of providing screening and individual education. If you have any questions, contact your professional association or your board of examiners.

If your state or country professional practice act does not allow you to either screen or provide individual education without a referral, you will need to obtain a referral before the event from the appropriate referring practitioner, and have it on-site. If your state or country professional practice law does not allow you to screen or educate an individual without supervision, you will need to arrange for this supervision during the event.

Insurance and Risk Management

- 1. General Liability Special Olympics provides general liability coverage for health care and general volunteer services provided under its auspices.
- 2. Professional Liability It is recommended that physical therapy professionals who participate in FUNfitness have their own primary professional liability insurance to cover the services provided. This could be individual insurance or employer insurance that covers offsite events. Individuals will need to check with their employers and/or supervisors well in advance to verify if employer insurance will cover them for this activity. Students can also check to determine if their university covers volunteer activities in the community. Special Olympics has a professional liability policy for both healthcare professionals and students in the United States only. If you do have professional liability insurance the Special Olympics coverage is a secondary insurance. Additionally please complete the acknowledgement page in Chapter 5. If you do not have primary liability insurance, the Special Olympics coverage is your primary insurance
- 3. Hold Harmless Each Healthy Athletes volunteer must sign the Hold Harmless Agreement with Special Olympics for all parties to be protected from litigation. Volunteers should insert their name, license number and the status of their liability coverage, and sign in the appropriate place. An employed representative of the state or country's Special Olympics Program should sign on behalf of Special Olympics.

Specific questions about coverage can be addressed directly to Special Olympics Legal Counsel, at +1 (202) 824-0209.

ORGANIZATION

Delegating responsibilities: Getting other involved to help with the various required tasks well ahead of time will help to make the planning process go smoothly. The following are roles and responsibilities that a FUNfitness clinical director might delegate to other members of the team. However please note that all of these roles are ultimately the responsibility of the Clinical Director and if there is no one to fill one of these roles it will be the responsibility of the Clinical Director to handle associated tasks

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" who will be a key contact person for this. He/she should work closely with the Special Olympics Program to decide on site size and location, hours of screening, equipment needed, and provision of amenities (food, water, gifts) for volunteers. This person should also develop methods to encourage athletes to attend the event. He/she should work with local medical and professional groups to strengthen ties between the sponsors and the local community.

Volunteer Coordinator: The volunteer coordinator is responsible for recruiting and scheduling volunteers. This person should work with the Special Olympics Program 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 FUNfitness screening, as well as maps and parking information. On- site assignments and definition of responsibilities are included in the position's duties.

Media spokesperson; The media spokesperson is the primary contact for media information. He/she will organize interviews about the event (before, during and after the event). 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 one-page flyers available for Special Olympics Health, Special Olympics Healthy Athletes, and each discipline.

They should take pictures during the event and post the activities and pictures on the Healthy Athletes page on Facebook. They may also utilize Twitter, WhatsApp, and other social media. They should gather stories from athletes, families, and coaches about the impact of FUNfitness on their lives. Some of the FUNfitness publicity might be rolled into usual Special Olympics Games media information. You can post stories on the SO website at https://www.specialolympics.org/stories/share or email MyStory@specialolympics.org

Fundraiser: The fundraiser solicits contacts and funds for the event. He/she should have a fact sheet with information about Special Olympics, Special Olympics Health, Healthy Athletes, FUNfitness and physical therapy to share with potential supporters. Information is available from the APTA Web site, <u>www.apta.org/Consumer</u>, or the Special Olympics Web site, <u>https://www.specialolympics.org/our-work/inclusive-health</u>

VOLUNTEERS

Volunteers: Definitions And Roles

- 1. Clinical Volunteers
 - a. Professional volunteers include physical therapists, physical therapy students, physical therapist assistants, and physical therapist assistant students.
 - i. Physical therapists, or physical therapy students under the legally defined supervision of a physical therapist, will PERFORM all tests and measures, MAKE all decisions regarding the need for Education, and SUPERVISE OR PROVIDE the indicated education.
 - ii. Physical therapist assistants and physical therapist assistant students under the legally defined supervision will assist the physical therapist or physical therapy student in the performance of tests and measures, and in the education of athletes.
- 2. Healthcare Volunteers
 - a. Healthcare volunteers include any other professionals outside the physical therapy profession (e.g. occupational therapists, exercise physiologists, nurses, chiropractors, athletic trainers). Healthcare volunteer opportunities may include the following activities related to the testing stations, depending on site specific needs:
 - i. Complete the health questions on data form (assistive device, illness -injury history and current status, falling.
 - ii. Record test result information on the data form for the PT (or PT student).
 - iii. Assist the clinical volunteers in positioning or stabilizing the athlete during testing.
 - iv. Execute timing for tests that require a record of time (sit-up, sit to stand, push-up, single leg stance).
 - v. Record number of repetitions in appropriate tests (Step Test, sit-up, sit to stand).
 - vi. Stabilize the equipment for athlete safety (push-up blocks)
- 3. General Volunteers
 - a. General volunteers include any other volunteers who are not healthcare practitioners including coaches, parents, others. General volunteer opportunities might include, depending on site specific needs:
 - i. Assist with setup and takedown of the venue site,
 - ii. Register athletes (name, age, gender, sport, SO program and event information)
 - iii. Assist athletes to enter the venue and start at a testing site,
 - iv. Assist with moving athletes through the venue so the flow is smooth and athletes do not get confused.
 - v. Assist at the Exit station to present athlete gifts and collect data forms
 - vi. Assist with provision of water to athletes to prevent dehydration

Volunteers Recruitment: As the clinical director you are the best person to recruit qualified volunteers to participate in a FUNfitness event. Remember to use local resources, practices, clinics, and schools to help staff your event. Utilize contacts with your state or country professional PT Association and network/market for your event though attending PT conferences/educational sessions and meetings. Additionally, schools for physical therapy and physical therapy assistant are great sources for recruiting and many programs require community service and related experiences. Faculty at these programs should also be encouraged to volunteer. Recruiting a faculty who will volunteer to participate and oversee FUNfitness recruitment allows for a pool of volunteers for future events. Remember that the recruitment process does take time, so you should start to find

volunteers at least three months before your event. To assist with future recruitment consider creating a spreadsheet with information about your volunteers for future use (see Chapter 5 Forms).

Volunteer Training. Volunteer registration should be coordinated with the Healthy Athletes Coordinator from your Program. A clear understanding of the mechanism of volunteer registration and the number of FUNfitness volunteers required should be agreed on before recruitment and registration begin.

Anyone who wishes to volunteer should be sent or emailed a generic Special Olympics volunteer form, a FUNfitness volunteer form and the Special Olympics Hold Harmless Agreement (see Chapter 5 Forms). Completion of these forms will verify licensure in the state where the event is being held, coverage by malpractice insurance and days/ hours of availability. Completion of these forms also allows the volunteer to be registered by Special Olympics as an official volunteer so he/she is covered by Special Olympics general liability insurance for all activities performed in association with the event, and for professional liability coverage in the United States.

Each volunteer must participate in a Special Olympics orientation before taking part in an event. The Special Olympics Program usually will give these orientations on-site but may also arrange to give them ahead of time at local Special Olympics headquarters or at local sites.

Volunteers should also have a FUNfitness orientation before participating. It is a good idea to develop some type of orientation explaining the event, using the testing guidelines and the education chapters of the manual. The materials have been developed and written so that orientations can be done in a variety of ways (meeting, videotape, conference call or mailing). An actual group orientation may not be necessary, however, students often appreciate the opportunity to learn the event and practice ahead of time. A 2-part video of the test protocol is available online at:

- FUNfitness, Part 1: <u>http://www.youtube.com/watch?v=UjLJe8EveBM</u>
- FUNfitness, Part 2: <u>http://www.youtube.com/watch?v=x0jB3MSZ1Zs</u>

The newest and most efficient orientation tool is our new online learning portal, which can be accessed at <u>https://learn.specialolympics.org/</u>. Once they register, they can assess modules on Special Olympics Health, Introduction to Intellectual Disabilities, General Volunteer Module.

Send a letter or email to all volunteers to confirm the date(s) and time(s) that they are working at the event and any attire recommended or requested for the event. The letter should include a site map with the location of the FUNfitness event and parking. It may be suggested to volunteers to arrive early to allow time for parking. Schedule volunteers for a specific period of time (all day, morning or afternoon) with at least a 30-minute shift overlap in case the next volunteer is delayed. Each volunteer will receive a Special Olympics T-shirt to wear on the day of the event.

Volunteers can be kept informed before the event with updates by e-mail. A short note regarding publicity and sponsors will maintain enthusiasm and create a sense of involvement. Also alert your volunteers about Opening Ceremonies which are a fun event to attend.

Plan to give or send your volunteers some form of thank-you following their participation in the screening. A letter, note, certificate or T-shirt will reaffirm your appreciation for their participation in FUNfitness.

STAFFING THE EVENT

The minimum recommended number of people to staff a full-day FUNfitness event is 30-40.

These volunteers include physical therapists, physical therapist assistants, and physical therapy/physical therapy assistant students. Refer to your state or country practice act for any requirements regarding numbers of physical therapist assistants or students who can be supervised by a physical therapist. Other healthcare professionals such as occupational therapists, exercise physiologists, athletic trainers can assist the PT or PT students in the tasks of the PT Assistant. Non-clinical volunteers such as spouses, teenage children, staff of sponsoring organizations, are also helpful and welcome for positions at the entry or to help direct the flow of traffic within the venue.

The volunteer numbers may need to be adjusted according to total numbers of participants expected at the Games and the projected hours of the Healthy Athletes events. Each clinical director should check with the Special Olympics state/country program coordinator to determine the potential number of participants registered to compete and the hours of the Healthy Athletes events. An estimated 40 to 50 percent of participants attend Healthy Athletes events. The clinical director should estimate the numbers of volunteers needed based on this expected participation, the size of the space available, and on the hours of coverage required.

In addition to the screening stations (flexibility, strength, balance and aerobic fitness), the FUNfitness event includes the following stations:

- 1. Check in Station
- 2. Data Review Station
- 3. Education Station
- 4. Check out Station

The recommended number of volunteers is listed in the table below:

Station		Number of Volunteers
Check in		2-4 Volunteers (students, healthcare or general volunteers) to help fill in the top of the Score Sheet and explain the event.
Screenings	Flexibility	Teams of PT and PT Student/PT Student and PTA/Healthcare Volunteer One team per table; ~ 4 tables <i>*If PT students, need 1-2 PTs to supervise</i> .
	Strength	One PT or PT student for each strength set-up; 3-4 set-ups *If PT students, need 1-2 PTs to supervise.
	Balance	One PT or PT student for each balance set-up. 3-4 set-ups. *If PT students, need 1-2 PTs to supervise.
	Aerobic	Teams of PT and PT Student/PT Student and PTA/Healthcare Volunteer. One team per chair; ~ 4 chairs <i>*If PT students, need 1-2 PTs to supervise</i> .
Clinical Findi	ngs	1-2 STRONG PT's to review findings of screening and ensure all necessary referrals are checked and provided
Education		3-4 PT Students or PTAs 1 per station; ~ 3-4 stations * <i>If PT students, need 1-2 PTs to supervise</i> .
Check out		1-2 Students, Healthcare or General volunteers to collect forms, distribute giveaways and direct athletes to next event

Additional Volunteers - Escort/Guides: 4-8 volunteers (physical therapist, physical therapist assistant, student, healthcare volunteers others) to accompany athletes to each test station.

