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

Any diseases or injuries that may affect screening results?
□ Problems with breathing or lungs  □ Problems with heart  □ Problems with circulation
□ Pain:  □ foot or ankle  □ knee  □ hip  □ hand or wrist  □ elbow  □ shoulder  □ back  □ neck  □ head
□ Spain:  □ foot  □ leg  □ back or pelvis  □ hand  □ arm  □ shoulder or scapula  □ neck
□ Skin Problems  □ Fever, Illness, or infection

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

FLEXIBILITY

Note Positive (+) or Negative (-) degrees

HAMSTRING - supine (passive) knee extension

Left _____ degrees  Right _____ degrees

☐ Unable to test because athlete:  □ Education
O Refused to perform  O Unable to perform  O Unable to understand
Between -90 and -16° or asymmetry

CALF - supine (passive) ankle dorsiflexion

Left _____ degrees  Right _____ degrees

☐ Unable to test because athlete:  □ Education
O Refused to perform  O Unable to perform  O Unable to understand
Less than +10° or asymmetry

ANTERIOR HIP - Modified Thomas Test

Left _____ degrees  Right _____ degrees

☐ Unable to test because athlete:  □ Education
O Refused to perform  O Unable to perform  O Unable to understand
Between -90 and -11° or asymmetry

SHOULDER - Apley’s Test (Functional Shoulder Rotation)

Left ______ cm.  Right ______ cm.

☐ Unable to test because athlete:  □ Education
O Refused to perform  O Unable to perform  O Unable to understand
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 situps)
O No days  O 1-2 days  O 3-6 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

☐ Could not elicit response:
O Refused to respond
O Unable to respond
O Unable to understand
### LEG MUSCLES - Times Stand Test (Functional Leg Strength)

Time _____ seconds

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ >20 seconds

### ABDOMINAL MUSCLES - Partial Sit-up Test

Number _______

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ < 25 in 1 minute

### FOREARM AND HAND MUSCLES - Grip Test

Dominant Hand: ○ Left ○ Right

| LEFT Trial | 1. _____ kg. | 2. _____ kg. | 3. _____ kg. |
| RIGHT Trial | 1. _____ kg. | 2. _____ kg. | 3. _____ kg. |

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ see reference sheet

### UPPER EXTREMITY MUSCLES - Seated Push-up Test (Functional Strength)

Push-up _____ seconds

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ < 5 seconds

### BALANCE

**EYES OPEN**

- Single Leg Stance Left _______ seconds Right _______ seconds

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ < 20 seconds

**EYES CLOSED OR COVERED**

- Single Leg Stance Left _______ seconds Right _______ seconds

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ < 10 seconds

### FUNCTIONAL REACH

Left: _______ cm Right _______ cm

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education
  - □ < 20 cm

## AEROBIC FITNESS

On AVERAGE, how many days each week do you do some physical activity?

- ○ No Regular Program
- ○ 1-2 days
- ○ 3-6 days
- ○ Every Day

On AVERAGE, how many days a week is your physical activity at a moderate level?

(Moderate means working hard enough to make your heart beat faster and possibly begin to sweat.)

- Examples: fast walk, swimming, bicycling
- ○ No days
- ○ 1-2 days
- ○ 3-6 days
- ○ Every Day

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

- ○ None
- ○ Some
- ○ Most
- ○ All
- ○ Could not elicit response:
  - ○ Refused to respond
  - ○ Unable to respond
  - ○ 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
- □ No interest
- □ No money
- □ No interest
- □ No money

How is HR being Measured

- □ Manual (Pulse)
- □ MIO Heart rate monitor
- □ Pulse Oximeter

**Heart Rate (beats/min):**

Pre-Exercise HR _______ End Exercise HR _______

2 Minutes after :HR _______

- ○ 2 Sat _______

**O2 Saturation (%):**

- ○ O2 Sat _______

**O Two Minute Step Test**

Number of Steps _______ Steps

**O Five-Minute Wheel Test**

Distance _______ Meters

- □ Unable to test because athlete:
  - ○ Refused to perform
  - ○ Unable to perform
  - ○ Unable to understand
  - □ Education

### PHYSICAL THERAPIST REFERRAL RECOMMENDED

- ○ Yes ○ No

### PRIMARY CARE PHYSICIAN REFERRAL RECOMMENDED

- ○ Yes ○ No

### REASONS FOR RECOMMENDATION:

(brief outline of medical issue identified)