



# Healthy Athletes System (HAS) OpenMRS Training Guide



**Special Olympics**

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



# Full User Guide Healthy Athletes System (HAS)



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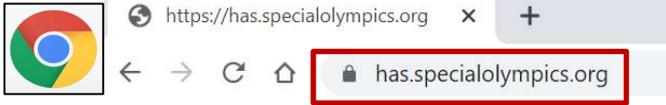
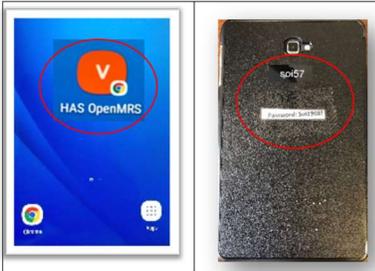
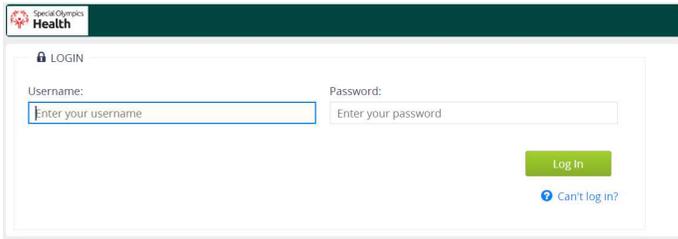
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# Full User Guide Healthy Athletes System (HAS)



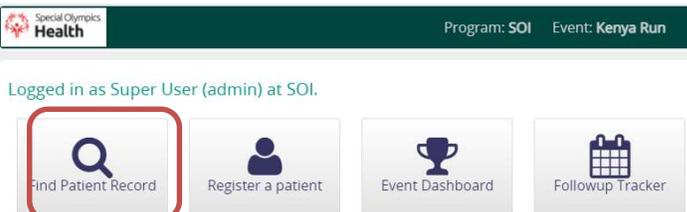
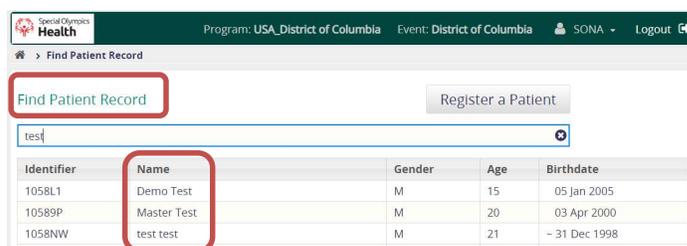
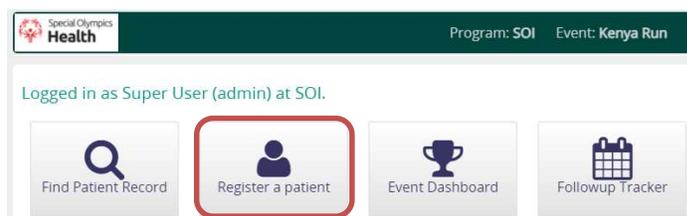
## Start

<p>Step 1 Login with browser</p>		<p>Open a tab in the Chrome browser. Type in the url: <b>has.specialolympics.org</b></p>
<p>Step 1 Login with tablet</p>		<p>If you are using a <b>Tablet</b> select the <b>HAS icon</b> 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 &amp; SOLA    SOMENA, SOA, SOEE    SOEA &amp; SOAP</p> 	<p>Select the place holder in the geographic region that your Program is located.  For example, if you are 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 <a href="mailto:healthdata@specialolympics.org">healthdata@specialolympics.org</a></p>



# Full User Guide Healthy Athletes System (HAS)



<p>Step 4 Select event</p>		<p>Select <b>Program</b>, then select Healthy Athletes <b>Event</b>.</p>																				
<p>Step 5 Search for athlete</p>		<p>Search for an athlete by clicking <b>Find Patient Record</b>.</p>																				
<p>Step 6 Select athlete's record</p>	 <table border="1" data-bbox="423 1024 1110 1115"> <thead> <tr> <th>Identifier</th> <th>Name</th> <th>Gender</th> <th>Age</th> <th>Birthdate</th> </tr> </thead> <tbody> <tr> <td>1058L1</td> <td>Demo Test</td> <td>M</td> <td>15</td> <td>05 Jan 2005</td> </tr> <tr> <td>10589P</td> <td>Master Test</td> <td>M</td> <td>20</td> <td>03 Apr 2000</td> </tr> <tr> <td>1058NW</td> <td>test test</td> <td>M</td> <td>21</td> <td>- 31 Dec 1998</td> </tr> </tbody> </table>	Identifier	Name	Gender	Age	Birthdate	1058L1	Demo Test	M	15	05 Jan 2005	10589P	Master Test	M	20	03 Apr 2000	1058NW	test test	M	21	- 31 Dec 1998	<p>Type athlete's NAME or ID Number. Select the athlete from the drop-down list.</p>
Identifier	Name	Gender	Age	Birthdate																		
1058L1	Demo Test	M	15	05 Jan 2005																		
10589P	Master Test	M	20	03 Apr 2000																		
1058NW	test test	M	21	- 31 Dec 1998																		
<p>Step 7 Register athlete</p>		<p>If you are unable to find the athlete in the drop-down list, <b>Register</b> them.</p>																				
<p>Step 8 Complete Registration</p>	 <p>Register a patient</p> <p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>Name: Paulina, Ponnappan</li> <li>Gender: Female</li> <li>Birthdate: 21 year(s)</li> <li>Address: 11 WATSON STREET, SOMERVILLE, MA, United States, 02144</li> <li>Phone Number: 11234567899</li> <li>Relatives: - Parent</li> <li>Delegation: USA_Virginia</li> <li>Athlete Status: Athlete</li> </ul> <p><b>Relationships</b></p> <ul style="list-style-type: none"> <li>Relatives</li> </ul> <p><b>Athlete Information</b></p> <ul style="list-style-type: none"> <li>Delegation</li> <li>Athlete Status</li> </ul> <p>Confirm submission? <input type="button" value="Cancel"/> <input type="button" value="Confirm"/></p>	<p>Fill out registration form and select <b>Confirm</b>.</p> <p>Explain to the athlete or coach that Special Olympics collects <b>phone numbers</b> for follow up care only. The number will not be used for any other purpose.</p>																				



# Full User Guide Healthy Athletes System (HAS)



Step 9  
Start  
Screening  
athlete

The screenshot shows the 'Athlete Header' for Paulina P. The 'General Actions' menu is open, and the 'Start Visit' option is highlighted with a red box. Other options in the menu include 'Add Past Visit', 'Merge Visits', 'Request Appointment', 'Mark Patient Deceased', and 'Delete Patient'.