Additionally, you may need at least two volunteers to direct and supervise the stations and the flow of athletes in the event. This is usually the Clinical Director

- 1. As athletes enter FUNfitness after check in, greet them and escort athlete(s) through the stations. Try to stay with one or a small group of athletes as possible as they move all stations.
- 2. Monitor number of athletes at various stations and guide them to less busy areas if there is a waiting line or crowd.
- 3. Try to make certain that the athlete completes all the stations.
- 4. Guide them to the Exit when all stations are completed.
- 5. Ask them when their next competitive event is and help them keep track of time so they don't miss their event. Allow 30 min. for them to be at their event prior to the start of time. Escort them back to their competitive event if they need assistance getting there.

PREPARING FOR YOUR EVENT:

Event Space and Set-Up: The space needed for the event is at least 40 feet by 50 feet. Additional space measuring at least 50ft by 15ft is needed if you are performing the wheel test. The furniture and equipment needs to be delivered to your event site the day before or early on the day of the event. Arrange a set-up time with your local event director based on when your event is scheduled. Allow two hours and at least two people to set up. Set up your tables and chairs, banner, equipment, supplies and internal signs.

Ordering Equipment and Forms

The FUNfitness screening form, Athletes Fitness Scorecard, and recommended equipment list are all available at the Special Olympics, Healthy Athletes FUNfitness resource page at https://resources.specialolympics.org/health/funfitness

The Standard equipment list is a guide for the amount of equipment that is recommended for the standard screening event. You can use the list to assist in creating a budget for the grant application or for fundraising efforts.

The FUNfitness screening form and Athlete Fitness Scorecard are available for download and printing for the screening. The scorecard is formatted for printing on standard 8.5 X 11 paper. Print in color is recommended.

Ensure that you have available HA consent forms available in case of non-registered athletes present to participate in screening. These can be found on the special Olympics resources page

If you are using the paper HAS form, you can add information to the header of the electronic screening form (Date, Event, Location and SO Program) before you print a copy for each of your events to decrease the amount of information that needs to be completed onsite by the Check -In volunteers

EVENT FLOW

Check in

The Check in Station is the first stop. Volunteers should clearly and briefly explain the screening and show athletes what will happen in the FUNfitness event. The athlete is asked to provide information for the top portion of the FUNfitness Screening form. If the athlete is less than 18 years old, he or she should be accompanied by a parent/guardian or coach. The parent or coach, or volunteers at the registration station may assist the athlete in completing the form, if necessary. (See sample dialogue at the end of this chapter).

Athletes and families sign a consent form when they register to participate in the Games. This form covers not only participation in Games, but in Healthy Athletes events. If an individual presents to participate in the screening but is not a registered athlete, please have them sign the specific Healthy Athletes Consent form before continuing.

Once completed, volunteers will give athletes either a Tablet or a paper screening form and an Athlete Fitness Scoresheet with their name on it. Athletes should carry this form from station to station.

Screening Stations

Escorts will then direct the athletes to one of the screening stations (flexibility, functional strength, balance or aerobic fitness). At each of the stations, several screening tests may be administered (see below). An athlete can start at any test site, but the CD or another designated volunteer must control the direction of athlete flow through the event to ensure all stations are completed

Screening	Area Tested	Test
Flexibility	Anterior Hip Muscles	Modified Thomas Test Passive
	Hamstring Muscles	Knee Extension Passive
	Calf Muscles	Ankle Dorsiflexion
	Shoulder Rotator Muscles	Modified Apley's Test
Functional Strength	Hip and Knee Extensor Muscles	Timed Sit to Stand Test
	Abdominal Muscles	Timed Partial Sit-Up
	Hand Grip	Hand Grip Dynamometry
	Shoulder and Scapular Muscles	Seated Push-Up Test
Balance	Dynamic Balance	Tandem or Modified Tandem Stance
	Static Balance	Single Leg Stance – Eyes Open
	Static Balance	Single Leg Stance – Eyes Closed
	Dynamic Balance	Timed Up and Go
	Dynamic Balance	Seated Forward Functional Reach*
	Dynamic Balance	Seated Lateral Functional Reach*
Aerobic	General Submaximal Aerobic Fitness	2-Minute Step in Place Test
[1	5- Minute Wheel Test*

*Only for those athletes in wheelchairs.

Once an athlete has begun, he/she will continue through all tests before going to the Data Review, Education and Check out Stations. Please note that athlete participation in the screening is voluntary. An athlete may choose not to do some tests, may not understand some of the tests, or may be unable to perform some of the tests. Education and exercises can still be provided even if some of the tests are not completed. It is recommended that screening/staffing be implemented in a way that One physical therapist or a student under the supervision of a physical therapist (with a physical therapist assistant) is assigned as a team to a test site within a station. A test site can do all of specific stations measurements or it can do just part of those measurements (like flexibility including calf, hamstring, etc). Then the athlete, with their tablet or paper screening form, moves to the next available test site/station and continues with the screening with a new team. A total of four stations with twelve screening tests should be recorded before the athlete proceeds to the Data Review station.

Note: If one station gets overwhelmed, volunteers can be rotated to assist. When the screening is nearing the end, volunteers can rotate to assist with education. More athletes can be screened in this set-up since they can rotate to the less busy station.

Regardless of how the venue is set up, ideally, a physical therapist or physical therapy student under the supervision of a physical therapist performs the specific test as outlined in the screening manual. Various volunteers, including the physical therapist assistants, PTA students, coaches, or other volunteers may assist with the measurement and with recording the measurement. The volunteer who is assisting should also check the education box based on the recommendations from the PT. Guidelines for when to provide education are included on the screening sheet by each test.

Data Review Station

Well experienced PTs will be situated at this station. First, they review the data form to assure that all stations have been completed. If not, they can send an athlete back to a station if time permits Second, they check to make certain that education has been checked when appropriate based on the results of the screen. The Date Reviewer can check Education if it should be checked and is not. Third, the Data Reviewer than reviews the form in its entirety to determine if referral to a PT or Primary Practitioner is indicated. Guidelines for suggested referral are outlined at the end of the Tests and Measures Chapter. Finally, the assigned data reviewer should complete the athlete score card and give to the athlete and direct them to the education station.

Education Station

Once data review has occurred, athletes will be escorted to the Education Station with their scorecard. A physical therapist (or student/PTA) will supervise and direct the activities in the Education Station. The assigned volunteer should review the screening form for sections requiring education. The therapist, assistant or student will instruct the athletes in exercises for the areas identified on their screening sheet (an "X" in the education box)/fitness scorecard. Each exercise will be demonstrated by the therapist, assistant or student, and then performed by the athlete and any others in attendance who live or work with him/her. Other Special Olympics athletes might also be on hand to demonstrate the exercises to their peers.

When necessary, the physical therapist performing a test can educate the athlete at the same time, and eliminate the need for an Education station.

Check Out Station

Once the athlete has completed all stations, he/she will be escorted to the Check Out Station. Volunteers will collect the FUNfitness screening sheet or tablets. Any paper screening sheets will be saved and given to the Special Olympic program for data entry. The volunteer also gives each athlete a FUNfitness pin, giveaway or gift. At some events there may be an incentive to complete healthy athlete events including FUNfitness so be sure to have a stamper or stickers to indicate completion of FUNfitness for the athlete. Volunteers at this station will make sure that each athlete has his/her athlete fitness scorecard and is directed to their next event or

Layout





THINGS TO REMEMBER:

During the Day

The key to successful screening is flexibility. The structure and assignment of volunteer staff may need to be adjusted to accommodate athlete numbers. Volunteers can rotate sites for some variety, especially if they are working more than one shift. If the event gets very busy, one physical therapist may do two or more tests to speed up the flow.

All equipment, measuring devices, and mats/chairs should be wiped between each athlete with an appropriate cleansing agent. Hand sanitizer should be available for use by volunteers, as water for hand washing is usually not available. When indicated, proper Personal Protection Equipment (PPE) such as face masks and gloves should be worn by all volunteers.

End of the Day

At the end of the day, clean the event site and leave it as it was found. Place all trash in appropriate containers as noted by the Special Olympics Program Director. Remove any items that you brought with you, including personal belongings.

At the end of the event, remove any equipment and supplies that you furnished. Return equipment furnished by local businesses or make arrangements for pickup. Equipment and supplies furnished by the local Special Olympics Program should repacked and left as you are instructed. It will take approximately 1-2 hours with about 4 people to close the event.

Data Entry

If tablets were not available or used during the screening and live entry was not completed, the Clinical Director needs to work with their SO Program to identify a protocol for managing the HAS screening forms and data entry. A process for follow-up with any athletes who require physical therapy or other health services should also be developed.

PROMOTING YOUR EVENT

During the Day

The key to successful screening is flexibility. The structure and assignment of volunteer staff may need to be adjusted to accommodate athlete numbers. It may be needed that volunteers travel throughout the event to attract athletes to the FUNfitness event. This may include talking with coaches, etc.

Before the Event

Contact your SO Program to determine if you should send any specific news releases to local newspapers and radio stations two to three weeks before the event. If you need a media list, check with the SO Program to see if they have a list, or call local media outlets to get the names of the persons to whom the releases should be sent. A sample press release is located at the end of this section.

Select a spokesperson (or several) who will be available to speak to media if they wish to do interviews before, during or after the event. It is helpful if the spokesperson has had prior experience with the media. In all cases, it is advisable to talk with your Special Olympics Program Director regarding what should be released to the media.

News Releases

The news release is the basic and most accepted method of conveying information to many media sources. The classic organization of a news release is the inverted pyramid, with the facts of the story (who, what, when, where, why and how) appearing in descending order of importance. When writing a news release, use short and concise sentences and paragraphs. Use words that are familiar to the public; avoid physical therapy jargon. A news release is usually one page long. Print it on your letterhead using a format similar to the sample at the end of the chapter. It should include the name, address, telephone number and e-mail address of the person the reporter can contact for more information.

A sample press release has been prepared by Special Olympics Healthy Athletes and APTA. You can use this release as a basis to produce a local press release or create your own. (see sample at end of this chapter). Another alternative for the media is a fact sheet (see sample at the end of this chapter). This is a one-page reference sheet that contains the basic facts of the event in outline form. It gives a reporter essential "at-a- glance" information about the event.

Work with the local media to coordinate and plan publicity. Use local TV and radio as well as newspapers for public awareness. Local businesses may wish to sponsor advertising, and you can also use public service announcements (PSAs), which are free. If you need specific assistance with writing a news release, contact the public relations department of your professional association for advice and direction.

Photography

Athletes, or their parents or guardians, sign a form when they register to compete that provides blanket permission for the use of photographs of athletes taken on site and in conjunction with the Games and their associated events. This release permits the use of photographs for related articles only, not for marketing or soliciting funds. Before taking a photo of anyone, you should always ask for their permission.

You may take the photos yourself or hire a professional photographer. If you plan to submit your photographs to local media, send the standard 5" X 7" size or a digital photo.

Here are some tips for successful photographs:

- Use a 35-mm camera with a flash attachment, a digital camera, or a cell phone with good photo clarity.
- Take "tight" shots of a physical therapist and participant. Tight shots are least cluttered and most interesting.
- Angle your shot to add depth.
- Identify the photograph on a separate sheet so you can identify the persons in the photograph

Research & Data

The screening sheet is used to collect data on both the exercise behaviors of the athletes and the physical components of fitness (flexibility, strength, balance and aerobic fitness). The FUNfitness event, the screening sheet, and the data collection process have been designed to enhance standardization of measurement and recording. The long-term objective is to develop a database about athletes with intellectual disabilities who participate in Special Olympics. Reports can be generated from the Healthy Athletes Software (HAS) for any program that requests it.

