



Step 1 Login	$ \begin{array}{c} \textcircled{\begin{tabular}{ c c c c } \hline \hline$	Open a tab in the Chrome browser. Type in the url: has.specialolympics.org
Step 1 Login with tablet		If you are using a Tablet select the HAS icon from the desktop of the tablet. Username and Password is on the back of the tablet.
Step 2 Select Region	SONA & SOLA SOMENA, SOA, SOEE SOEA & SOAP	Select the place holder in the geographic region that your Program is located. For example, if you are located in United States, click on placeholder in SONA Region.
Step 3 Sign in	Stead Opened Image: Password: Inter your username Enter your password Image: Password: Image: Password:	Type in username and password. Note: Passwords are case sensitive to uppercase letters and special characters. If you are unable to login Email <u>healthdata@specialolympics.org</u>
Step 4 Select event	Source of columbia Select Program Use, District of Columbia Select Event District of Columbia	Select Program , then select Healthy Athletes Event.

Special Olympics

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Step 5 Search for athlete	Special Olympics Program: SOI Event: Kenya Run Logged in as Super User (admin) at SOI. Find Patient Record Register a patient Event Dashboard	Search for an athlete by clicking Find Patient Record.
Step 6 Select an athlete's record	Program: USA_District of Columbia Event: District of Columbia SONA → Logout Find Patient Record Register a Patient Identifier Demo Test M 15 05 Jan 2005 Master Test M 20 03 Apr 2000 1058NW test M 21 - 31 Dec 1998 	Type athlete's NAME or ID Number. Select the athlete from the drop- down list.
Step 7 Register athlete	Special Olympics Program: SOI Event: Kenya Run Logged in as Super User (admin) at SOI. Image: Solid Complexity of the second	If you are unable to find the athlete in the drop- down list, Register them.
Step 8 Complete Registration	Register a patient Demographics Name: Paulina, Ponnappan ③ Name Gender: Female ③ Gender Birthdate: 21 year(s) ④ Birthdate Address: 11 WATSON STREET, SOMERVILLE, MA, United States, 02144 Contact Info Phone Number: 11234567899 ④ Address Relatives: - Parent Relationships Delegation: USA_Virginia ④ Relatives Athlete Status: Athlete Athlete Information Confirm submission? ④ Athlete Status Confirm	Fill out registration form and select Confirm. It is important to collect as much information as possible. Explain to the athlete or coach that Special Olympics collects phone numbers for follow up care. The number will not be used for any other purpose.





Step 9 Start Screening athlete	Second Operation Program: USA_District of Columbia Event: District of Columbia SONA - Logout Image: Sona Contact Info Paulina P Fermale 22 year(s) (01,jan.1998). Set: Show Contact Info - USA, Massachusetts Arthlete Image: Delegation Paulina P Fermale 22 year(s) (01,jan.1998). Set: Show Contact Info - USA, Massachusetts Arthlete Image: Delegation Arthlete Delegation Arthlete Image: Delegation Arthlete Delegation Arthlete Image: Delegation Marke 2020 Image: Delegation Image: Delegation Image: Delegation Of Mark 2020 Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation Image: Delegation </th <th>Select the correct athlete record, Review the information in the Athlete Header to ensure it is accurate. Then, Start Visit under General Actions.</th>	Select the correct athlete record, Review the information in the Athlete Header to ensure it is accurate. Then, Start Visit under General Actions .
Step 10 Select Discipline	Visits Appointments Actions D 06 Mer 2020 (active since 3600 PM) Active Visit Started at 06.Mar 2020, 20.00.36 Edit Visit [Edit date] Delete vis D 10 diagnosis yet. Edit Visit Edit Visit Visit Note Admit to Inpatient Health Promotion-Screening FIC Feet-Screening FIC Feet-Screening Special Smiles: Screening Opening Eyes: Screening Strong Minds: Screening 	You will be directed to the Visits page and can select the discipline you are screening for e.g. Fit Feet.
6 screening stations	1. Pre-screen 2. Flexibility 3. Strength Exam 4. Balance 5. Aerobic Fitness 6. Referrals.	Click on a number to open up the screening form.
Numbered circles are color coded	I Fun Fitness (Fre-Screen Flexibility Strength Exart) Balance Aerobic Fitness Referrals	The circles show screening status: Red = Athlete is actively being screened. Black = Athlete has completed screening. White = Athlete has not been screened at station.
Station 1 Pre-screen	Pre-screen Athlete Information Use Wheelchair O Yes O No Save Save and Continue Finish	Document athlete concerns. Save and proceed to next station.