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

The screenshot shows the 'Visits' page for an active visit on 06.Mar.2020. The 'Fit Feet: Screening' option is highlighted with a red box. Other options include 'End Visit', 'Visit Note', 'Admit to Inpatient', 'Health Promotion: Screening', 'Healthy Hearing: Screening', 'FUNfitness: Screening', 'Special Smiles: Screening', 'Opening Eyes: Screening', and 'Strong Minds: Screening'.

You will be directed to the **Visits** page and can select the discipline you are screening for e.g. Fit Feet.

Return to  
Landing  
page

The screenshot shows the landing page for the Healthy Athletes System (HAS). The 'Home' icon is highlighted with a red box. The page title is 'FUNfitness: Referrals'.

Select **Special Olympics icon** or **Home** on the header to go back to the landing page.



# Full User Guide Healthy Athletes System (HAS)



## Follow up Tracker

<p>Referrals</p>		<p>On the Landing Page, check the <b>Follow up Tracker</b> for a list of referrals that Athletes have received during screening.</p>																								
<p>Referrals Worklist</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>
Name	Delegation	Urgent	Referral Type	Phone number	Contact Attempts	SMS Status	Actions																			
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## Event Dashboard

<p>Step 13 Event Dashboard</p>		<p>Keep track of event screening numbers with Event Dashboard.</p>																						
<table border="1"> <thead> <tr> <th>Total Screenings</th> <th>Screenings Today</th> <th>Total Delegations at HA</th> </tr> </thead> <tbody> <tr> <td>1008</td> <td>0</td> <td>18</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-around;"> <div data-bbox="516 1591 673 1789"> <p><b>Participants Status</b></p> </div> <div data-bbox="779 1612 1096 1789"> <p><b>Screenings by Discipline</b></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> </div> </div>			Total Screenings	Screenings Today	Total Delegations at HA	1008	0	18	Discipline	Count	Special Smiles	149	FUNfitness	164	Strong Minds	101	Fit Feet	155	Healthy Hearing	157	Health Promotion	124	Opening Eyes	158
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# Fit Feet User Guide Healthy Athletes System (HAS)



## Fit Feet Screening

7 Stations	1. Athlete Questions 2. Foot Sizing 3. Foot Exam 4. Gait Analysis 5. Biomechanics 6. Distribution 7. Education, Review of Findings and Check out.	Click on a number to open the screening form.
Numbered circles are color coded		The circles show screening station status: <b>Red = Active</b> screening. <b>Black = Completed</b> screening. <b>White = Not</b> screened.
Station 1 Athlete Questions	<p><b>Check In</b></p> <p>Athlete Concerns/Previous Treatment or Surgery:</p> <p><input type="text"/></p> <p>Save Save and Continue Finish</p>	Document athlete concerns and previous treatment or surgeries.  Save before proceeding to next station.
Station 2 Foot Sizing  Current Shoe Size		<p><b>Current Shoe Size</b> Select (Child or Adult).</p> <p><b>Measurement:</b> Select one of (USA, Euro, UK, or Asia).</p> <p>Length must be a value greater than or equal to <b>0.5</b> and width must be a <b>letter</b>.</p> <p>If you do not select the <b>shoe size</b> and <b>measurement</b>, you will receive an error message.</p>



# Fit Feet User Guide Healthy Athletes System (HAS)



## Station 2 Foot Sizing

### Measured Foot Size

If unable to measure, please leave blank

**Measured Foot Size**

Child

Adult

---

**Measurement**

USA

Euro

UK

Asia

---

**Length**

Right

Left


---

**Width**

Right

Left

**Measured Shoe Size**  
Select (Child or Adult).

Measurement:  
Select one of (USA, Euro, UK, or Asia).

Length must be a value greater than or equal to **0.5** and width must be a **letter**.

If you do not select the **shoe size** and **measurement**, you will receive an error message.

## Station 3 Foot Exam

Select all that apply	Skin	Foot Deformities
<p><b>Nail</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Wrong nail cut</p> <p><input type="checkbox"/> Split and Lysis</p> <p><input type="checkbox"/> Thick</p> <p><input type="checkbox"/> Yellow</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Crumbly</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Calluses</p> <p><input type="checkbox"/> Warts</p> <p><input type="checkbox"/> Blister</p> <p><input type="checkbox"/> Maceration</p> <p><input type="checkbox"/> Split/Cracks</p> <p><input type="checkbox"/> Redness</p> <p><input type="checkbox"/> Moist</p> <p><input type="checkbox"/> Dry</p> <p><input type="checkbox"/> Odor</p> <p><input type="checkbox"/> Ulcers</p> <p><input type="checkbox"/> Suspicious Pigmented Lesion</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Corns</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Brachymetatarsia (Short toe)</p> <p><input type="checkbox"/> Hallux Abducto Valgus</p> <p><input type="checkbox"/> Tailor's bunions</p> <p><input type="checkbox"/> Hallux rigidus/limitus</p> <p><input type="checkbox"/> Neuralgia</p> <p><input type="checkbox"/> Haglunds</p> <p><input type="checkbox"/> Exostosis</p> <p><input type="checkbox"/> Syndactyly</p> <p><input type="checkbox"/> Hallus Varus</p> <p><input type="checkbox"/> Digital Deformities</p> <p><input type="checkbox"/> Other</p>

Check all boxes that apply to athlete.