There are 2 ways to enter in data. If you are able to utilize tablets then there is an online platorm for live data entry that mimics the flow and data requested from the paper forms. If you are unable to use tablets

for live entry, you can continue to use the paper forms for the screening. Always consult the SO website for the most current version of the HAS form prior to doing a screening. Once completed the data is then manually entered into the HAS. It is encouraged that programs do this locally when possible.

The Clinical Director and the Special Olympics Program Director should decide what method of data entry is feasible, then plan who will enter the data and how they will be trained. The ideal method is to contact the data management coordinator at Special Olympics before the Games to create a data site and populate this site with the participating athletes. Data can then be entered at the Games site if electricity, an Internet connection and computers are available. If that is not possible, data should be entered within 30 days following the Games.

Special Olympics maintains overall ownership of the data and has permission to use these data in the aggregate for scientific purposes. Each Special Olympics Program retains ownership of the athlete data collected at events in its state or country and should be queried regarding use of any Healthy Athletes discipline data. If a volunteer wishes to use data, the volunteer should contact Special Olympics Research Department for permission. The volunteer will need to submit a proposal to use the data. The proposal should include resumes of the principal investigators, a brief description of the project, the data requested, the intent of the project and the general data analysis methods. An institutional review board (IRB) approval, including an appropriate consent form, must also be submitted. If the services of an IRB are not available, Special Olympics can convene its own review board to evaluate the project.

Special Olympics must review the project results and any materials prepared for presentation or publication before their submission.

SAMPLE RESOURCES:

Sample dialogue at the Check in Station to explain FUNfitness screening

- Welcome to FUNfitness.
- We are physical therapists.
- We are doing some tests to see:
 - How flexible you are?
 - How strong you are?
 - How good your balance is?
 - How physically fit are you?
- After we do each test, we will write down some numbers on this form.
- If we think you need to do exercises to improve your flexibility, strength, balance or physical fitness, we can show you some exercises that can help you do better in your competitions, or that will help you move better.
- We may also recommend that you work with a physical therapist after today.
- You do not have to do these tests if you don't want to.
- Would you like to do a FUNfitness screening with us?
- If so, lets get your signed up and started

SAMPLE – MEDIA FACT SHEET

- FUNfitness is the result of a professional relationship between American Physical Therapy Association (APTA) and Special Olympics.
- APTA developed, piloted and revised FUNfitness in 1999 and 2000.
- FUNfitness was premiered at the Special Olympics Winter World Games in Anchorage, Alaska in March 2001.
- FUNfitness is a fitness screening performed by physical therapy professionals for Special Olympic Healthy Athletes.
- The purposes of FUNfitness are to assess all components of fitness; to educate athletes, families and coaches about the importance of fitness; to teach exercises to improve identified areas of need, and to provide a hands-on opportunity to learn about the role of the physical therapist in fitness.
- Physical therapists assess:
 - o flexibility of the hamstring, calf, shoulder rotator, and hip flexor muscles;
 - o functional strength of the abdominal, and upper and lower extremity muscles;
 - static and dynamic balance; and
 - o aerobic fitness (2 minute Step Test or Wheel Test,).
- Physical therapy professionals also instruct athletes on ways to become more fit, and to train yearround for better performance.
- Training sessions are held each year to train physical therapists from around the world in the development of the FUNfitness event in their countries.

SAMPLE – MEDIA RELEASE

FOR IMMEDIATE RELEASE Date

Contact: Media Spokesperson Telephone Number

PHYSICAL THERAPISTS FROM AROUND THE STATE MAKE FITNESS FUN AT SPECIAL OLYMPICS NORTH CAROLINA GAMES

Physical Therapists Conduct Flexibility, Strength, Balance, and Aerobic Assessment for Athlete

Raleigh, North Carolina, May 27, 2010 – Physical therapist members of the North Carolina Chapter of American Physical Therapy Association hosted FUNfitness, a fitness screening assessment program for athletes at the Special Olympic State Summer Games. "Special Olympics is delighted that the screening event developed in partnership with APTA is offered at many Special Olympics events "As experts in neuromuscular and musculoskeletal dysfunction, physical therapists are able to give excellent feedback to athletes about their flexibility, functional strength, balance, and aerobic fitness" stated Donna Bainbridge, PT, EdD, ATC, Special Olympics Global Advisor for FUNfitness & Fitness Programming.

FUNfitness is part of the Special Olympics Healthy Athletes ®, which was developed to educate participants and give them access to health care they need and often don't receive. The current FUNfitness event is an outgrowth of pioneering efforts of the North Carolina chapter at the World Summer Games in 1999. It was originally developed by APTA, a national professional organization representing approximately 80,000 members. Since its premier at Special Olympics Winter World Games in Alaska in 2001, it has been hosted at World, Regional, Country and State games.

In FUNfitness, physical therapists assess flexibility of the hamstring, calf, anterior hip, and shoulder muscles, functional strength of the abdominal and leg muscles, static and dynamic balance, and aerobic condition of Special Olympics athletes. They also instruct athletes, family members, and coaches on how to improve these areas of fitness through specific exercises. Each athlete receives a personalized Fitness Scorecard that illustrates the appropriate exercises to improve their performance in sport and in life.

Special Olympics FUNfitness



Chapter 3: Guidelines to FUNfitness Tests and Measures

This Chapter includes the test procedures used for the Healthy Athletes FUNfitness Screening. *This is a screening program and not a comprehensive evaluation.* The purpose of this screening is to identify areas needing improvement, and ways in which Special Olympics (SO) Athletes can improve their performance and function. The SO athlete may be taught exercises that will help improve flexibility, strength, balance and/or fitness. When necessary a referral to a physical therapist for management in a specific area or for a fitness program, or to a physician or other health care professional may be made.

The FUNfitness Screening procedure includes the followings tests:

- A. Flexibility
 - a. Hamstring: Passive Knee Extension
 - b. Calf: Passive Ankle Dorsiflexion
 - c. Anterior Hip: Thomas Test
 - d. Shoulder: Apley Test
- B. Strength:
 - a. Lower Extremity: Timed Sit to Stand Test
 - b. Abdominal: Partial Sit-Up
 - c. Forearm and Hand Grip: Hand Grip Dynamometer
 - d. Upper Extremity: Seated Push-Up
- C. Balance
 - a. Tandem Stance (or Modifed Tandem)
 - b. Timed Up and Go Test (TUG)
 - c. Single Leg Stance Eyes Open & Eyes Closed

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d. Seated Forward Functional Reach* & Seated Lateral Functional Reach*

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- D. Aerobic Fitness
 - a. 2-Minute Step Test
 - b. 5-Minute Wheel Test (for individuals using a wheelchair, or not able to functionally step for 2 minutes).

For each test, there are guidelines for acceptable values. If the athlete falls outside these guidelines, check the Education box, indicating need for additional follow up including teaching of exercises or providing a referral. Refer to the reference list on the Special Olympics FUNfitness website for the evidence that supports utilization of these tests and measures.

Prior to some of the stations there are questions about routine participation in stretching (flexibility), strengthening, and routine physical activity (aerobic fitness) that can help guide information for referrals and education. The athlete, their coach, or parent can provide answers to these questions.

At the end of the FUNfitness Screening, the results are reviewed for completeness and accuracy of checking of education, and to determine if referral to physical therapist, a fitness program or other health professional is indicated. Guidelines for referral to a physical therapist or primary practitioner have been developed. Once reviewed, the athlete is directed, if appropriate, to the education station to learn exercises they can do at home and with their coach.

Some athletes may not understand the instructions or may not want to participate in portions of the screening protocol. All parts of the Healthy Athletes program is optional for athletes to complete. If an athlete is not assessed on a certain part of the test, there is a place to indicate that that test was not completed. Please indicate on the form the reason for not completing (e.g unable to respond, refused to perform, etc)

HAS Forms

All of the data obtained from each of the screening tests and all of the responses to the questions are to be entered onto a Healthy Athletes Screening (HAS) form for the FUNfitness screening protocol. The current version of this FUNfitness form may be found on the Special Olympics website at: https://resources.specialolympics.org/health/healthy-athletes-system

There may be previous versions of the form in circulation or in previous editions of this manual, so please use the most current version of the form and reference back to the page above before distributing forms for an event.

All persons entering data on the form must write legibly, and provide documentation as described in this measurement protocol. For some tests (hamstring, calf, anterior hip, shoulder flexibility) a "+" or "–" sign is required. Make sure the proper use of these signs occurs by all persons conducting the screening.

Programs are encouraged to migrate to the new tablet data entry method instead of paper forms. Interested Programs can contact <u>healthdata@specialolympics.org</u> to start the transition process. Information about this process can be found at <u>https://resources.specialolympics.org/health/healthy-athletes-system</u>

Screening Procedures and HAS Form Documentation

CHECK IN (ATHLETE INFORMATION & HISTORY)

At the top of the form indicate first and last name of the athlete.

First Name	Last Name	HAS ID

<u>HAS ID</u>: this is a unique identification number assigned to each Special Olympics athlete. If the athlete has used the open MRS, they will have a HAS number. Some states and countries have prepopulated their HAS forms and created unique HAS numbers for their athletes, but not all. If the athlete does not have a HAS number, leave this field blank as it will be populated when the data is later entered

Date	O Male O) Female	DoB	Age(years) O Not sure
Event	Location		O Athlete O Unified partner	Sport
Delegation			SO Program	
Cell phone number			Number is O Athlete's O	Parent's / Guardian `s
Providing a phone num	her is ontiona	al It will be u	sed to send a text reminde	er if any follow up is

Providing a phone number is optional. It will be used to send a text reminder if any follow up is recommended after screening.

Date: Enter date of the event or screening.

<u>Male/Female:</u> Indicate the gender of the SO athlete. (Male/Female).

DOB: Enter the athletes Date of Birth, ask the athlete, family member or coach.

• Date of birth is preferable to age, but if DOB is unknown, age will allow the computer to create a proxy DOB

Age: Enter the age of the athlete, ask athlete "how old are you?"

<u>Event:</u> Enter the type of event that the screening is being held at.

Location: State, province, and country.

<u>Athlete / Unified Partner:</u> Indicate whether the person being screened is an SO athlete or whether the person is an individual without a disability participating on a unified team. Sport: What sport(s) does the athlete participate in.

Delegation: Indicate home location of the athlete.

SO Program: Country or state of the SO program organizing the event.

Uses Wheelchair:	O Yes O No	Altitude (m).
Uses Assistive Device:	O Yes O No	Check one:
Wears Splint or Brace:	O Yes O No	O 0 to 1,500
	🗆 Hand-Wrist 🛛 Elbow 🛛	O 1,501 to 3,000
	Shoulder	O >3,000
	🗆 Knee 🛛 Hip 🗆 Back 🛛	
	Foot/Ankle	

Assistive Devices: Indicate whether the SO athlete uses a wheelchair, walker, cane,

<u>Splint or Brace:</u> Indicate whether the SO athlete uses braces or other assistive devices, and where.

<u>Altitude:</u> For the Aerobic Fitness test, we use pulse oximeters which measure oxygen saturation of the blood. These readings may be affected by altitude and may be somewhat different for those populations, so we request that you identify the altitude of the location where the event is taking place. Most locations will be below 1,500 meters and will not affect the oxygen saturation results.

Disease, Injuries or Recent Falls

Any diseases or injuries that may affect screening results?