Station 2	Flexibility	Data validation restricts the	
Flovibility	Do you stretch routinely ?	values users may enter for	
TRADITLY	 Several times each day 	parts of this station. For	
	○ Once each day	enter a negative sign (-)	
	 Occasionally,but not every day 	before the value.	
	○ No regular stretching		
	O Could not elicit response	For positive values, do not	
	○ Refused to respond	A value outside the range	
	○ Unable to respond	results in a red error	
	O Unable to understand	message.	
	Hamstring-supine (passive) knee extension		
Station 2	Note: For negative degrees use (-)	Hamstring - Supine (passive)	
Flexibility	LeftDegrees	Values must be less than or	
	21	equal to 20 and greater than	
	Cannot be greater than 20	or equal to -90 (x=<20 or	
		x>=-90).	
	RightDegrees		
		For example, -91 is not an	
		acceptable value and 21 is	
	Unable to test because athlete	not an acceptable value.	
	O Unable to perform		
	O Unable to understand		
Station 2	CALF-supine (passive) ankle dorsiflexion Note: For negative degrees use (-)	Calf – supine (passive) ankle	
		dorsiflexion: Values must be	
Flexibility	LeftDegrees	less than or equal to 15 and	
		greater than or equal to -70 $(x=<15 \text{ or } x=-70)$ For	
		example, 16 is not an	
	RightDegrees	acceptable value and -71 is	
		not an acceptable value.	
	Unable to test because athlete		
	O Unable to perform		
	O Unable to understand		





Station 2 Flexibility	Anterior hip-Modified Thomas Test Note: For negative degrees use (-) LeftDegrees RightDegrees Unable to test because athlete O Refused to perform O Unable to understand	Anterior hip – Modified Thomas Test: Values must be less than or equal to -90 (x=<- 90). For example, -91 is not an acceptable value and 1 is not an acceptable value.
Station 2 Flexibility	SHOULDER-Apley's Test (Functional Shoulder Rotation) Note: For negative cm use (-) Leftcm Rightcm Unable to test because athlete O Refused to perform O Unable to understand	Shoulder – Apley's Test (Functional Shoulder Rotation): Currently, there is NO data validation for this portion of the flexibility test. Any value is acceptable, but please refer to the reference sheets provided at the station for further guidance.
	Education O Yes O No	If Education is given, check appropriate box.
Station 3	Strength Exam On average, how many days a week do you do physical activities for muscle strength? Physical activities for muscle strength include litting weights, using elastics bands, push ups or stupps	Check all boxes that apply.
Strength Exam	O No days O 1 Day O 2 days O 3 days O 4 days O 5 days O 6 days O Every Day	





Station 3 Strength Exam	LEG MUSCLES LEG MUSCLES- Times Stand Test (Functional Leg Strength) TimeSeconds LEG MUSCLES- Times Stand Test (Functional Leg Strength) TimeSeconds Unable to test because athlete Refused to perform Unable to perform Unable to perform Unable to understand Education if time >20 secs Yes No ABDOMINAL MUSCLES Abdominal Muscles - Partial Sit-up Test Number	Check all boxes that apply. If Education is given, check appropriate box.
Station 3 Strength Exam	FOREARM AND HAND MUSCLES - grip test Dominant Hand	Perform test for Right arm and repeat for Left arm. If Education is given, check appropriate box.
Station 3 Strength Exam	UPPER EXTREMITY MUSCLES 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	Check all boxes that apply. If Education is given, check appropriate box.





Station 4 Balance	Balance TANDEM or MODIFIED TANDEM Left Foot ForwardSeconds	Please note the updated Balance test battery includes assessments for seated, standing, and mobility-based balance.
Station 4 Balance	EYES OPEN Single Leg Stance LeftSeconds Unable Leg Stance RightSeconds Unable to test because athlete O Refused to perform O Unable to understand Education if stance <20 Seconds O Yes O No	Check all boxes that apply. If Education is given, check appropriate box.
Station 4 Balance	EYES CLOSED OR COVERED Single Leg Stance LeftSeconds Single Leg Stance RightSeconds Unable to test because athlete O Refused to perform O Unable to perform O Unable to understand Education if stance <10 Seconds O Yes O No	Check all boxes that apply. If Education is given, check appropriate box.