# Fit Feet User Guide Healthy Athletes System (HAS)



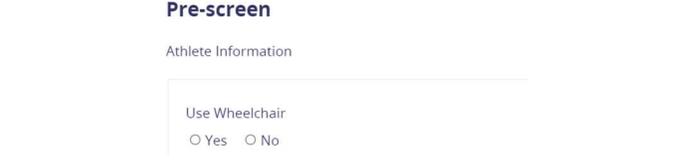
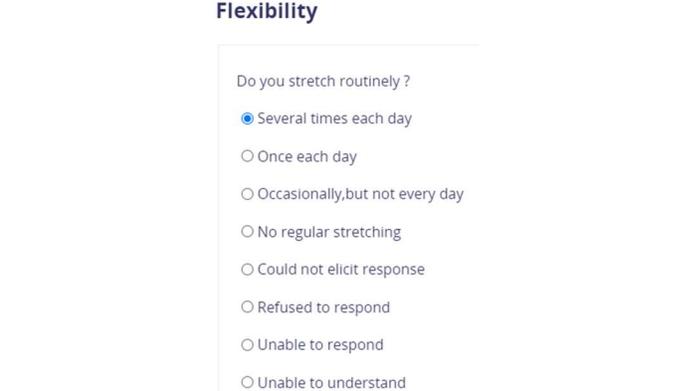
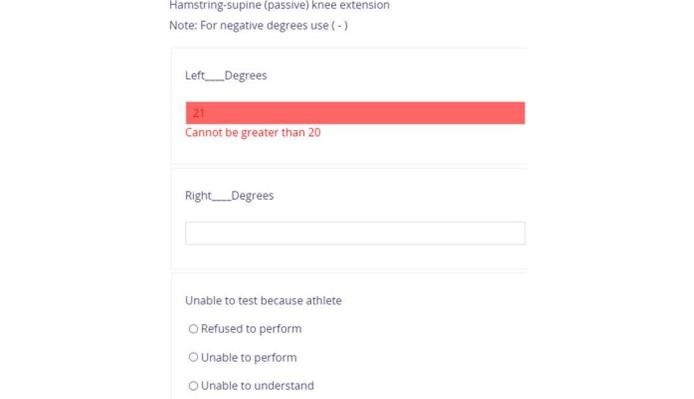
<p>Station 4 Gait Analysis</p>	<p style="text-align: center;"><b>Gait Analysis</b></p> <p>Gait Analysis Conducted</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>Check all the boxes that apply and Save page.</p>																																																																						
<p>Station 5 Biomechanics</p>	<p>Joint Range of Motion</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Right foot</th> <th colspan="4">Left foot</th> </tr> <tr> <th>Norm</th> <th>Rst</th> <th>Hypermobile</th> <th>N/A</th> <th>Norm</th> <th>Rst</th> <th>Hypermobile</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Ankle</td> <td><input type="radio"/></td> </tr> <tr> <td>MTP</td> <td><input type="radio"/></td> </tr> <tr> <td>Subtalar</td> <td><input type="radio"/></td> </tr> <tr> <td>Midtarsal</td> <td><input type="radio"/></td> </tr> <tr> <td rowspan="2">Knee</td> <td>Val <input type="radio"/></td> <td>N <input type="radio"/></td> <td>Var <input type="radio"/></td> <td><input type="radio"/></td> <td>Val <input type="radio"/></td> <td>N <input type="radio"/></td> <td>Var <input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Recurvatum <input type="radio"/></td> <td></td> <td>Flexum <input type="radio"/></td> <td></td> <td>Recurvatum <input type="radio"/></td> <td></td> <td>Flexum <input type="radio"/></td> <td></td> </tr> </tbody> </table>		Right foot				Left foot				Norm	Rst	Hypermobile	N/A	Norm	Rst	Hypermobile	N/A	Ankle	<input type="radio"/>	MTP	<input type="radio"/>	Subtalar	<input type="radio"/>	Midtarsal	<input type="radio"/>	Knee	Val <input type="radio"/>	N <input type="radio"/>	Var <input type="radio"/>	<input type="radio"/>	Val <input type="radio"/>	N <input type="radio"/>	Var <input type="radio"/>	<input type="radio"/>	Recurvatum <input type="radio"/>		Flexum <input type="radio"/>		Recurvatum <input type="radio"/>		Flexum <input type="radio"/>		<p>Check all the boxes that apply and Save page.</p>																												
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<p>Station 7 Checkout</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Checkout</b></p> <p>Education Provided</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p>Screener's name</p> <p>_____</p> <p>_____</p> <p>Follow up care recommended</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Referral Made to:</p> <p><input type="checkbox"/> Podiatrist</p> <p><input type="checkbox"/> Primary Care Provider</p> <p><input type="checkbox"/> Physiotherapist</p> <p><input type="checkbox"/> Dermatologist</p> <p><input type="checkbox"/> Orthopedist</p> <p><input type="checkbox"/> Other</p> <p>Name/Location of Physician Referred</p> <p>_____</p> <p>_____</p> <p>Comments</p> <p>_____</p> <p style="text-align: right;"> <input type="button" value="Save"/> <input type="button" value="Finish"/> </p> </td> </tr> </table>	<p><b>Checkout</b></p> <p>Education Provided</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p>Screener's name</p> <p>_____</p> <p>_____</p> <p>Follow up care recommended</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Referral Made to:</p> <p><input type="checkbox"/> Podiatrist</p> <p><input type="checkbox"/> Primary Care Provider</p> <p><input type="checkbox"/> Physiotherapist</p> <p><input type="checkbox"/> Dermatologist</p> <p><input type="checkbox"/> Orthopedist</p> <p><input type="checkbox"/> Other</p> <p>Name/Location of Physician Referred</p> <p>_____</p> <p>_____</p> <p>Comments</p> <p>_____</p> <p style="text-align: right;"> <input type="button" value="Save"/> <input type="button" value="Finish"/> </p>	<p>Review screening responses by toggling through the stations. Answer the 'Education, Review of Findings, and Checkout' questions before pressing <b>Save and Finish</b> to complete this process.</p>																																																																				
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# FUNFitness Screening Guide Healthy Athletes System (HAS)



