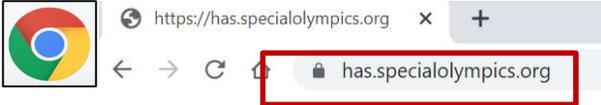
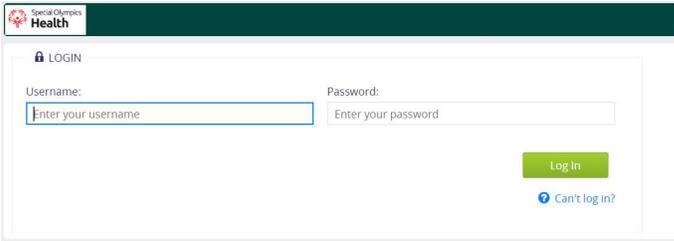




FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Step 1 Login</p>		<p>Open a tab in the Chrome browser. Type in the url: has.specialolympics.org</p>
<p>Step 1 Login with tablet</p>		<p>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.</p>
<p>Step 2 Select Region</p>	<p>SONA & SOLA SOMENA, SOA, SOEE SOEA & SOAP</p> 	<p>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.</p>
<p>Step 3 Sign in</p>		<p>Type in username and password. Note: Passwords are case sensitive to uppercase letters and special characters. If you are unable to login Email healthdata@specialolympics.org</p>
<p>Step 4 Select event</p>		<p>Select Program, then select Healthy Athletes Event.</p>

Special Olympics

1133 19th Street NW, Washington, DC 20036-3604, USA **Tel** +1 202 628 3630 **Fax** +1 202 824 0200

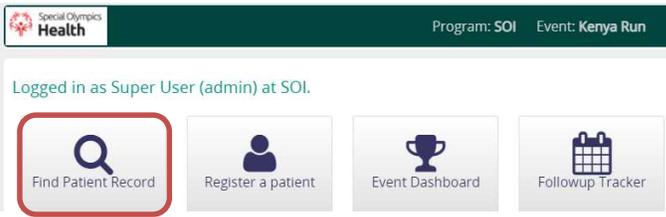
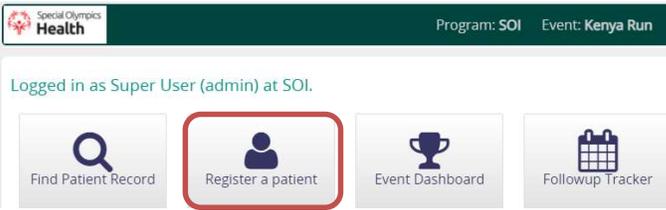
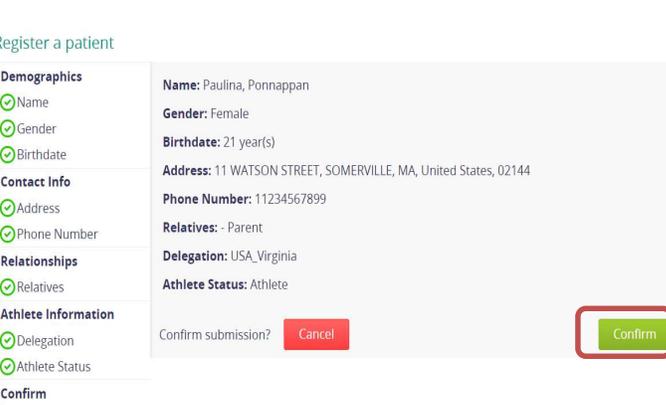
www.specialolympics.org **Email** info@specialolympics.org **Twitter** [@specialolympics](https://twitter.com/specialolympics)

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities



FUNFitness Screening Guide Healthy Athletes System (HAS)

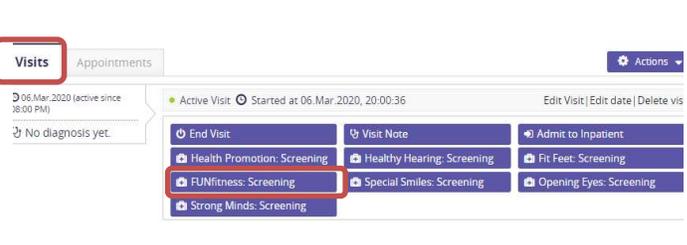
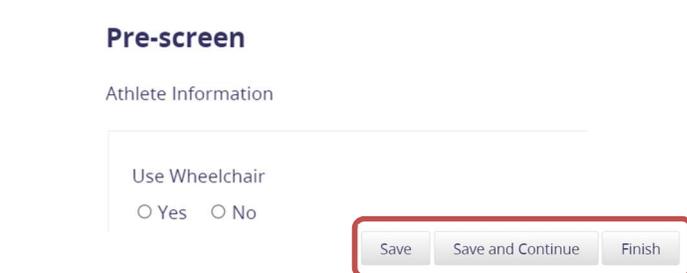