Please check all that apply:
□ Problems with breathing or lungs □ Problems with heart □ Problems with circulation □ Skin
problems
\Box Pain: \Box Yes \Box No If yes, where do you have pain? (check all that apply)
🗆 Foot or Ankle 🗆 Knee 🗆 Hand or Wrist 🛛 Elbow 🖓 Shoulder 🖓 Head 🔅 🕁 Back
Neck
\Box Joint Injury: \Box Yes \Box No If yes, what part of your body? (check all that apply)
□ Foot or Ankle □ Knee □ Hand or Wrist □ Elbow □ Shoulder □ Head □ Back
□ Neck
□ Muscle Injury: □ Yes □ No If yes, what part of your body? (check all that apply)
🗆 Back or Pelvis 🗆 Foot 👘 Leg 👘 Hand 🗂 Arm 👘 Shoulder or Scapula
Neck
Have you fallen in your home in the past year? Yes No

Ask the athlete if they are currently experiencing any pain, injuries, joint sprains or muscle strains or skin problems. Furthermore, ask the athlete if they have fallen in their home in the last year. Coaches and parents can be consulted if needed.

FLEXIBILITY

Ask the athlete if they do stretching exercises at home or as part of exercise. Ask them to identify how often they do these stretching exercises.

Do you stretch routinely?

bo you selection routiliery:	
O Several times each day	O Could not elicit response:
O Once each day	O Refused to respond
O Occasionally, but not every day	O Unable to respond
O No regular stretching	O Unable to understand

Hamstring Flexibility: Supine (Passive) Knee Extension

Athlete Testing Position

- Athlete is positioned supine on a table or mat.
- Hip and knee of the side to be measured should be flexed to 90 degrees.
- Athlete, physical therapist assistant (PTA) or student maintains hip position at 90 degrees flexion.

Physical Therapist (PT) Position

- PT stands beside the leg to be measured with eyes level with the leg.
- PTA or student stands on the opposite side to assist with passive knee extension.

Goniometer Alignment

- Align the proximal arm of the goniometer with the lateral midline of the femur, using the greater trochanter as a reference.
- Align the distal arm of the goniometer with the lateral midline of the fibula, using the lateral malleolus as a reference.
- Center the fulcrum of the goniometer over the lateral femoral epicondyle.

Measurement

- Athlete (or PTA/student) is instructed to hold the thigh in 90 degrees of flexion and relax the lower leg.
- Ankle should remain in neutral or plantarflexion.
- PT passively straightens the knee as far as possible without pain.

Recording

- Measure the angle between the thigh and leg at the knee (popliteal angle).
- If the knee goes fully straight, record the final value as 0 degrees.
- If the knee does not go straight, *record the value as negative* (e.g., -40).
- If the knee goes beyond the fully straight position into hyperextension, *record the value as positive* (e.g., +5 degrees).
- Repeat the measurement on both sides.

. Education

• A recording of -15 degrees to -90 degrees or more, or asymmetry may indicate need for education.

HAMSTRING - supine (passive) knee extension			
Leftdegrees Rightde	grees		
Note positive (+) or negative (-) degrees			
Unable to test because athlete:	Education		
O Refused to perform	Between -90 and -16° or		
O Unable to perform	asymmetry		
O Unable to understand			



Calf Flexibility: Supine (Passive) Ankle Dorsiflexion

Athlete Testing Position

• Position the athlete supine on a table or mat.

• Position the hip and knee on the side to be measured in as much extension as possible.

Physical Therapist (PT) Position

- PT is seated or squats on the side to be measured with eyes level with the leg.
- PTA or student is positioned by the foot to assist with recording.

Goniometer Alignment

- Align the proximal arm of the goniometer with the lateral midline of the fibula, using the fibular head as a reference.
- Align the distal arm of the goniometer with the 5th metatarsal parallel to lateral midline 5th metatarsal.
- Center the fulcrum of the goniometer on lateral side of ankle joint as it settles to adjust to the alignment of the arms of the goniometer.

Measurement

- Athlete is instructed to relax the foot and ankle.
- Knee should remain in extension during the measurement.
- PT should passively dorsiflex the ankle (grasp and pull down on the heel while pushing up on the foot with the forearm).
- Repeat the measurement on both sides.

Recording

- Measure the angle between the leg and the foot. Neutral position (0 degrees) is a right angle between leg and foot.
- Record the actual angle in relation to the neutral position.
- If the athlete cannot reach neutral position (0 degrees) and remains in a plantarflexed position, *record the angle as negative (e.g., 10 degrees).*
- If the athlete goes beyond neutral into dorsiflexion, *record as positive (e.g., +10 degrees)*.
- If athlete only reaches neutral, *record as 0 degrees*.
- Repeat the measurement on both sides.

Education

- Flexibility of less than +5 degrees, including any negative numbers (e.g., -10 degrees), or asymmetry indicate need for education.
- Example: Athlete relaxes, and PT is able to move the ankle to 10 degrees beyond neutral. The recording is noted as +10 degrees dorsiflexion. No Education is required.

CALF - supine (passive) ankle dorsiflexion		
Leftdegrees Right	_degrees	
Note positive (+) or negative (-) d	egrees	
Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand	☐ Education Less than 5° or asymmetry	





Anterior Hip Flexibility: (Modified) Thomas Test

Athlete Testing Position

- Athlete is positioned supine on a table or mat.
- Both hips should be flexed to 90 degrees.
- PT supports hip to be measured.
- Athlete, PTA or student maintains the opposite hip in 90 degrees flexion.

Physical Therapist Position

- PT stands on the side to be measured.
- PT supports the leg with one arm and places the other hand on the anterior crest of the pelvis.
- PTA or student stands on the opposite side and supports the opposite leg with the hip in 90°

Goniometer Alignment

- Align the proximal arm of the goniometer with the lateral midline of the pelvis aiming at the axilla.
- Align the distal arm of the goniometer with the lateral midline of the femur as a reference.
- Center the fulcrum of the goniometer over the lateral aspect of the hip joint, using the greater trochanter as a reference.

Measurement

- PT flexes the hips until low back is flat on table (~ 90°).
- Athlete or assistant holds one hip in this flexed position.
- PT positions one arm around leg to be measured, and the other hand on the anterior superior part of the pelvis.
- Athlete is instructed to "relax and let me lower your leg." Leg not being measured must remain flexed during test.
- PT lowers the leg passively until the pelvis begins to rotate forward under the hand.
- PT may want to move the leg up and down to feel the rotation of the pelvis or change in pressure under the low back. Keep a hand beneath the lower back to ensure that it remains flattened.

Recording

- The point at which the pelvis moves forward is the end of the test.
- At this point, the angle between the pelvis and thigh is measured.
- If the thigh lowers to the table surface, the result is recorded as 0 degrees.
- If the thigh does not reach the table, *the angle is recorded as negative (*e.g., -25 degrees.

Education

- Flexibility of -10 degrees or more or asymmetry indicate need for education.
- Example: PT moves the leg from the 90-degree position to 50 degrees. Record -40 degrees, as participant lacks 40 degrees of full extension. Education is required.

ANTERIOR HIP: Modified Th	omas Test		
Leftdegrees	Right_	degrees	
Note positive (+) or negative (-)	degrees		
Unable to test because at	hlete:		
O Refused to perform			Education
O Unable to perform			Between -90 and -11°
O Unable to understand			or asymmetry



Functional Shoulder Rotation: Modified Apley's Test

Athlete Testing Position

- Athlete stands or sits in a chair. If standing, provide a chair or other support for the athlete to hold on to. (Athlete may also sit in a wheelchair.)
- Athlete is instructed to reach one arm behind the head and down the back, while the other arm reaches behind the hip and up the back.

Physical Therapist Position

- PT demonstrates the test.
- PT then stands behind the athlete.
- PTA or student stands in front of the athlete for safety.

Measurement

- PT demonstrates the test position.
- Athlete is instructed to "try to touch your index fingers together," (one arm is in flexion/abduction/lateral rotation; the other is in extension/adduction/ medial rotation).
- The measurement is the distance in centimeters between the index fingers.

Recording

- Use a tape measure to measure the distance between the index fingers in **centimeters**.
- Determine the side being recorded by the arm on top (i.e., left arm on top = left; right arm on top = right).
- If the fingertips touch, record the distance as 0 cm.
- If the fingertips cannot touch, *record the separation as negative* (e.g., -15.2 centimeters).
- If the fingers overlap, *record the overlap as positive* (e.g., + 2.5 centimeters).
- Symmetry occurs if each arm reaches equally toward the middle (approximately T7) or at the level of the inferior angle of the scapula.
- Asymmetry occurs if the arms do not approach the midline evenly (i.e., one arm is more flexible and overreaches the midline, or is less flexible and cannot approximate the midline).
- Repeat on both sides and record on the score sheet.

Education

• Recordings of -16 centimeters to -50 cm. (or more) (e.g., -18 cm.) or asymmetry indicate need for Education.

SHOULDER: Modified Apley's Test		
Leftcentimeters Right	centimeters	
Note positive (+) or negative (-) centimeters		
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 		□ Education Between -90 and -16cm or asymmetry



<u>STRENGTH</u>

Ask the athlete if they do exercises to improve strength at home or as part of exercise, and ask them to identify how often they do these exercises. Furthermore, ask if these exercises are part of Special Olympics related activities.

On average, how many days a week do you do physical activities for muscle strength? (Physical activities for muscle strength include lifting weights, using elastic bands, push-ups or sit-úps) O 1 day O 2 days O 3 days O 4 days O 5 days O 6 days O Every day O No days How much of this strength activity is related to Special Olympics training, practice, or competition? O None O Some O Most O All O Could not elicit response: O Refused to respond O Unable to respond O Unable to understand

Timed Sit-to-Stand Test

The Timed Sit-to-Stand Test is a simple method to quantify functional lower extremity muscle strength (hip and knee extension). The test requires the athletes to complete 10 full stands from a seated positon, as quickly as possible, without the use of the arms.

Mode of Administration

- Have athlete sit on a firm, straight-backed chair.
- Use pieces of hard foam or wood to adjust the height of the chair seat and/or to position the feet flat on the floor, as necessary, to maintain a position with the hips and knees at a 90-degree angle.
- Have the athlete positon their arms by their sides, with the elbows flexed at 90-degrees. Arms should remain in this position for the entire test.
- Athlete is instructed to "stand from sitting, then sit down again, without using your arms. Repeat this 10 times, as quickly as possible."
- PT demonstrates the test.
- PT tells the athlete to start with a "ready, set, go."
- PT, PTA or student stands beside the athlete in case the athlete loses his/her balance during the task.

Scoring

- PT or PTA starts a stopwatch or timer when he/she says "go."
- Timer continues until the athlete sits down from the 10th stand.
- Record the time to perform the task in seconds.

Education

• Time greater than 20 seconds, or inability to do 10 stands, indicates need for Education.

LOWER EXTREMITY: Timed Sit-to-Stand Test (Functional Leg Strength)	Time: secs
Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand	□ Education > 20 seconds



Partial Sit-Up Test

The Partial Sit-Up Test is a simple method to quantify abdominal muscle strength/ endurance. The test requires the athlete to complete 25 sit-ups within one (1) minute from a supine position.

Mode of Administration

- Participant is positioned supine on mat. If athlete cannot get on the mat, the test can be carefully done on a sturdy table.
- Athlete's legs are flexed to 90 degrees hips/90 degrees knees and placed on a chair or stool.
- PT uses pieces of hard foam or wood to adjust the height of the stool if necessary.
- Athlete arms are positioned straight out in front of the chest with the elbows extended. Arms remain in this position for the entire test.
- Athlete is instructed to "lift your head and slowly sit up until you touch the target, then slowly lower back down again. Repeat this until I tell you to stop. We want you to do as many as you can in one minute".
- Goal is to have athlete do a partial sit-up, defined as sitting up until the base of the scapula clears the floor or table, then returning the back and head to the floor.
- PT must verify that the scapula has lifted off the mat.
- Do a practice sit-up to determine how high the athlete needs to sit up to clear the scapula, then put a target at the position.
- PT demonstrates the test.
- PT coaches the athlete to begin when he/she says "ready, set, go."
- PT sits near the athlete to encourage the athlete to continue the task correctly.