## FUNFitness Screening

6 Stations	1. Pre-screen 2. Flexibility 3. Strength Exam 4. Balance 5. Aerobic Fitness 6. Referrals.	Click on a number to open the screening form.
Numbered circles are color coded		The circles show screening status: Red = <b>Active</b> screening. Black = <b>Completed</b> . White = <b>Not</b> screened..
Station 1 Pre-screen		Document athlete concerns. Save and proceed to next station.
Station 2 Flexibility		Data validation restricts values users may enter. <b>Negative</b> values must have a <b>negative sign (-)</b> before the number. Positive values <b>do not have a positive sign (+)</b> . A value outside the range results in a red error message.
Station 2 Flexibility		<b>Hamstring –Supine (passive) knee extension:</b>  Values must be less than or equal to <b>20</b> and greater than or equal to <b>-90</b> ( $x \leq 20$ or $x \geq -90$ ).



# FUNFitness Screening Guide Healthy Athletes System (HAS)



<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> <p><input type="radio"/> Refused to perform <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p>	<p><b>Calf – supine (passive) ankle dorsiflexion:</b> Values must be less than or equal to 15 and greater than or equal to -70 (<math>x \leq 15</math> or <math>x \geq -70</math>). For example, 16 is not an acceptable value and -71 is not an acceptable value.</p>
<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 <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p>	<p><b>Anterior hip – Modified Thomas Test:</b>  Values must be less than or equal to -90 (<math>x \leq -90</math>). 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 <input type="radio"/> Unable to perform <input type="radio"/> Unable to understand</p>	<p><b>Shoulder – Apley's Test (Functional Shoulder Rotation):</b>  Any value is acceptable, but please refer to the reference sheets provided at the station for further guidance.</p>



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	<p>Education</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>If <b>Education</b> is given, check appropriate box.</p>
<p>Station 3 Strength Exam</p>	<p><b>Strength Exam</b></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><b>Strength Exam</b></p> <p>Check all boxes that apply.</p>
<p>Station 3 Strength Exam</p>	<p><b>LEG MUSCLES</b></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 &gt;20 secs</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>LEG MUSCLES</b></p> <p>Check all boxes that apply.</p> <p>If <b>Education</b> is given, check appropriate box.</p>
	<p><b>ABDOMINAL MUSCLES</b></p> <p>Abdominal Muscles - Partial Sit-up Test Number</p> <p><input type="text"/></p>	<p><b>ABDOMINAL MUSCLES</b></p> <p>If <b>Education</b> is given, check appropriate box.</p>
<p>Station 3 Strength Exam</p>	<p><b>FOREARM AND HAND MUSCLES</b></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><b>FOREARM AND HAND MUSCLES -</b></p> <p>Perform test for Right arm and repeat for Left arm. If <b>Education</b> is given, check appropriate box.</p>



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<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> <input type="text"/> <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><b>UPPER EXTREMITY MUSCLES</b></p> <p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 4 Balance</p>	<p><b>Balance</b></p> <p>TANDEM or MODIFIED TANDEM</p> <p>Left Foot Forward__Seconds</p> <input type="text"/> <p>Right Foot Forward__Seconds</p> <input type="text"/> <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 &lt;20 Seconds</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>TANDEM or MODIFIED TANDEM</b></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</p> <input type="text"/> <p>Single Leg Stance Right__Seconds</p> <input type="text"/> <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 &lt;20 Seconds</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>EYES OPEN</b></p> <p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>



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<p>Station 4 Balance</p>	<p>EYES CLOSED OR COVERED</p> <p>Single Leg Stance Left___Seconds</p> <p>_____</p> <p>Single Leg Stance Right___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 stance &lt;10 Seconds</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>EYES CLOSED OR COVERED</b></p> <p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<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 &lt;12.seconds</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>TIMED UP AND GO (TUG)</b></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 &lt;20 cm</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>SEATED FORWARD FUNCTIONAL REACH</b></p> <p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>



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<p>Station 4 Balance</p>	<p>SEATED LATERAL FUNCTIONAL REACH</p> <p>Left__cm  <input type="text"/>  <input type="text"/></p> <p>Right__cm  <input type="text"/>  <input type="text"/></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> <hr/> <p>Education if stance &lt;16 cm</p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>	<p><b>SEATED LATERAL FUNCTIONAL REACH</b></p> <p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>				
<p>Station 5 Aerobic Fitness</p>	<table border="1"> <tr> <td data-bbox="420 1010 813 1291"> <p><b>Aerobic Fitness</b></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> </td> <td data-bbox="813 1010 1148 1291"> <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> </td> </tr> <tr> <td data-bbox="420 1291 813 1497"> <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> </td> <td data-bbox="813 1291 1148 1497"> <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> </td> </tr> </table>	<p><b>Aerobic Fitness</b></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><b>Aerobic Fitness</b></p> <p>Check all boxes that apply.</p>
<p><b>Aerobic Fitness</b></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>					