Station 4	TIMED UP AND GO (TUG)	
Balance	Time to Perform Test_Seconds	Check all boxes that apply.
	Unable to test because athlete O Refused to perform O Unable to perform O Unable to understand	If Education is given, check appropriate box.
	Education if time <12 seconds O Yes O No	
Station 4	SEATED FORWARD FUNCTIONAL REACH	
Balance	Leftcm	Check all boxes that apply.
	Rightcm	If Education is given, check appropriate box.
	Unable to test because athlete O Refused to perform O Unable to perform O Unable to understand	
	Education if reach <20 cm 〇 Yes 〇 No	
Station 4	SEATED LATERAL FUNCTIONAL REACH	
Balance	Leftcm	Check all boxes that apply.
	Rightcm	If Education is given, check appropriate box.
	Unable to test because athlete O Refused to perform O Unable to perform O Unable to understand	
	Education if stance <16 cm O Yes O No	





]		
Chatian E	Aerobic Fitness	On AVERAGE, how many days a week is your physical activity at a MODERATE lev		
		O 1 Day		
	On AVERAGE, how many days each week do you do some physical activity?	O 2 days	Check all boxes that	
Assahis	O No days	O 3 days		
Aerodic	O 1 Day	O 4 days	арріу.	
Fitnocc	O 2 days	O 5 days		
FILLIESS	O 3 days	O Every Day		
	O 4 days			
	O 5 days			
	O 6 days			
	How much of the moderate physical activity is ONLY related to Special Olympics, and not done as a part of daily	If you have no regular activity program, please tell us why?		
	O None	No available exercise facility		
	O Most			
	O All	No money		
	Could not electroporte O Refused to respond	No interest		
	O Unable to respond	Not safe		
	O Unable to understand	Physically unable		
		No equipment or clothes		
	HEART RATE	2 Minutes after end of test HR (beats/min):		
	How is HR being Measured ?			
	Manual (Pulse)	2 minutes after end of test: O2 Saturation(%)	Check all boxes that	
		2 minutes alter end of test, O2 saturation(%)		
	Pre-Exercise HR (heats/min):		appiy.	
	The Actual In Concerning.	Two minute Step Tert: Number of Steps		
		Two nandle step rest number of steps	If Education is given	
			li Luucacion is given,	
	Pre- Exercise O2 Saturation(%):		check appropriate box.	
		Hve-Minutes Wheel Tester: Distance_Meters		
		Unable to test because athlete		
		O Refused to perform		
	End Exercise HR (beats/min):	O Unable to perform		
		O Unable to understand		
	End Everyten CO Cabyrollen////	Education Completed		
	End Exercise OZ Saturation(%).	O Yes		
		O No		
	L	·		
Station (Referrals			
SLALION D			Review the athlete's	
	Physical Therapist Referral Recommended			
Deferrele	© Yes		record to check if any	
Referrais	in Ne		stations aso	
	9 NO		stations are	
			incomplete. If an	
	Reason for recommendation: (Brief outline	of medical issue identified)		
	Flexibity		athlete has not	
	Strength	Elexibity Strength		
	Balance		completed a station,	
	Aerobic Fitness		you can direct them	
			you can an ecc chem	
	Primary Care Practitioner Referral Recomm	ended	back to the station they	
	© Yes			
	© No		missea.	
	The second of succession and succession of the		Answer all the Peferrals	
	orgent Care Needed			
	© Yes		questions before	
	© No		pressing Save and	
			Finish.	
	Reason for recommendation: (Brief outline	of medical issue identified)		





Follow up Tracker	Second Olympics Program: SOI Event: Kenya Run Logged in as Super User (admin) at SOI. Find Patient Record Register a patient Event Dashboard			Check the Follow up Tracker for a list of referrals that Athletes have received during screening.
Referrals Send SMS	Followup Tracker Search by Name, Delegation, Urgent, Refer Name Delegation Urgent Christian Test Yes Yes UNIKNOWN Yes Yes	Referral Type, Phone Number, SMS State Sche Referral Type Phoin num Physical Therapist Referral, Primary Care Practitioner Referral Follow-up Care Opening Eyes I	edule follow-up message Archive Contact SMS Attempts Status Actions Survey 1- SMS Survey 2 Survey 3 Survey 3 Survey 3 Survey 1- SMS Survey 2 Survey 1- SMS Survey 3	Click on the survey, use as a guide when reaching out to an Athlete. Send SMS to athletes' mobile phone directly from here.
Event Dashboard	Social Okmoles Health Logged in as Super User (admin) at SOI. Find Patient Record Register a patient Register a patient		Keep track of event screening numbers with Event Dashboard.	
	Total Screenings Screenings Today Total Delegations at HA			
	1008	0	18	
	• Athletes • Unified Partners	Screen Spacial Smills FUNRInes Strong Minds Strong Minds FUF Feet Healthy Hearing Healthy Hearing Opening Eyes 100	149 155 120 140 164 155 155 158 158 158 150 180	