Scoring

- PT or PTA starts a stopwatch or timer when he/she says "ready, set, go."
- Timer continues until one minute has elapsed or until the athlete does 25 sit-ups correctly.
- The number of sit-ups completed is recorded.
- The athlete can stop to rest momentarily, then begin again.
- If the athlete cannot continue for one full minute, the number of sit-ups completed is recorded.

Education

• The inability to do 25 sit-ups indicates need for Education.

ABDOMINAL MUSCLES: Partial Sit-Up Test	Number of Sit-Ups:
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 	□ Education < 25 in one minute


Hand Grip Test

The Hand-Grip Test is a standardized method of assessing strength of the hand and forearm muscles, and has been correlated to upper extremity function. The test involves completing three (3) grips on each side and recording the best value.

Mode of Administration

- PT uses an adjustable hand-grip dynamometer.
- PT indicates the dominant hand on the form (hand used for eating or writing).
- PT explains to the athlete that the athlete is not to move the rest of the body while squeezing
- The athlete gets three (3) tries to squeeze as hard as possible.
- PT has the athlete sit up straight in a straightbacked chair or wheelchair for the test
- PT demonstrates to athlete that he/she must keep the arm and hand at the side with the elbow bent to 90 degrees while squeezing.
- PT sets the dial to zero.
- PT coaches the athlete to begin when he/she says "ready, set, go."
- PT instructs the athlete to do one strong squeeze ("as hard as possible") for six seconds, then to let go.
- PT resets the dial to zero for the next trial.
- Each squeeze is followed by a test on the opposite side so the tested side can rest.

Scoring

- Record the results from each trial in kilograms.
- Accept the highest squeeze as the final result
- Record the greatest grip in the space indicated on form.
- Compare the result for each side with the standardized 10th percentile norms for age and sex. See the chart on the following page for the hand grip norms by age.

Education

• A result below the 10th percentile of normal for age and sex may indicate the need for education.

FOREARM AND HAND MUSCLES: Hand Gri Dominant Hand: O Left O Right	p Test	
LEFT Trial 1kg. 2kg. 3kg.	RIGHT Trial 1	_kg. 2kg. 3kg.
Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand		Education See Reference Sheet



	Ν	1ales		Females			
Age	One	Hand	Both Hands	Age	One H	land	Both Hands
10		5.5	11.0	10	5.0		10.0
11	5	3.0	16.0	11	6.0)	12.0
12	1	1.5	23.0	12	9.0)	18.0
13	1	4.0	28.0	13	13.	0	26.0
14	1	9.5	39.0	14	13.	5	27.0
15	2	7.5	55.0	15	15.	5	31.0
16	3	4.0	68.0	16	16.	5	33.0
17	3	5.0	70.0	17	15.	5	31.0
18	4	0.5	81.0	18	15.5		31.0
19	4	2.0	84.0	19	18.0		36.0
	Right	Left	Both Hands		Right	Left	Both Hands
20-24	44.5	40.8	85.3	20-24	21.8	18.6	40.4
25-29	42.6	39.0	81.6	25-29	20.9	17.7	38.6
30-34	40.8	37.2	78.0	30-34	20.4	17.2	37.6
35-39	39.0	35.4	74.4	35-39	19.5	16.3	35.8
40-44	36.3	33.6	69.9	40-44	18.6	15.9	34.5
45-49	34.5	31.3	65.8	45-49	18.1	15.0	33.1
50-54	32.7	29.5	62.1	50-54	17.2	14.5	31.8
55-59	30.8	27.7	58.5	55-59	16.8	13.6	30.4
60-64	28.6	25.4	54.0	60-64	15.9	13.2	29.0
65-69	26.8	23.6	50.3	65-69	15.0	12.2	27.2
70-74	24.5	21.8	46.3	70-74	14.5	11.8	26.3
75-79	22.7	20.0	42.6	75-79	13.6	10.9	24.5
80-84	20.9	18.1	39.0	80-84	13.2	10.4	23.6

Hand Grip Strength 10th Percentile Cut-offs By Age All Measures in Kilograms (kgs)

Seated Push-Up Test

The Seated Push-Up Test is a method of assessing strength of the triceps, shoulder and scapular muscles. The test involves pushing the body up out of a seated position, holding, and slowly lowering it back to sitting.

Mode of Administration

- PT positions the athlete on the floor (if the athlete uses a wheelchair he or she can push up on the armrests).
- PT places the athletes' knees out straight with heels resting on the floor or table.
- PT or PTA must guard the push-up blocks to prevent them from tipping.
- PT instructs the athlete to push his/her body up from floor until the elbows are straight, hold for 20 seconds, then slowly lower back into the seat.
- Athlete can practice prior to the test.
- PT coaches the athlete to begin when he/she says "ready, set, go."

Scoring

- PT times with a stopwatch the number of seconds that the athlete can hold in the push-up position.
- Record the number of seconds held on the score sheet.

Education

• An athlete who cannot hold for at least 5 seconds, twice, needs Education.

UPPER EXTREMITY: Seated Push-Up Test (Functional Strength) Push-Up Hold:seconds		
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 	□ Education < 5 seconds	



<u>BALANCE</u>

Tandem Stance – Eyes Open

The Tandem Stance Test, with eyes open, is a method to quantify postural steadiness and balance when the base of support in the medial/lateral direction is narrow with the assistance of visual cues. The test requires the athlete to stand with one leg placed directly in front of the other leg, heel touching toes with the eyes open. Balance must be maintained as long as possible up to 30 seconds and is performed with each side as the front foot. **If athlete cannot assume tandem position, then regress to a "modified tandem position" for test completion.**

Mode of Administration

- Athlete stands with feet shoulder width apart.
- Place a chair within arm's reach for security.
- The athlete is instructed to place hands on hips.
- Athlete is instructed to "slowly place one foot in front of the other with heel touching toes. I will time you until you lose your balance"
- PT demonstrates the test.
- PT stands in front of athlete to encourage the athlete to continue without fear of falling. PTA or student stands behind athlete for safety.



- PT coaches athlete with a "ready, set, now place one foot in front of the other". PT is permitted to assist the athlete into the position or athlete can use chair to assist into position but then needs to release contact for timing.
- Timing begins when athlete is in position without UE assist and continues until athlete loses balance (maximum time = 30 seconds).
- Test is now repeated on the other side, with the opposite foot placed in front.

Scoring

- PT or PTA starts a stopwatch timer when athlete is in position.
- Timer continues until balance is lost.
- The time completed before loss of balance (up to 30 seconds) is recorded.

Education

• Stance time of less than 20 seconds, or asymmetry might indicate need for Education.

Tandem (T) or Modified (M) Stance Test	Left:	sec.	Right:sec.
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 		□ Ec If stance	lucation e < 20 seconds

Single Leg Stance – Eyes Open

The Single Leg Stance Test with eyes open is a simple method to quantify balance with the assistance of visual cues. The test requires the athlete to stand on one leg with the eyes open. Balance must be maintained as long as possible.

Mode of Administration

- Athlete stands on both legs with feet shoulder width apart.
- Athlete is placed within arms' reach of a chair for security.
- The athlete is instructed to place hands on hips.
- Athlete is instructed to "slowly lift one leg and balance. I will time you until you lose your balance."
- PT demonstrates the test.
- PT stands in front of athlete to encourage the athlete to continue without fear of falling. PTA or student stands behind athlete for safety.



• PT coaches athlete with a "ready, set, now stand on one leg."

Scoring

- PT or PTA starts a stopwatch timer when he/she says "ready, set, now stand on one leg."
- Timer continues until balance is lost, or foot of the flexed leg touches the ground.
- The time completed before loss of balance (up to 20 seconds) is recorded.

Education

• Stance time of less than 20 seconds, or asymmetry might indicate need for Education.

Single Leg Stance – Eyes Open	Left:se	ес.	Right:sec.
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 		If st	☐ Education ance < 20 seconds

Single Leg Stance – Eyes Closed

The Single Leg Stance Test with eyes closed is a simple method to quantify balance without the assistance of visual cues. The test requires the participant to stand on one leg, with eyes closed or wearing a blindfold. Balance must be maintained as long as possible.

Mode of Administration

- Athlete stands on both legs with feet shoulder width apart.
- Athlete is placed within arms' reach of a chair for security.
- The athlete is instructed to place hands on hips.
- Athlete is instructed to "slowly lift one leg, then close your eyes and balance. I will time you until you lose your balance."
- A blindfold may be used if the athlete is unable to maintain his/her eyes shut, and only if the athlete agrees to be blindfolded.



- PT demonstrates the test.
- PT stands in front of athlete to encourage the athlete to continue without fear of falling. PTA or student stands behind athlete for safety.
- PT coaches athlete with a "ready, set, stand on one leg, now close your eyes."
- Test continues until athlete loses balance, or puts the other foot down (maximum time = 20 seconds).

Scoring

- PT or PTA starts a stopwatch timer when he/she says "ready, set, stand on one leg, now close your eyes."
- Timer continues until balance is lost, or foot of the flexed leg touches the ground.
- The time completed before loss of balance (up to 10 seconds) is recorded.

Education

• Stance time of less than 10 seconds, or asymmetry might indicate need for Education.

Single Leg Stance – Eyes Closed	Left:	_sec.	Right:sec.
Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand		□ If sta	Education nce < 10 seconds

Timed Up and Go (TUG) Test

The Timed Up and Go (TUG) is a test of dynamic balance and position change. The test requires the stand from sitting, walk at normal pace for 10 ft., turn, return to chair, turn and sit. Balance must be maintained and test completed in 12 seconds or less.

Mode of Administration

- The athlete is instructed to sit on a standard hardback chair without arms.
- The athlete wears regular footwear and can use a walking aid if needed.
- The test sequence is explained to the athlete: stand, walk at normal pace to line, turn, walk back to chair, turn and sit.
- PT demonstrates the test.
- PT stands by the athlete to encourage the athlete to continue the test without fear of falling
- PT coaches athlete with a "ready, set, go".
- Test begins when athlete begins to stand from the chair, and ends when athlete sits back down in chair, or when athlete declines to continue test.

Scoring

- PT or PTA starts a stopwatch timer when athlete begins to stand.
- Timer continues until athlete sits down again in the chair, or declines to continue.
- The time to complete the stand, walk 3 meters, turn, walk back 3 meters, turn, sit is recorded.

Education

• TUG time of greater than 12 seconds might indicate need for Education.



Timed Up and Go (TUG) Test	Time to Perform Test: secs
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 	☐ Education If time > 12 seconds

Seated Forward Functional Reach Test

This test is to be used only with those participants who are non-ambulatory.

The Seated Forward Functional Reach Test is a simple method to quantify balance that allows use of visual cues, but perturbs body position. The test requires the athlete to reach forward beyond the length of his/her arm without loss of balance. The preferred position for this test is standing, but it can also be done sitting.