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<p>Station 5 Heart Rate</p>	<p><b>HEART RATE</b></p> <p>How is HR being Measured ?</p> <p><input type="checkbox"/> Manual (Pulse)</p> <p><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</p> <p><input type="radio"/> Unable to perform</p> <p><input type="radio"/> Unable to understand</p> <p>Education Completed</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><b>HEART RATE</b></p> <p>Check all boxes that apply.</p> <p>If Education is given, check appropriate box.</p>
<p>Station 6 Referrals</p>	<p><b>Referrals</b></p> <p>Physical Therapist Referral Recommended</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Reason for recommendation: (Brief outline of medical issue identified)</p> <p><input type="checkbox"/> Flexibility</p> <p><input type="checkbox"/> Strength</p> <p><input type="checkbox"/> Balance</p> <p><input type="checkbox"/> Aerobic Fitness</p> <p>Primary Care Practitioner Referral Recommended</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Urgent Care Needed</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Reason for recommendation: (Brief outline of medical issue identified)</p> <p>_____</p>	<p><b>Referrals</b></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>



# Health Promotion Screening Guide Healthy Athletes System (HAS)



## Health Promotion Screening

9 Stations	1. Body Composition 2. Bone Density 3. Blood Pressure 4. Nutrition 5. Physical Activity 6. Hand Washing 7. Sun Safety 8. Tobacco Use 9. Summary and Check out	Click on a number to open the screening form.  The circles show screening status:
Numbered circles are color coded		<p>Red = <b>Active</b> screening. Black = <b>Completed</b>. White = <b>Not</b> completed.</p>
Station 1 Body Composition	<p><b>Body Composition</b></p> <p>Please enter athlete's height and select the correct measurement unit used</p> <p>Height</p> <p>63.5 <input type="radio"/> cm <input checked="" type="radio"/> inches</p> <p>Measure up to 0.1 cm or 1/8 inch</p> <p>Please enter athlete's weight and select the correct measurement unit used</p> <p>Weight</p> <p>165.6 <input type="radio"/> kg <input checked="" type="radio"/> lbs</p> <p>Measure up to 0.01 kg or 1/2 oz</p> <p>Measure up to 0.1 cm or 1/8 inch Height is invalid / Units not selected</p>	<p>Height and weight are measured using the metric system (<b>cms and kgs</b>) or the Imperial system (<b>inches and pounds</b>). Select one system and be consistent throughout. If the measurement system is not selected, the user will not be able to save the data. Height and weight readings should be entered up to <b>one decimal place</b> (e.g. <b>63.5 inches</b> or <b>165.6lbs</b>).</p> <p>If a decimal is not entered, an alert will pop up as in the example, and the user will not be able to save the data.</p>
Station 1 Body Mass Index (BMI)	<p>BMI (20 years of age and over)</p> <p>28.87428170084811</p> <p>The athlete BMI status is overweight</p>	<p>The system will automatically calculate the BMI for Adults and the BMI Percentile (for children under age 20). In this example, <b>the athlete BMI status is overweight</b>.</p>



# Health Promotion Screening Guide Healthy Athletes System (HAS)



<p>BMI Referral</p>	<p>Referral made for BMI follow up?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Non-Urgent</p>	<p>Always check “Yes” or “No” to indicate a referral. Make sure to check <b>Urgent or Non-Urgent</b>. This question must be answered for Special Olympics to follow up with athletes referred for further care.</p>
<p>Station 2 Bone Mineral Density (BMD)</p>	<p><b>Bone Density</b> (Athlete MUST be at least 20 years old to screen)</p> <p>T-Score</p> <p>Zero required before decimal for non-whole numbers (ex: 0.3)</p> <p>Use ( - ) for negative and ( + ) for positive T-scores.</p> <p>Left Heel</p> <p>0.3</p> <p>Right Heel</p> <p>-0.4</p> <p>The athlete's bone mineral density is in the normal range</p> <p>Unable to test</p> <p><input checked="" type="checkbox"/> Age under 20</p> <p><input type="checkbox"/> athlete refused</p> <p><input type="checkbox"/> athlete unable to cooperate</p> <p><input type="checkbox"/> unusual heel shape</p> <p><input type="checkbox"/> Machine Issue</p>	<p>Bone mineral density (BMD) readings should ONLY be recorded for athletes who are <b>20 years old and older</b>.</p> <p>When entering the values for the left and right heels, you must enter a zero before the decimal point for any non-whole numbers (<b>e.g., 0.3</b>). For negative values, you must enter a negative sign (-) before the value, but for positive values, do <b>NOT include a positive sign (+)</b>.</p> <p>If you are unable to test the athlete’s heel, or the athlete is under 20, check the <b>Unable to Test</b> box and select reason for not testing). Enter the BMD for both heels.</p>
<p>BMD Referral</p>	<p>Referral made for BMD follow up?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please select</p> <p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Non-Urgent</p>	<p>Always check “Yes” or “No” if a referral was recommended or not. Make sure to check <b>Urgent or Non-Urgent</b>.</p> <p>This question must be answered for Special Olympics to follow up with athletes referred for further care.</p>



# Health Promotion Screening Guide Healthy Athletes System (HAS)



<p>Station 3 Blood Pressure (BP)</p>	<p><b>Blood Pressure</b> Blood Pressure should be provided in mmHG</p> <p>Right Arm 125 / 90</p> <p>Left Arm /</p> <p>Stage 2a Hypertension – reconfirm. Refer to physician, sports participation ok</p>	<p>If clinical protocol calls for re-measuring the blood pressure, have their blood pressure re-checked and re-entered. This will overwrite the previously entered blood pressure.</p> <p>The system will automatically calculate the Blood Pressure categories. The example on the left is "Stage 2a Hypertension."</p>
<p>BP Referral</p>	<p>Referral made for BP follow up?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Please select</p> <p><input type="radio"/> Urgent</p> <p><input type="radio"/> Non-Urgent</p>	<p>Always check "Yes" or "No" if a referral was recommended or not. Make sure to check <b>Urgent/Non-Urgent</b>.</p> <p>This question must be answered for Special Olympics to follow up with athletes referred for further care.</p>
<p>Station 4 Nutrition</p>	<p><b>Nutrition</b></p> <p>Do you take vitamin D supplements?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>
<p>Station 5 Physical Activity</p>	<p><b>Physical Activity</b></p> <p>How many days each week do you exercise for at least 30 minutes?</p> <p><input type="radio"/> No days</p> <p><input type="radio"/> One day</p> <p><input type="radio"/> Two days</p> <p><input type="radio"/> Three days</p> <p><input type="radio"/> Four days</p> <p><input type="radio"/> Five days</p> <p><input type="radio"/> Six days</p> <p><input type="radio"/> Seven days</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>