<p>Step 5</p> <p>Search for athlete</p>		<p>Search for an athlete by clicking Find Patient Record.</p>
<p>Step 6</p> <p>Select an athlete's record</p>		<p>Type athlete's NAME or ID Number. Select the athlete from the drop-down list.</p>
<p>Step 7</p> <p>Register athlete</p>		<p>If you are unable to find the athlete in the drop-down list, Register them.</p>
<p>Step 8</p> <p>Complete Registration</p>		<p>Fill out registration form and select Confirm. It is important to collect as much information as possible.</p> <p>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.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Step 9 Start Screening athlete</p>		<p>Select the correct athlete record, Review the information in the Athlete Header to ensure it is accurate. Then, Start Visit under General Actions.</p>
<p>Step 10 Select Discipline</p>		<p>You will be directed to the Visits page and can select the discipline you are screening for e.g. Fit Feet.</p>
<p>6 screening stations</p>	<p>1. Pre-screen 2. Flexibility 3. Strength Exam 4. Balance 5. Aerobic Fitness 6. Referrals.</p>	<p>Click on a number to open up the screening form.</p>
<p>Numbered circles are color coded</p>		<p>The circles show screening status: Red = Athlete is actively being screened. Black = Athlete has completed screening. White = Athlete has not been screened at station.</p>
<p>Station 1 Pre-screen</p>		<p>Document athlete concerns. Save and proceed to next station.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Station 2 Flexibility</p>	<p>Flexibility</p> <p>Do you stretch routinely ?</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Several times each day<input type="radio"/> Once each day<input type="radio"/> Occasionally, but not every day<input type="radio"/> No regular stretching<input type="radio"/> Could not elicit response<input type="radio"/> Refused to respond<input type="radio"/> Unable to respond<input type="radio"/> Unable to understand	<p>Data validation restricts the values users may enter for parts of this station. For negative values, you must enter a negative sign (-) before the value.</p> <p>For positive values, do not include a positive sign (+). A value outside the range results in a red error message.</p>
<p>Station 2 Flexibility</p>	<p>Hamstring-supine (passive) knee extension Note: For negative degrees use (-)</p> <p>Left__Degrees</p> <p>21 Cannot be greater than 20</p> <p>Right__Degrees</p> <p>Unable to test because athlete</p> <ul style="list-style-type: none"><input type="radio"/> Refused to perform<input type="radio"/> Unable to perform<input type="radio"/> Unable to understand	<p>Hamstring - Supine (passive) knee extension: Values must be less than or equal to 20 and greater than or equal to -90 ($x \leq 20$ or $x \geq -90$).</p> <p>For example, -91 is not an acceptable value and 21 is not an acceptable value.</p>
<p>Station 2 Flexibility</p>	<p>CALF-supine (passive) ankle dorsiflexion Note: For negative degrees use (-)</p> <p>Left__Degrees</p> <p>Right__Degrees</p> <p>Unable to test because athlete</p> <ul style="list-style-type: none"><input type="radio"/> Refused to perform<input type="radio"/> Unable to perform<input type="radio"/> Unable to understand	<p>Calf – supine (passive) ankle dorsiflexion: Values must be less than or equal to 15 and greater than or equal to -70 ($x \leq 15$ or $x \geq -70$). For example, 16 is not an acceptable value and -71 is not an acceptable value.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Station 2 Flexibility</p>	<p>Anterior hip-Modified Thomas Test Note: For negative degrees use (-)</p> <p>Left___Degrees _____</p> <p>Right___Degrees _____</p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p>	<p>Anterior hip – Modified Thomas Test: Values must be less than or equal to -90 ($x \leq -90$). For example, -91 is not an acceptable value and 1 is not an acceptable value.</p>
<p>Station 2 Flexibility</p>	<p>SHOULDER-Apley's Test (Functional Shoulder Rotation) Note: For negative cm use (-)</p> <p>Left___cm _____</p> <p>Right___cm _____</p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p>	<p>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.</p>
	<p>Education</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>If Education is given, check appropriate box.</p>
<p>Station 3 Strength Exam</p>	<p>Strength Exam</p> <p>On average, how many days a week do you do physical activities for muscle strength? Physical activities for muscle strength include lifting weights, using elastics bands, push ups or situps.</p> <p><input type="radio"/> No days</p> <p><input type="radio"/> 1 Day</p> <p><input type="radio"/> 2 days</p> <p><input type="radio"/> 3 days</p> <p><input type="radio"/> 4 days</p> <p><input type="radio"/> 5 days</p> <p><input type="radio"/> 6 days</p> <p><input type="radio"/> Every Day</p>	<p>Check all boxes that apply.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Station 3 Strength Exam</p>	<p>LEG MUSCLES</p> <p>LEG MUSCLES- Times Stand Test (Functional Leg Strength) Time__Seconds</p> <p><input type="text"/></p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p> <p>Education if time >20 secs</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <hr/> <p>ABDOMINAL MUSCLES</p> <p>Abdominal Muscles - Partial Sit-up Test Number</p> <p><input type="text"/></p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 3 Strength Exam</p>	<p>FOREARM AND HAND MUSCLES</p> <p>FOREARM AND HAND MUSCLES - grip test Dominant Hand</p> <p><input type="checkbox"/> Left</p> <p><input type="checkbox"/> Right</p> <p>Left Trial 1__kg</p> <p><input type="text"/></p> <p>Left Trial 2__kg</p> <p><input type="text"/></p> <p>Left Trial 3__kg</p> <p><input type="text"/></p>	<p>Perform test for Right arm and repeat for Left arm.