Mode of Administration

- PT attaches a meter stick or tape measure to a wall or partition, horizontal to the floor at the shoulder level of the athlete.
- Participant stands on two legs, positioned shoulder width apart.
- Test can be done seated if the athlete cannot stand.
- Athlete is placed within arms' reach of a chair for security.
- Arms are positioned at the sides. One arm remains relaxed in this position for the entire test.
- Athlete is requested to lift the arm closest to the ruler or tape measure to 90 degrees forward flexion and extend fingers.
- PT demonstrates the test.
- PT stands in front of athlete to encourage the athlete to continue without fear of falling. The athlete is told to keep his feet still or not move his feet. PT can place a line or pieced of tape on the floor to indicate where the toes must stay.
- PTA or student stands next to athlete for safety.
- PT puts a clipboard at the end of the athlete's longest fingertip to record the starting position.
- PT coaches athlete with a "ready, set, reach as far forward as you can without losing your balance."

• PT uses the clipboard to record the final position of the fingers.

Scoring

- PT, PTA or student stands at the end of the athlete's fingers.
- Record the starting position with the use of a clipboard on the ruler at the end of the longest finger.
- After the athlete bends forward, use the clipboard to record the centimeter measurement at the end of the longest fingertip as the athlete reaches without loss of balance. Record reach on both sides.
- Athletes may not lean against the wall or the ruler during the test.

Education

• Reach of fewer than 20 centimeters, or asymmetry may indicate need for Education.

Seated Forward Functional Reach	Left:cm.	Right:cm.
 Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand 	□ Educ If reach is < 2	cation 0 centimeters

Seated Lateral Functional Reach Test

This test is to be used only with those participants who are non-ambulatory. The Seated Lateral Functional Reach Test is a simple method to quantify balance that allows use of visual cues but perturbs body position. The test requires the athlete to reach laterally beyond the length of his/her arm without loss of balance. The test has been validated in both standing and sitting.

Mode of Administration

- PT attaches a meter stick or tape measure to a wall or partition, horizontal to the floor at the shoulder level of the athlete.
- Participant sits in chair or wheelchair, back of the chair toward wall as close as possible.
- Arms are positioned at the sides. One arm remains relaxed in this position for the entire test.
- Athlete is requested to lift the arm to 90 degrees abduction and extend fingers.
- PT demonstrates the test.
- PT stands in front of athlete to encourage the athlete to continue without fear of falling.
- PTA or student stands next to athlete for safety.
- PT puts a clipboard at the end of the athlete's longest fingertip to record the starting position.
- PT coaches athlete with a "ready, set, reach as far to the side as you can without losing your balance.
- PT uses the clipboard to record the final position of the fingers.

Scoring

- PT, PTA or student stands at the end of the athlete's fingers.
- Record the starting position with the use of a clipboard on the ruler at the end of the longest finger.
- After the athlete bends lateral, use the clipboard to record the centimeter measurement at the end of the longest fingertip as the athlete reaches without loss of balance. Record reach on both sides.
- Athletes may not lean against the wall or the ruler during the test.

Education

• Reach of fewer than 16 centimeters, or asymmetry may indicate need for Education.

Seated Lateral Functional Reach	Left:	_cm.	Right: cm.
Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand		□ If re ce	Education each is < 16 ntimeters

AEROBIC FITNESS

Ask the athlete if they do any physical activity at home or as part of exercise, and ask them to identify how often they do these activities. Also ask if these exercises are part of Special Olympics related activities. If they reply that they have no regular program, ask them to identify the reasons why.

On average, how many days a week do you do some physical activity?					
O No days O 1 day O	2 days 03 d	lays O 4 da	ays O 5 days	O 6 days	
	O Ev	ery day			
On average, how many days	a week is you	r physical activ	ity at a <u>moderate</u> le	vel?	
(Moderate means working hard	enough to make	e your heart beat	faster and possibly be	egin to	
sweat. Examples: fast walk, swi	mming, bicyclin	g, running).			
O No days O 1 day O	2 days 03 d	lays O 4 da	ays O 5 days	O 6 days	
	O Ev	ery day			
How much of this moderate	physical activi	ty is related to	Special Olympics?		
O None O Some	O Most	O All	O Could not elicit re	esponse:	
			O Refused	d to respond	
			O Unable	to respond	
			O Unable	to understand	
If you have no regular physical activity program, please tell us why? Check all that apply:					
O No available exercise facilities	G No transpo	ortation	O No money		
O No internet	O No fitness	O No fitness person to help me (
O Physically unable	O No one to	exercise with	O No equipment	or clothes	

Aerobic Testing

Aerobic tests assess the ability to walk, wheel or step for a period of time with undue fatigue. These are submaximal tests that assess cardiovascular and pulmonary efficiency.

Measurement of Heart Rate

Heart rate is the number of heartbeats in a period of time, usually beats per minute (BPM). The resting heart rate, or rate at rest or not having recently exerted, is a basic indicator of aerobic fitness level. There are several methods to obtain heart rate, however the preferred method is the use of a pulse oximeter on the fingertip. We are encouraging all programs to gradually switch to the use of the pulse oximeter. If no other options are available, the manual HR can be taken (if possible with use of stethoscope). The current HAS form asks you to indicate which type of measurement was utilized so we can compare like data.

Using a Pulse Oximeter

The pulse oximeter measures both heart rate and oxygen saturation (O² Sat), the measure of how much oxygen the blood is carrying as a percentage of the maximum it could carry (100%). We are recording both values on the HAS form.

Because altitude can affect O² Sat by decreasing the amount of available oxygen per volume of air and lowering the oxygen supply, it is important to record the altitude of an event so you can accurately assess the O² Sat reading. The HAS form has a record of altitude on the first page. The ranges of altitude are quite broad (0-1,500 meters, 1,501-3,000 meters and > 3,000 meters). Most events will occur below 1,500 meters. Altitudes for any location can be found online at: <u>https://whatismyelevation.com/</u> Pulse oximetry is the fastest and most accurate method for obtaining a heart rate. When using the pulse oximeter, it is important to make sure the finger is clean, dry and warm, preferably with no nail polish. The finger, usually the ring or index, must be inserted into the probe or sensor. In a few seconds, the results will be on display. Oxygen saturation is read in percentage with the normal value range from 95 to 100 %. Hypoxemia is suspected once the values fall below 90% (refer to the Decision Tree at the end of this chapter for guidelines related to O² Sat readings and testing or referral). The probe must be cleaned by wiping the inner portion with isopropyl alcohol between athletes.

Manual Pulse

This method records the pulse, a tactile palpation of heartbeat on an artery. You should take the athlete's pulse after he/she has been quietly seated for two (2) minutes and record the number as beats per minute. Alternatively, using a stethoscope to listen to the heartbeat at the chest may be preferable. Taking the athlete pulse manually is a less desirable method of obtaining HR. However, if there is not a pulse oximeter or other device available, you may need to take a pulse. For test consistency and athlete privacy, use the wrist. When taking the pulse of another person, do not use your thumb. Place your first two fingers on the radial artery just below the base of the thumb on the inside of the wrist and just above the tendons running up the wrist. Move your fingers around until you feel a steady pulse.

Pre-Exercise Heart Rate (HR)

To get the pre-exercise heart rate, obtain the athlete's heart rate use the pulse oximeter or by taking their pulse after he/she has been quietly seated for two (2) minutes, and record the number as beats per minute (BPM). Record on the form which device you used to measure heart rate. **Note: heart rate too high to complete the test**. If the pre-exercise HR is over 100 BPM, do not proceed with the Step Test or Wheel Test. You may want to let the athlete rest a little longer and take their HR again to see if it is below 100 BPM.

Test Preparation

To obtain good results, have the athlete do the following:

- Wear loose-fitting, comfortable shoes.
- Wear athlete shoes with rubber soles.
- Preferable, not consume caffeine or chocolate, or smoke one hour before testing.
- Not eat for one hour before testing.
- Do not drink a glass of water immediately before the test.

Two-Minute Step Test

The Two-Minute Step Test is for athletes who can walk functionally.

Mode of Administration

- PT records pre-exercise heart rate and oxygen saturation with the athlete seated before the test.
- Stand the athlete next to a wall (not leaning on the wall).
- Mark the minimum stepping height for the athlete).
 - Run a tape measure from the iliac crest to the mid-patella.
 - Mark the midway point between the hip and knee on the tape.
- Transfer the mark on the tape to the wall.
- PT instructs athlete to bring each knee alternately up to the tape.
- PT coaches athlete to begin on "ready, set, go."
- Athlete is encouraged to step as quickly as possible without jogging or running.
- PT clicks tally counter each time the athlete's right foot hits the ground.
- PT requests athlete to step for a maximum of two minutes.
- PT records immediate post-exercise heart rate with the athlete seated after the test.
- Leave the stopwatch running at the end of the test.
- PT records post-exercise heart rate with the athlete seated two minutes after the end of the test.

Scoring

- Heart Rate
 - Pre-Exercise HR and O² Saturation reading:
 - Recorded with athlete seated just prior to the test and recorded on the HAS form.
 - Post-Exercise HR and O² Saturation reading:
 - Recorded immediately at the end of the two-minute step test and recorded on the HAS form.
 - 2 Minutes Post Exercise HR and O² Saturation reading:
 - Recorded at two minutes after the two-minute step test has ended again and recorded on the HAS form.
- Steps
 - PT records the number of times that the athlete steps with the right foot.
 - PT can make these adaptations as needed:
 - If athlete cannot bring either knee to the correct height from the start, continue the test.
 - If athlete has poor balance, he/she can hold on during the test.

Five-Minute Wheel Test

The Five-Minute Wheel Test is for athletes who use a wheelchair.

Mode of Administration

- PT marks off a known distance (at least 50 feet or 15.2 meters) in an oval for a test space or uses a track of known length.
- PT records athlete's pre-exercise resting heart rate in a seated position before the test.
- PT coaches athlete to begin on "ready, set, go."
- PT has athlete wheel for one minute to learn the test, then return to start line and rest for three to five minutes.
- PT requests athlete to wheel as quickly as possible for maximum of five minutes.
- PT can tell the athlete when each minute has elapsed or how many minutes to go when each minute has elapsed.
- PT encourages athlete as he/she wheels.
- PT records immediate post-exercise heart rate and oxygen saturation reading, and the 2 minute post exercise heart rate and oxygen saturation reading.

Sc*oring*

- Heart Rate
 - Pre-Exercise HR and O² Saturation reading:
 - Recorded with athlete seated just prior to the test and recorded on the HAS form.
 - Post-Exercise HR and O² Saturation reading:
 - Recorded immediately at the end of the five-minute wheel test and recorded on the HAS form.
 - 2 Minutes Post Exercise HR and O² Saturation reading:
 - Recorded at two minutes after the five-minute wheel test has ended again and recorded on the HAS form.
- Distance
 - Record the distance covered in meters.

Heart Rate (beats/min): O ² Saturation (%):	Pre-Exercise Heart Rate: O ² Saturation (%):	End Exercise Heart Rate: O ² Saturation (%):	2-Minutes After Heart Rate: O ² Saturation (%):
How is HR being Measur	ed O Manual (Pulse) O Pulse Oximeter	
O Two-Minute Step Test		Number of Steps:	Steps
O Five-Minute Wheel Tes	st	Number of Steps:	Steps
Unable to test because athlete: O Refused to perform O Unable to perform O Unable to understand			□ Education

EDUCATION

After you perform the test or measurement on each athlete, record this measurement in the appropriate area on the form. On the basis of your professional knowledge of what is within the appropriate range for the age and participation level of each athlete, you may recommend education/additional follow up by checking the Education box beside the specific test. Suggested cutoffs for when to provide education are indicated for each test. A check in an Education box will prompt instruction of the participant, his/her family and/or coach on the appropriate exercises.