# Health Promotion Screening Guide Healthy Athletes System (HAS)



<p>Station 6</p> <p>Hand Washing</p>	<p><b>Hand Washing</b></p> <p>When are the most important times to wash your hand? (select all that apply)</p> <p><input type="checkbox"/> After using the toilet</p> <p><input type="checkbox"/> Before eating or touching food</p> <p><input type="checkbox"/> Other reason</p> <p><input type="checkbox"/> No reasons given</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>
<p>Station 7</p> <p>Sun Safety</p>	<p><b>Sun Safety</b></p> <p>Do you have anything to protect your skin in the sun?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>
<p>Station 8</p> <p>Tobacco Use</p>	<p><b>Tobacco Use</b></p> <p>Use Tobacco</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>
<p>Station 9</p> <p>Summary and Check out</p>	<p><b>Summary and Check out</b></p> <p>Check out: Follow up care recommended?</p> <p>BMI</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <hr/> <p>Please select</p> <p><input checked="" type="radio"/> Urgent</p> <p><input type="radio"/> Not Urgent</p> <hr/> <p>BMD</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <hr/> <p>BP</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <hr/> <p>Please select</p> <p><input type="radio"/> Urgent</p> <p><input checked="" type="checkbox"/> Not Urgent</p> <hr/> <p>Health Promotion Notes</p> <p><input type="text"/></p>	<p>Review the athlete’s record by toggling through the stations. If an athlete has not completed a station, you can direct them back to the station they missed before submitting the data.</p> <p>It is important to answer the follow up care referrals questions before pressing <b>Save and Finish</b> to submit the athlete data and complete this process.</p> <p>Type in any relevant comments.</p> <p>These questions must be answered for Special Olympics to follow up with athletes that have been referred for further care.</p>



# Healthy Hearing Screening Guide Healthy Athletes System (HAS)



## Healthy Hearing Screening

<p>8 Stations</p>	<p>1. Athlete Questions 2. Ear Canal Screen/ Otoscopy 3. Otoacoustic Emission Screen 4. Tympanometry 5. Pure Tone 6. Pure Tone Threshold Test 7. Extra Services 8. Check out.</p>	<p>Click on a number to open the screening form.</p> <p>The circles show screening status: Red = <b>Active</b> screening. Black = Screening <b>completed</b>. White = <b>Not</b> screened yet.</p>
<p>Numbered circles are color coded</p>		<p>Click on a number to open the screening form.</p> <p>The circles show screening status: Red = <b>Active</b> screening. Black = Screening <b>completed</b>. White = <b>Not</b> screened yet.</p>
<p>Station 1 Athlete Questions</p>	<p><b>Athlete Questions</b></p> <p>"Check-In and Athlete Questions"(Combine Athlete Questions and Check-In)</p> <p>Hearing</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Not Good</p> <p><input type="radio"/> Not sure</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>
<p>Station 2 Otoscopy</p>	<p><b>Otoscopy</b></p> <p>Screener's name</p> <p><input type="text"/></p> <p><input type="checkbox"/> Screening not allowed</p> <p>Right</p> <p><input type="radio"/> Clear</p> <p><input type="radio"/> Partially Blocked</p> <p><input checked="" type="radio"/> Blocked</p>	<p>Type in screener's name.</p> <p>Start screening for Right ear.</p> <p>If athlete does not allow screening to be performed, type in comments.</p>



# Healthy Hearing Screening Guide Healthy Athletes System (HAS)



<p>Station 2 Otoscopy</p>	<p>Right Ear wax removed</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> Yes, Partially</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Possible</p> <p><input type="radio"/> Athlete refused</p> <p>Right Otoscopy after cleaning</p> <p><input type="radio"/> Clear</p> <p><input type="radio"/> Partially Blocked</p> <p><input type="radio"/> Blocked</p>	<p>Check all boxes that apply.</p> <p>If <b>Yes, or Yes, Partially</b> is selected, check boxes that drop down for Otoscopy after cleaning.</p>
	<p>Right Extra otoscopic findings</p> <p><input checked="" type="checkbox"/> Perforation of ear drum</p> <p><input type="checkbox"/> Discharge</p> <p><input checked="" type="checkbox"/> Foreign object in ear canal</p> <p><input type="checkbox"/> Otitis externa</p> <p><input checked="" type="checkbox"/> Atretic ear</p> <p><input type="checkbox"/> Eczema in ear canal</p> <p><input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Medical evaluation of ears needed for extra otoscopic finding(Not for Ear Wax)</p>	<p>Check all boxes that apply.</p> <p>Repeat screening for Left ear.</p>
<p>Station 3 OAE Screening</p>	<p>Right</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input checked="" type="radio"/> Can't Test</p> <p><input type="checkbox"/> Cannot achieve seal</p> <p><input type="checkbox"/> Probe blocked by cerumen</p> <p><input type="checkbox"/> Excessive noise</p> <p><input type="checkbox"/> Athlete refused testing</p>	<p>Start screening for Right ear. If Screener is not able to test, check boxes that apply from drop down options.</p> <p>Repeat screening for Left ear. Save and continue to next Station.</p>
<p>Station 4 Tympanometry</p>	<p>Right</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input checked="" type="radio"/> Can Not Test</p> <p>If Can't test, select reason:</p> <p><input type="checkbox"/> Cannot achieve seal</p> <p><input type="checkbox"/> Probe blocked by cerumen</p> <p><input type="checkbox"/> Athlete refused testing</p>	<p>Start screening with Right ear.</p> <p>If Screener is unable to test, check boxes that apply from drop down options.</p> <p>Repeat screening for Left ear.</p> <p>Save and continue to next Station.</p>