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 3 Strength Exam</p>	<p>UPPER EXTREMITY MUSCLES</p> <p>Upper extremity muscles-seated push-up test (functional strength) Push-up__seconds</p> <p><input type="text"/></p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Station 4 Balance</p>	<p>Balance TANDEM or MODIFIED TANDEM</p> <p>Left Foot Forward___Seconds <input type="text"/></p> <p>Right Foot Forward___Seconds <input type="text"/></p> <p>Unable to test because athlete <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p> <p>Education if stance <20 Seconds <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Please note the updated Balance test battery includes assessments for seated, standing, and mobility-based balance.</p>
<p>Station 4 Balance</p>	<p>EYES OPEN</p> <p>Single Leg Stance Left___Seconds <input type="text"/></p> <p>Single Leg Stance Right___Seconds <input type="text"/></p> <p>Unable to test because athlete <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p> <p>Education if stance <20 Seconds <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 4 Balance</p>	<p>EYES CLOSED OR COVERED</p> <p>Single Leg Stance Left___Seconds <input type="text"/></p> <p>Single Leg Stance Right___Seconds <input type="text"/></p> <p>Unable to test because athlete <input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p> <p>Education if stance <10 Seconds <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Station 4 Balance</p>	<p>TIMED UP AND GO (TUG)</p> <p>Time to Perform Test__Seconds</p> <p>_____</p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p> <p>Education if time <12 seconds</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 4 Balance</p>	<p>SEATED FORWARD FUNCTIONAL REACH</p> <p>Left__cm</p> <p>_____</p> <p>Right__cm</p> <p>_____</p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p> <p>Education if reach <20 cm</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 4 Balance</p>	<p>SEATED LATERAL FUNCTIONAL REACH</p> <p>Left__cm</p> <p>_____</p> <p>Right__cm</p> <p>_____</p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p> <p>Education if stance <16 cm</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Station 5 Aerobic Fitness</p>	<p>Aerobic Fitness</p> <p>On AVERAGE, how many days each week do you do some physical activity?</p> <p><input type="radio"/> No days <input type="radio"/> 1 Day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days <input type="radio"/> 6 days <input type="radio"/> Every Day</p> <p>On AVERAGE, how many days a week is your physical activity at a MODERATE level?</p> <p><input type="radio"/> No days <input type="radio"/> 1 Day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days <input type="radio"/> 6 days <input type="radio"/> Every Day</p> <p>How much of the moderate physical activity is ONLY related to Special Olympics, and not done as a part of daily life?</p> <p><input type="radio"/> None <input type="radio"/> Some <input type="radio"/> Most <input type="radio"/> All <input type="radio"/> Could not elicit response <input type="radio"/> Refused to respond <input type="radio"/> Unable to respond <input type="radio"/> Unable to understand</p> <p>If you have no regular activity program, please tell us why?</p> <p><input type="checkbox"/> No available exercise facility <input type="checkbox"/> No transportation <input type="checkbox"/> No money <input type="checkbox"/> No interest <input type="checkbox"/> No fitness person to help me <input type="checkbox"/> Not safe <input type="checkbox"/> Physically unable <input type="checkbox"/> No one to exercise with <input type="checkbox"/> No equipment or clothes</p>	<p>Check all boxes that apply.</p>
	<p>HEART RATE</p> <p>How is HR being Measured?</p> <p><input type="checkbox"/> Manual (Pulse) <input type="checkbox"/> Pulse oximeter</p> <p>Pre-Exercise HR (beats/min):</p> <p>_____</p> <p>Pre- Exercise O2 Saturation(%):</p> <p>_____</p> <p>End Exercise HR (beats/min):</p> <p>_____</p> <p>End Exercise O2 Saturation(%):</p> <p>_____</p> <p>2 Minutes after end of test HR (beats/min):</p> <p>_____</p> <p>2 minutes after end of test: O2 Saturation(%)</p> <p>_____</p> <p>Two minute Step Test: Number of Steps</p> <p>_____</p> <p>Five-Minutes Wheel Tester: Distance_Meters</p> <p>_____</p> <p>Unable to test because athlete</p> <p><input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p> <p>Education Completed</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 6 Referrals</p>	<p>Referrals</p> <p>Physical Therapist Referral Recommended</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Reason for recommendation: (Brief outline of medical issue identified)</p> <p><input type="checkbox"/> Flexibility <input type="checkbox"/> Strength <input type="checkbox"/> Balance <input type="checkbox"/> Aerobic Fitness</p> <p>Primary Care Practitioner Referral Recommended</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Urgent Care Needed</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Reason for recommendation: (Brief outline of medical issue identified)</p> <p>_____</p>	<p>Review the athlete's record to check if any stations are incomplete. If an athlete has not completed a station, you can direct them back to the station they missed.</p> <p>Answer all the Referrals questions before pressing Save and Finish.</p>