Consider the following criteria to refer for education or additional services:

- Can the Athlete talk during the test?
- Is the Athlete unusually short of breath during the test?
- Does the athlete tire easily or stop before test is over?
- Does athlete complain of discomfort or burning in the muscles?
- Does athlete sweat excessively (given the environmental conditions)?
- Is color of lips, nails, cheeks pink before test? Does color change to bluish during testing?

Heart Rate Changes

- Did the Post-Exercise HR increase significantly above the Pre-exercise HR.
- Is the difference between the post-exercise HR and the 2 minute post-exercise HR less than 24 BPM?

Depending on how hard the athlete worked during the test, if their 2 minute post-exercise HR remains high than education for aerobic fitness may be required.

In general, all SO athletes and non-athletes would benefit from:

- 1. Increasing their weekly time in exercise or physical activity or
- 2. Increasing the duration of periods of moderate to vigorous levels of activity.

The US Centers for Disease Control Recommends:

- Preschool Aged Children (3-5 years):
 - Physical Activity every day throughout the day.
- Children and Adolescents 6-17 years):
 - o 60 minutes of moderate to vigorous physical activity (PA) per day
 - At least 3 days per week of:
 - Some vigorous activity
 - Activity to strengthen muscles
 - Activity to strengthen bones
- Adults (18-64 years):
 - 150 minutes of moderate PA per week.
 - At least 2 days per week of activities that strengthen muscles
- Older Adults > 65 years:
 - 150 minutes of moderate PA per week.
 - At least 2 days per week of activities that strengthen muscles
 - Activities to improve balance



Decision Tree for Assessment of Saturation

<u>DATA REVIEW</u>

During this station the physical therapist will review the results including stations meeting requirements for education. Based on results of the screening and use of professional judgement the designated physical therapist will indicate on the form whether the athlete should see a physical therapist and/ or primary care provider and the reason(s) why (Flexibility, Strength, Balance, or Aerobic Fitness or provide brief description).

PHYSICAL THERAPIST REFERRAL		O Yes O N	0	
RECOMMENDED				
REASONS FOR RECOMMENDATION	🗆 Flexibility	Strength	Balance	🗆 Aerobic Fitness
PRIMARY CARE PHYSICIAN REFERRAL RE	COMMENDED	O Ye	es O No	
URGENT CARE NEEDED 0 Yes 0 No				
REASONS FOR RECOMMENDATION: (brief	outline of medi	cal issue ident	tified)	
			,	

Possible Indication for Physical Therapy Referral:

- Does the athlete have three or more areas (Flexibility, Balance, Strength or Aerobic Fitness) where some "Education" was required?
- Does the athlete have two complete sections of testing (all flexibility items, all balance items, all strength items or aerobic fitness 2 of the 4) that required Education?
- Does the athlete have a physical impairment or disability and indicate a recent loss of function or falls?
- Does the athlete, their family members or the coach indicate that the athlete has a physical impairment and may have lost function over time, and the athlete has not seen a physical therapist in recent years or at all?

If yes to one of the above, is the severity of limitation significant enough to require further evaluation and treatment? For instance, if hamstring tightness is checked and the limitation is -19 degrees, this may not be too severe. If function is generally good, PT referral may not be required. This determination should be made with the athlete present. The limitation noted and the regulations of medical practice in your region or country will determine to whom the athlete should be referred and for what

Possible Indication for Primary Care Referral

- The state/country practice regulations require that the primary physician write a Physical Therapy Referral to obtain services.
- If the findings indicate a need for medical follow-up and assessment, such as an abnormal O² Saturation or abnormally low or high heart rate.
- Athletes with a disease, illness or injury may need additional assessment and follow-up.
- Athletes with a recent fall may also require a more thorough physical examination to assess the reasons.

Urgent Referral

The identification of several issues in the FUNfitness assessment would indicate that referral is more urgent, or requires more immediate action or attention. Issues identified in FUNfitness that would suggest more immediate attention would include the following:

- 1. Abnormal O² Saturation.
- 2. Abnormally high heart rate that does not decrease with rest.
- 3. History of falling at home.
- 4. Identification of a new illness or injury that has not been previously evaluated.





Chapter 4: FUNfitness Education & Referral

The most important reason for doing the FUNfitness screening with Special Olympics athletes is to provide individual time to teach specific exercises that the athlete can do at home or at practice to improve athletic performance and functional skill.

Over the years we have discovered that most Special Olympics athletes have limitations in at last one area of the FUNfitness screening, and many have limitations in more than one area. The screening items in which most athletes need "education" are Hamstring and Calf flexibility, Balance, and some Strength items such as grip strength. However, many athletes have limitations in other areas as well.

Education of the Athletes

At most FUNfitness screening events the athlete will go from station to station to be tested. Usually, the last station is where Education is provided. At the Education Station the therapist should inspect the FUNfitness HAS Form to review the scores or measurements taken for each test, and to make certain that all tests have been performed. At the same time, the therapist should also make sure that wherever a score on a test falls into the range of performance that requires "Education" that the "Education" box is checked off for that test item. The therapist can then teach the athlete exercises or activities that can help them achieve better function for the area(s) needing education.

Referrals

At the Data review station, the designated therapist needs to determine if the athlete requires additional health services, and should inform the athlete and whoever is with the athlete that a referral is being made. Ideally, the person accompanying the athlete can help the athlete inform other care providers, parents, or health professionals about the need for referral, and help the athlete find the most appropriate therapist or doctor.

REASONS FOR REFERRAL

Physical Therapy : If an athlete has severe limitation in one area, or several areas of significant limitation on the FUNfitness testing, a referral to physical therapy may need to be made. This is especially true if the athlete has never seen a physical therapist, if they have not seen a physical therapist for a long time, or if the coach or athlete indicates that they are having more difficulty in recent weeks or months. When possible the Clinical Director should help the athlete identify therapists who are able to provide the service that is needed.

Primary Care :In some instances a referral to a primary care practitioner is suggested. This may be based on the state/country practice requirements to prompt a referral for physical therapy. However there are cases where the recommendation is for the athlete to see a primary practitioner based on the sceening results. Examples of these results are included above in Chapter 3.

There may be directories available in your local area or through the Physical Therapy Association in your state, province or country. Many of the therapists volunteering at the screening may be able to provide this service as well. At a local level referral to a physical therapist may vary by standards of practice or availability of therapists, payments systems for physical therapy or other factors. The local Clinical Director is the best resource to help determine when a referral should be made. **Follow-Up of Referrals:** The FUNfitness Clinical Director should work with the local Healthy Athletes Coordinator for your program to determine how to follow-up with athletes or their caregivers to determine if the recommended referral has been implemented. Local privacy regulations may prevent you from finding out what service was provided but making sure that the needed services have been obtained is very important. It is also important to determine why the recommendation was not followed, if that is the case. Only by understanding WHY the athletes and caregivers are not following recommendations will you be able to change the system and perhaps facilitate referral.

Athlete Scorecard

For each FUNfitness screening there should be enough athlete scorecards available to give one to every athlete that has been screened. You can download the most recent version of the Athlete Scorecard at:

https://media.specialolympics.org/resources/health/disciplines/funfitness/FUNfitness-Athlete-Scorecard.pdf? ga=2.220191067.393274383.1591812149-809420616.1543326948

The first page of the Athlete Scorecard provides information for the athlete and caregiver on what areas the athlete needs to work. If a referral to a Physical Therapist, Primary Care Physician, or other healthcare provider has been recommended, it will be indicated on this first page with the reason for referral outlined at the bottom of the page.



The remainder of the Athlete Scorecard provides suggestions for various types of exercises that may be recommended for each of the FUNfitness screening tests.

For each exercise that is taught to the athlete the following protocol is recommended:

- Talk to the athlete about the test items that he/she needs improvement.
- Use simple language that the athlete can understand.
- Ask the athlete if they understand what you are telling them.
- Include the coach, parent/caregiver, or others accompanying the athlete so that they can help the athlete do the exercise at home.
- Demonstrate the exercise for the athlete.
- Ask the athlete to do the exercise the way that you showed him/her.
- Make corrections in form or performance, as needed.
- Have the athlete repeat the exercise several times.

Keep the following in mind:

- Some athletes may have difficulty imitating or copying your performance, and will need several attempts or even physical prompts in order to get it correctly.
- While some athletes may need assistance with several areas of the screening, they may only be able to learn 1, 2, or 3 exercises at one time. This may be a reason for them to follow-up with a therapist or other exercise specialist when they return home.

For each test area of the FUNfitness screen we have selected the following exercises. Over the years we have evaluated many different exercises, but our Clinical Directors have told us that these exercises are the most commonly used and the easiest to learn for most athletes. For specific athletes or areas of limitation you may want to teach other or additional exercises. You can draw them into the book or provide other materials to help the athlete remember.

You should circle the exercise that you have taught and write in (underneath each exercise) how many times they should repeat the exercise, which side of the body and how long they should hold (a stretch).

Hamstring Stretch



Calf Stretch



Hip Stretch (Anterior Hip)



Strengthening:



Repeat_times EACH DAY

Strengthening:







Repeat_times EACH DAY



PREVENTING FALLS

What is a FALL?



A Loss of Balance

Uncontrolled contact with a surface (like the floor) or an object (like a table or a person)

OR



Why do we FALL?



Effects from medicines











Poor balance

Unsafe environment: Worn-out shoes

Poor lighting



We ALSO fall more as we get OLDER

Clutter

HOW can we keep from FALLING?



Falls

Many people with Intellectual Disability fall for a variety of reasons. Some fall as they are getting older and start to lose their balance more often. Others may have a condition related to other disabilities that causes balance to be compromised.

Falls are one of the leading causes of injury in people with intellectual disability and many can be prevented. The FUNfitness program is working to help reduce the number of injuries related to falls in this population.

ADDITIONAL TALKING POINTS

You may find the following pages helpful in either training your volunteers or finding ways to talk to SO athletes about why certain exercises are important.

Hamstring Muscles

The hamstrings are three separate muscles that are located on the back of the thigh. They start on the pelvis bone and attach to the lower leg bones. (See picture below).

The hamstring muscles bend your knees and pull your hips back.

The flexibility of the hamstring muscles is important for your daily activities and for your sports.

If your hamstring muscles are tight, these problems can occur:

- Bending forward may put stress on your lower back, and could cause pain or injury.
- Your leg is not able to move as far forward when you run, kick a ball, or jump.
- You can injure the bone where the hamstring attaches, causing swelling and pain.
- You can hurt the muscle, causing a strain.



Calf Muscles

The calf is made up of two muscles that are located on the back of the lower leg. They start on the thigh bone, and the lower leg bones. They join to hook at the heel. (See picture below).

The calf muscles point your foot down, or help you go up on your toes.

The flexibility of the calf muscles is important for your daily activities and for your sports.

If your calf muscles are tight, these problems can occur:

- Trouble getting your heel flat on the ground.
- Activities like walking, running or hopping will stress the muscle and cause heel pain.





Anterior Hip Muscles

There are three anterior hip muscles that are located on the front of the hip and thigh. Two of the muscles start on the pelvis, and the third begins on the bones of the lower back. They attach to the thigh bone. (See picture below).

The anterior hip muscles bend your hip forward. The flexibility of the hip muscles is important for your daily activities and for your sports.

If your anterior hip muscles are tight, these problems can occur:

- The muscles can get hurt when you move your leg in big motions, as in gymnastics and softball. This motion can cause swelling and pain in the front of your hip.
- The muscles can pull on the lower back. This pull can cause pain in the lower back, or increase the curve of the lower back.



Shoulder Rotator Muscles

The shoulder rotators are a group of three primary muscles that start on the shoulder blade, and attach to the upper arm. (See picture below).