# Healthy Hearing Screening Guide Healthy Athletes System (HAS)



<p>Station 5 Pure Tone Screening</p>	<p><b>Right</b></p> <p>2000Hz</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input checked="" type="radio"/> Can Not Test</p> <hr/> <p>4000Hz</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input type="radio"/> Can Not Test</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>If Can't test, select reason:</p> <p><input type="checkbox"/> Could not train to respond</p> <p><input type="checkbox"/> Excessive Noise</p> <p><input type="checkbox"/> Athlete refused testing</p> </div>	<p>Start screening with Right ear.</p> <p>If Screener is unable to test, check boxes that apply from drop down options.</p> <p>Repeat screening for Left ear. Save and continue to next Station.</p>																																										
<p>Station 6 Pure Tone Thresholds</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1000</th> <th>2000</th> <th>3000</th> <th>4000</th> <th>6000</th> <th>Masked</th> </tr> </thead> <tbody> <tr> <td>Right AC</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Left AC</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unmasked BC</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Right BC</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Left BC</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>If you obtain no response at the maximum intensity level, please write the maximum loudness level that you tested.</p> <p>NR/C</p> <p><input type="text"/></p> <p>Reliability *</p> <p><input type="radio"/> Reliable</p> <p><input checked="" type="radio"/> Unreliable</p> <p>Pure Tone Thresholds</p> <p><input checked="" type="checkbox"/> Could not train to respond</p> <p><input checked="" type="checkbox"/> Excessive Noise</p> <p><input type="checkbox"/> Athlete refused testing</p>		1000	2000	3000	4000	6000	Masked	Right AC	<input type="text"/>	<input type="checkbox"/>	Left AC	<input type="text"/>	<input type="checkbox"/>	Unmasked BC	<input type="text"/>	<input type="checkbox"/>	Right BC	<input type="text"/>	<input type="checkbox"/>	Left BC	<input type="text"/>	<input type="checkbox"/>	<p>Responses are limited to the appropriate ranges for each test: <b>0-120 (AC)</b> and <b>0-80 (BC)</b></p> <p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>																				
	1000	2000	3000	4000	6000	Masked																																						
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<p>Station 7 Extra Services</p>	<p><b>Extra Services</b></p> <p>Extra Services Provided at the Event</p> <p><input checked="" type="checkbox"/> Hearing Aid Repair/Maintenance</p> <p><input checked="" type="checkbox"/> Ear Mold for Hearing Aid</p> <p><input checked="" type="checkbox"/> Hearing Aid Fitting</p> <p><input checked="" type="checkbox"/> Hearing Aid Voucher</p> <p><input checked="" type="checkbox"/> Swim Plugs</p> <p><input checked="" type="checkbox"/> Ear Protection(Noise Plugs)</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p><input checked="" type="checkbox"/> Other</p> <p>Other *</p> <p><input type="text"/></p>	<p>It is important that all services provided are documented.</p> <p>Type in comments if "Other" is selected. Save and continue to next Station.</p>																																										



# Healthy Hearing Screening Guide Healthy Athletes System (HAS)



## Station 8 Check Out

### Recommended Follow-up Care

- Urgent Follow-up Needed
- Cerumen Removal
- Medical Evaluation of ears
- Audiological Evaluation of hearing
- Replacement of Ear Molds
- Hearing Aid Repair/Maintenance
- Hearing Aid Evaluation and Fitting
- Swim Plugs
- Ear Protection(Noise Plugs)

### Comments

Print Name of HH Clinical Director

Review the athlete's record by toggling through the stations.

Answer the Follow up care questions before pressing Save and Finish to submit the athlete data.

Save

Finish



# Opening Eyes Screening Guide Healthy Athletes System (HAS)



## Opening Eyes Screening

10 Stations	1. Eye Care History 2. Current Prescription 3. Visual Acuity 4. Cover Test 5. Color Vision and Stereopsis 6. Autorefraction 7. Eye Health 8. IOP 9. Refraction 10. Checkout and Recommendations.	Start screening at Opening Eyes stations by selecting any of the numbered circles at the top of the page.
Numbered circles are color coded		The color of the circles shows screening status: Red = <b>Active</b> screening. Black = <b>Completed</b> . White = <b>Not</b> completed screening.
Station 1 Eye Care History	<p>When was the last eye exam?</p> <p><input type="radio"/> Less than 1 year</p> <p><input checked="" type="radio"/> 1-3 years</p> <p><input type="radio"/> more than 3 years</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Unknown</p>	Check all boxes that apply.
	<p>Do you experience any of the following?</p> <p><input checked="" type="checkbox"/> Difficulty seeing</p> <p><input type="checkbox"/> Far</p> <p><input type="checkbox"/> Near</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Sensitivity to light</p> <p><input checked="" type="checkbox"/> Double vision</p> <p><input type="checkbox"/> Far</p> <p><input type="checkbox"/> Near</p>	Check all boxes that apply.  If "Difficulty seeing" and or "Double Vision" are selected, check boxes that drop down for Far or Near.
	<p>Do you wear corrective lenses(glasses or contacts)?</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="checkbox"/> Standard Rx</p> <p><input type="checkbox"/> Sports Rx</p> <p><input type="checkbox"/> Contact Lenses</p>	Check all boxes that apply. If "Yes" is selected, check boxes that drop down for Rx options. Save and continue to next Station.

### Special Olympics

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



# Opening Eyes Screening Guide Healthy Athletes System (HAS)



## Station 2 Current Prescription

**Current Prescription**

Please check what is worn during screening

Without Glasses  
 With Glasses  
 With Contact lenses

Does Athlete use visual aids (Glasses or Contact Lenses)?

