Firstname	**Lastname**	**HAS ID** _____

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

Uses Wheelchair O Yes O No **Uses Assistive Device** O Yes O No **Wears Splint or Brace** O Yes O No ☐ Hand-Wrist ☐ Elbow ☐Shoulder ☐ Knee ☐ Hip ☐ Back ☐ Foot/Ankle	**Altitude (m) check one** O 0 to 1,500 O 1,501 to 3000 O >3,000

Any diseases or injuries that may affect screening results? ☐ **No diseases or injuries**

☐ **Problems with breathing or lungs** ☐ **Problems with heart** ☐ **Problems with circulation**
☐ **Skin problems** ☐ **Fever, infection, or illness**
☐ **Pain:** ☐ lower extremity ☐ upper extremity ☐ back ☐ neck ☐ head
☐ **Sprain:** ☐ foot or ankle ☐ knee ☐ hip ☐ hand or wrist ☐ elbow ☐ shoulder ☐ back ☐ neck
☐ **Strain:** ☐ foot ☐ leg ☐ back or pelvis ☐ hand ☐ arm ☐ shoulder or scapula ☐ neck

Have you fallen in your home in the past year? O Yes O No

FLEXIBILITY

Do you stretch routinely?

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

Special Olympics FUNfitness

Note Positive (+) or Negative (-) degrees

HAMSTRING - supine (passive) knee extension	
Left_____degrees **Right**_____degrees	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Between -90 and -16° or asymmetry**
CALF - supine (passive) ankle dorsiflexion	
Left_____degrees **Right**_____degrees	
☐ **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 - Modified Thomas Test	
Left_____degrees **Right**_____degrees	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Between -90 and -11° or asymmetry**

Note Positive (+) or Negative (-) cm.

SHOULDER - Apley's Test (Functional Shoulder Rotation)	
Left_____cm.	**Right**_____cm.
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Between -90 and -16 cm,** **Between fingertips or,** **Asymmetry**

STRENGTH

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-ups)
O No days O 1 day O 2 days O 3 days O 4 days O 5 days O 6 days O Every day

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

Firstname	Lastname	HAS ID _____

LEG MUSCLES - Timed Sit-to-Stand Test (Functional Leg Strength) **Time**_____seconds	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **>20 seconds**
ABDOMINAL MUSCLES - Partial Sit-up Test Number_____	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **< 25 in 1 minute**
FOREARM AND HAND MUSCLES - Grip Test **Dominant Hand: O Left O Right**	
LEFT Trial 1.___kg. 2.____kg. 3.____kg.	**RIGHT** Trial 1.___kg. 2.____kg. 3.____kg.
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **see reference sheet**
UPPER EXTREMITY MUSCLES - Seated Push-up Test (Functional Strength) Push-up___seconds	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **< 5 seconds**

BALANCE

Tandem or Modified Tandem Stance	
Left foot forward_____seconds **Right foot forward**_____seconds	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Stance < 20 seconds**
Single Leg Stance – Eyes Open	
Left_____seconds **Right**_____seconds	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Stance < 20 seconds**
Single Leg Stance – Eyes Closed	
Left_____seconds **Right**_____seconds	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Stance < 10 seconds**
Timed Up and Go (TUG) **Time to perform test**_____seconds	
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand	☐ **Education** **Time > 12 seconds**
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	☐ **Education** **Reach < 20 cm.**
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	☐ **Education** **Reach < 16 cm.**

AEROBIC FITNESS

On average, how many days a week do you do some physical activity?
O No days O 1 day O 2 days O 3 days O 4 days O 5 days O 6 days O Every day

On average, how many days a week is your physical activity at a <u>moderate</u> level?
(<u>Moderate</u> means working hard enough to make your heart beat faster and possibly begin to sweat. Examples: fast walk, swimming, bicycling)
O No days O 1 day O 2 days O 3 days O 4 days O 5 days O 6 days O Every day

How much of this moderate physical activity is related to Special Olympics?
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

If you have no regular activity program, please tell us why:

☐ No available exercise facilities	☐ No transportation	☐ No money
☐ No interest	☐ No fitness person to help me	☐ Not safe
☐ Physically unable	☐ No one to exercise with	☐ No equipment or clothes

Firstname	**Lastname**	**HAS ID** _____

How is HR being Measured ☐ Manual (Pulse) ☐ Pulse Oximeter

Heart Rate (beats/min):	Pre-Exercise HR _____	End Exercise HR _____	2-Minutes After HR _____
O_2 Saturation (%)	O_2 Sat _____	O_2 Sat _____	O_2 Sat _____
O Two Minute Step Test	Number of Steps____Steps		
O Five-Minute Wheel Test	Distance_____Meters		
☐ **Unable to test because athlete**: O Refused to perform O Unable to perform O Unable to understand			☐ **Education**

PHYSICAL THERAPIST REFERRAL RECOMMENDED O Yes O No
REASONS FOR RECOMMENDATION ☐ Flexibility ☐ Strength ☐ Balance ☐ Aerobic Fitness
PRIMARY CARE PHYSICIAN REFERRAL RECOMMENDED O Yes O No **URGENT CARE NEEDED** 0 Yes 0 No
REASONS FOR RECOMMENDATION: (brief outline of medical issue identified)