The shoulder rotator muscles turn the arm in and out, and help hold the shoulder joint together.

The flexibility of the shoulder rotator muscles is important for your daily activities and for your sports.

If your shoulder rotator muscles are tight, these problems can occur:

- It is difficult to perform actions like throwing, reaching behind your head, or reaching into your back pocket.
- The tightness can cause pressure on your shoulder as you move. This pressure could cause pain.





Quadriceps Muscles

The quadriceps are made up of four muscles. These muscles are located on the front of the thigh. They begin on the pelvis and thigh bones, go over the knee and attach to the leg bone. (See picture below).

The quadriceps muscles straighten your knees. The muscles also control slow bending of the knee.

The strength of the quadriceps is important for your daily activities and for your sports.

If your quadriceps muscles are tight, these problems can occur:

- You may have trouble walking, or running down steps.
- You may not be able to jump high, or land easily.
- You may have trouble squatting.



Abdominal Muscles

The abdominal or stomach muscles are a group of muscles located on the front and sides of your trunk. The abdominal muscles begin on the ribs and breastbone. They end on the pelvis bones. (See picture below).

The abdominal muscles help you sit up. They also support your internal organs and lower back. The strength of the abdominal muscles is important for your daily activities and for your sports.

If your abdominal muscles are weak, these problems can occur:

- You may have trouble doing sit-ups.
- Your back has less support, and may arch more than it should.
- Your stomach and organs have less support, and your stomach may stick out.





Hand Grip Muscles

The muscles that grip are a group of many muscles located in your forearm and hand (See picture below).

The grip muscles begin on the elbow and forearm, and attach on the hand and finger bones. The grip muscles help you pick up and hold things. They also help you grab and release things. The strength of the grip muscles is important for your daily activities and for your sports.

If your grip muscles are weak, these problems can occur:

- You may have trouble picking things up.
- You may have trouble holding things.
- You may have trouble lifting things.



Arm and Scapular Muscles

The upper arm and scapular muscles are a group of many muscles (See picture below). These muscles help you push up. They also help you move around and push yourself and other objects.

The scapular muscles are located on the back of your chest. They begin on the shoulder blade, ribs and spine, and end on the shoulder blade or upper arm.

The arm muscles are located on the shoulder and upper arm. They begin on the shoulder blade and upper arm, and attach to the bones of the elbow and lower arm.

The strength of the arm and scapular muscles is important for your daily activities and for your sports.

If your arm and scapular muscles are weak, these problems can occur:

- You may have trouble doing push-ups.
- You may have difficulty pushing and pulling.
- You may have difficulty with heavy tasks like lifting and throwing.



Balance

Balance is your ability to control the position of your body while standing or moving. Balance allows you to stand and move without falling.

Balance depends on these things:

- The use of your eyes.
- The balancing system in your ears (vestibular system).
- The nerves in your joints, or joint monitors.

When your eyes are covered or closed, you depend more on your balancing system and joint monitors. When you move, your eyes watch where you are going, but you still use your balancing system and joint monitors.

Balance is important for your daily activities and for your sports.

If your balance is poor, these problems can occur:

- You may fall more easily when you stand up or move.
- You may trip or fall when you run and jump.
- You may fall more easily when you turn or reach.

Aerobic Fitness

Aerobic fitness is your ability to walk, run, wheel, or work for a long period of time without being unusually tired or short of breath. It allows you to perform your daily and sports activities without becoming too tired.

Aerobic fitness depends on a good condition of your heart, blood vessels, and your lungs.

If your fitness is poor, these problems can occur:

- You may get tired more easily when you are active.
- You may have to stop activities because you are short of breath.
- You may not be able to do the activities that you want.







Special Olympics **FUNFitness**



Chapter 5: Documentation and Forms
HEALTHY ATHLETES CONSENT FORM

All athletes need to complete a HA consent form prior to participating in any screening. This is automatically completed with registration for any registered athletes. If an individual is not a registered athlete but would like to proceed with screening see below for consent needed.

Special Olympics offers certain non-invasive health care services to athletes at local, state, national, and World Games venues through the Healthy Athletes program. These services may include individual screening assessments of health status and health care needs, provision of health education, routine preventive services (e.g. protective mouth guards), educational services, and, in the case of vision and hearing deficits, provision of needed eyewear (glasses, swim goggles, protective eyewear) and hearing aids. Athletes are informed as to their health status and advised of the need for follow-up care. In addition, information collected at the time services are provided has been invaluable for developing policies, securing resources, and implementing programs to better meet the health needs of athletes.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for me to participate in the Healthy Athletes Program should I decide no to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health. I understand that information that is gathered as part of the screening process may be used in group form (anonymously) to assess and communicate the health needs of athletes and to develop programs to address those needs.

Parent or Guardian (if athlete is under 18 years old)

Athlete (if athlete is over 18 years old)

Special Olympics Program

Date

SPECIAL OLYMPICS FUNFitness: EVENT SUMMARY FORM

Name of Event:Date(s) of Event:				
Venue Location:	nue Location: 🗌 Inside 🗌 Out			
FUNfitness Clinical Director:				
Your name/contact information (if r	not state/country clinical director):			
<u>Volunteers</u> Please provide the numbers of volu	nteers who assisted during this even	t		
Physical therapists	Physical therapist assistants			
Physical therapist students	Physical therapist assistants stu	dents		
Parents	Others			
Participant Tallies Please provide the numbers of part Athletes competing: Athletes referred for additional ser	icipants screened in the event: Athletes screened: vices:			
<u>Data Entry Plan:</u> Who will enter Data:				
When will data entry be completed:	<u> </u>			
Professional Education Programs Please list all PT and PTA education	al programs & contact info that partic	ipated in the event		
<u>Community Organizations</u>				

Please list all community organizations and groups that supported your event.

<u>Publicity and Sponsors</u> Please list the key publicity that your event received (local press, notice in trade journals, article in magazine) & list any sponsors including donations provided

FUNfitness Volunteer Form

Name: 🗆 Mr. 🗆	Ms. □Dr.				
Address:					
City:			_State:	Z	ip:
Phone: 🗆 Home	e 🗆 Work 🛛	Cell			
Phone: 🗆 Home	e 🗆 Work 🛛	Cell			
Fax:					
E-Mail:					
Professional De	esignation	(circle)			
PT	PTA	Student F	PT Stu	ident PTA	
License Numbe	r:		State:	Expiratio	on:
Availability:					
Date:		□AM	□F	M	□Any Time
Date:		□ AM		PM	□Any Time
Date:		□AM		PM	□Any Time
Date:		□AM		PM	□Any Time
Date:		□AM		PM	□Any Time
Date:		□AM		PM	□Any Time
Date:		□AM		PM	□Any Time
Date:		□AM	□F	PM	□Any Time
Date:		□ A M		PM	□Any Time

Please return completed form to:

Volunteer Sign-Up Sheet

Name	Telephone #	Email Address	Shift #1 Time	Shift #2 Time

PT/PTA/Student Volunteers for FUNfitness Screening

Date: _____

		Coordinator:						
	LAST Name	FIRST Name	PT/ PTA/ SPT/ SPTA	Phone #	Email Address	AM Shift	PM Shift	State, District or Area
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

<u>Confirmation of Professional</u> <u>Liability Insurance</u>

In order to confirm that you have liability protection when you participate in an off-site event, please sign the following statement. Thank you.

"I, the undersigned, attest to the fact that I have an individual professional liability insurance policy or employer policy that is current and that applies to my providing physical therapy services outside my regular place of employment, including providing physical therapy services at an event such as:_____

Name (Please Print)

Signature

Date

Hold Harmless Agreement

Purpose and Explanation

All health care providers recruited for or volunteering to conduct health screenings at Special Olympics Healthy Athlete events must have malpractice insurance, either from a private insurance carrier or through and institution, that is primary insurance and covers the volunteer for his/her Healthy Athletes related activities. Additionally, volunteer health care providers must have a valid license to practice in the state in which the Healthy Athletes event is being conducted. Special Olympics, Inc. (SOI) has medical malpractice insurance that provides secondary insurance coverage to a Healthy Athletes volunteer's primary insurance coverage in the event that a malpractice/liability claim were filed against the volunteer, SOI and/or its Programs are located solely in the United States (the "SOI Insurance Policy") and the policy requirements are satisfied. The specifics of the coverage are outlined below. To be eligible for coverage a volunteer must:

Be covered by a primary medical malpractice insurance policy that applies to Healthy Athletes volunteer activities; Be properly licensed in the State where the services are provided and Sign a hold harmless agreement.

The purpose of the hold harmless agreement is to protect Special Olympics as an entity if it is brought into a claim as a result of the negligent actions of a Healthy Athletes volunteer. Similarly, the agreement protects the individual volunteer if he or she is brought into a claim resulting from the negligence of Special Olympics. The language in the agreement does not cause the individual volunteer to assume responsibility for Special Olympics for any conduct, which is not connected with the volunteer's actions. Special Olympics values and appreciates the services and dedication of its Healthy Athletes volunteers, but is not able to retain liability for potentially negligent acts of all volunteers in the program. Therefore, the mutual hold harmless language is a method by which each party is protected and protects the other for claims that may arise out of the program.

The SOI Insurance Policy provides the following overage effective from 1/1/2005 to 12/31/2005. The policy covers volunteer Dentists (DDS, DMD), Doctors of Medicine and Osteopathy (MD, DO), Optometrists (OD), Podiatrists, physical therapists, and Audiologists providing non-invasive screening and educational material to athletes while acting in his/her professional capacity solely on behalf of Special Olympics as a Special Olympics registered volunteer in the U.S.

The policy applies excess of any other valid and collectible insurance. It provides a \$1,000,000 per occurrence limit and \$3,000,000 general aggregate, subject to a \$5,000 deductible.

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

Hold Harmless Agreement

The individual(s) listed below 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 the individual(s) listed below 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 PROGRAM SIGNATURE AND EVENT INFORMATION:

SO Program Rep Signature		Program Name	e/Event Date	e(s) Current Date
VOLUNTEER	?/AGENT FOR ORGANIZ	ATION SIGNATURES Check if you DO NOT have Malpractice Insurance	: Check if you are a Clinical/ Medical Student	Do you have a <u>VALID</u> <u>LICENSE</u> to practice in state in which services are being delivered?
Name	Signature			Yes No Current Date
Name	Signature			Yes No Current Date
Name	Signature			Yes No Current Date
Name	Signature			Yes No Current Date
Name	Signature			Yes No Current Date
Name	Signature			Yes No Current Date
Name	Signature			Yes No Current Date

<u>Media Release Form</u>

Please complete entire form:

I hereby grant permission to
to photograph and/or video tape me and/or record my voice in connection with media
projects for inclusion in information to be disseminated on the role of physical therapy in
the health care delivery system.

Check one:

physical therapy patient/client	physical therapist student			
physical therapist	physical therapist assistant studen			
physical therapist assistant	model			
other (please explain):				
Name:				
Signature:				
Address:				
City:				
State:				
Zip:				
Phone:				

Date Name of Volunteer Street Address City, State, Zip Code

Dear:

Thank you for volunteering at the FUNfitness screening that was held at the name the event on date, year. Your enthusiastic efforts were a vital ingredient in making the screening a huge success! Volunteers screened more than [number] athletes, and provided valuable education for improving flexibility, strength and balance to athletes, coaches and caregivers. It was inspiring to see so many physical therapists, physical therapist assistants, students and family members working together to provide screening, education and care for such outstanding athletes.

Thanks again for volunteering your time and expertise! It was a privilege to meet and work with you. We hope to see you at next year's state/country Special Olympics Games.

Sincerely,