FUNFitness Screening Guide Healthy Athletes System (HAS)



<p>Follow up Tracker</p>		<p>Check the Follow up Tracker for a list of referrals that Athletes have received during screening.</p>																								
<p>Referrals Send SMS</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Delegation</th> <th>Urgent</th> <th>Referral Type</th> <th>Phone number</th> <th>Contact Attempts</th> <th>SMS Status</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>Christian Test</td> <td></td> <td>Yes</td> <td>Physical Therapist Referral, Primary Care Practitioner Referral</td> <td></td> <td>Survey 1-SMS Survey 2 Survey 3</td> <td></td> <td><input checked="" type="checkbox"/> Select</td> </tr> <tr> <td>UNKNOWN UNKNOWN</td> <td></td> <td>Yes</td> <td>Follow-up Care Opening Eyes</td> <td></td> <td>Survey 1-SMS Survey 2 Survey 3</td> <td></td> <td><input checked="" type="checkbox"/> Select</td> </tr> </tbody> </table>	Name	Delegation	Urgent	Referral Type	Phone number	Contact Attempts	SMS Status	Actions	Christian Test		Yes	Physical Therapist Referral, Primary Care Practitioner Referral		Survey 1-SMS Survey 2 Survey 3		<input checked="" type="checkbox"/> Select	UNKNOWN UNKNOWN		Yes	Follow-up Care Opening Eyes		Survey 1-SMS Survey 2 Survey 3		<input checked="" type="checkbox"/> Select	<p>Click on the survey, use as a guide when reaching out to an Athlete. Send SMS to athletes' mobile phone directly from here.</p>
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<p>Event Dashboard</p>	<p>Total Screenings 1008</p> <p>Screenings Today 0</p> <p>Total Delegations at HA 18</p> <p>Participants Status</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Athletes</td> <td>149</td> </tr> <tr> <td>Unified Partners</td> <td>164</td> </tr> <tr> <td>Others</td> <td>101</td> </tr> </tbody> </table> <p>Screenings by Discipline</p> <table border="1"> <thead> <tr> <th>Discipline</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Special Smiles</td> <td>149</td> </tr> <tr> <td>FUNFitness</td> <td>164</td> </tr> <tr> <td>Strong Minds</td> <td>101</td> </tr> <tr> <td>Fit Feet</td> <td>155</td> </tr> <tr> <td>Healthy Hearing</td> <td>157</td> </tr> <tr> <td>Health Promotion</td> <td>124</td> </tr> <tr> <td>Opening Eyes</td> <td>158</td> </tr> </tbody> </table>	Category	Count	Athletes	149	Unified Partners	164	Others	101	Discipline	Count	Special Smiles	149	FUNFitness	164	Strong Minds	101	Fit Feet	155	Healthy Hearing	157	Health Promotion	124	Opening Eyes	158	<p>Keep track of event screening numbers with Event Dashboard.</p>
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