Please select

- Please select
- Distance only
- Reading only
- Full time (for both Far and Near viewing)
- Sports

	Sphere	Cylinder	Axis	Add
Right Eye	69 Invalid value for current sphere right			
Left Eye				

Save Save and Continue Finish

If a value outside the ranges specified is entered, user will get red error message.  
**Sphere** values are limited to numbers between **-40.0** and **40.0**.  
**Cylinder** values are limited to numbers between **-0.25** and **-14.0** with increments of **0.25**. Cylinder values **must be negative numbers**.  
**Axis** values are limited to numbers between **0** and **180**.

## Station 3 Visual Acuity

**Visual Acuity**

Please have the athlete wear glasses for Far testing if they wear them for distance viewing.

Far - Right Eye  
 20/ Please select  Unable to test

Lea  
 Walk up  
 Light projection/Light perception  
 No light perception  
 Other

Far - Left Eye  
 20/ Please select  Unable to test

Lea  
 Walk up  
 Light projection/Light perception  
 No light perception  
 Other

Please ensure the athlete has their glasses on for testing if they wear them for close work.

Near - Both Eyes  
 20/ Please select  Unable to test

Lea  
 Light projection/Light perception  
 No light perception  
 Other

Check all boxes that apply.  
 If "Other" is selected, ensure to type in comments.

## Station 4 Cover Test

Far

Unable to test  
 Orthophoria  
 Phoria  
 Strabismus

Latent Nystagmus

Near

Unable to test  
 Orthophoria  
 Phoria  
 Strabismus

Far

Phoria  
 Phoria Range 02-99  
 1  
 Phoria magnitude far must be greater than or equal to 2

eso  
 exo  
 hyper

Far

Strabismus  
 Strabismus Range 02-99  
 1  
 Strabismus magnitude far must be greater than or equal to 2

eso  
 exo  
 hyper  
 eso/hyper  
 exo/hyper  
 Constant  
 Intermittent

**Phoria** and **Strabismus** values are limited to values between **2** and **99**, inclusive ( $x \geq 2$  and  $x \leq 99$ ). For example, a value of 100 or 1 will not be accepted.



# Opening Eyes Screening Guide Healthy Athletes System (HAS)



<p>Station 5 Color Vision and Stereopsis</p>	<p><b>Color Vision and Stereopsis</b></p> <p>Color Vision</p> <p><input type="checkbox"/> Unable to test</p> <p>CVME:</p> <p>Trial 1 <input type="text" value="4"/> If less than 8 plates, then proceed to Trial 2</p> <p>Trial 2 <input type="text" value="Please select"/> /9</p> <hr/> <p>Stereopsis</p> <p><input type="radio"/> RDE <input checked="" type="radio"/> PASS</p> <p><input type="text" value="Please select"/> /6</p> <p><input type="checkbox"/> Unable to test</p>	<p>Color Vision (CVME) questions are limited to values between <b>1</b> and <b>9</b> listed in the drop-down bar.</p> <p>If the first test values are less than 8 plates, then test again.</p> <p>The Color Check and Stereopsis questions are limited to values between <b>0</b> and <b>6</b> listed in the drop-down bar.</p>												
<p>Station 6 Auto-refraction</p>	<p><b>Autorefraction</b></p> <p>Right Eye <input type="checkbox"/> Unable to test      Left Eye <input type="checkbox"/> Unable to test</p> <p>Note: Cylinder must be a negative value</p> <table border="1"> <thead> <tr> <th></th> <th>Sphere</th> <th>Cylinder</th> <th>Axis</th> </tr> </thead> <tbody> <tr> <td>Right Eye</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Left Eye</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p><input type="button" value="Save"/> <input type="button" value="Save and Continue"/> <input type="button" value="Finish"/></p>		Sphere	Cylinder	Axis	Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><b>Sphere</b> values are limited to numbers between <b>-40.0</b> and <b>40.0</b>. <b>Cylinder</b> values are limited to numbers between <b>-0.25</b> and <b>-14.0</b> with increments of <b>0.25</b>. Cylinder values <b>must be negative numbers</b>. <b>Axis</b> values are limited to numbers between <b>0</b> and <b>180</b>.</p>
	Sphere	Cylinder	Axis											
Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>											
<p>Station 7 Eye Health</p>	<p><b>Eye Health</b></p> <p><input type="checkbox"/> Nystagmus</p> <p>External</p> <p>Right Eye</p> <p><input type="checkbox"/> Unable to test</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Lid anomaly</p> <p><input type="checkbox"/> Blepharitis</p> <p><input type="checkbox"/> Conjunctivitis</p> <p><input type="checkbox"/> Ptosis</p> <p><input type="checkbox"/> Pterigium/pinguecula</p> <p><input type="checkbox"/> Corneal anomaly</p> <p><input type="checkbox"/> Iris anomaly</p> <p>Briefly describe Abnormalities</p> <p>Photo of the Abnormality</p> <p><input type="button" value="Choose File"/> No file chosen</p>	<p>Start screening for Right eye.</p> <p>Type in brief description of abnormalities.</p> <p>You may upload a photo of the abnormality.</p> <p>Repeat screening for Left eye.</p> <p>Save and continue to next Station.</p>												



# Opening Eyes Screening Guide Healthy Athletes System (HAS)



<p>Station 8 IOP</p>	<p><b>IOP</b></p> <p>Right Eye -6 IOP Right must be greater than or equal to -5 <input type="checkbox"/> Unable to test</p> <p>Left Eye 60 <input type="checkbox"/> Unable to test</p> <p><input type="radio"/> Icare <input type="radio"/> Noncontact</p>	<p>The IOP question is limited to values <b>less than</b> or equal to <b>60</b> and <b>greater than</b> or equal to <b>-5</b> (<math>x \leq 60</math> and <math>x \geq -5</math>).</p> <p>For example, the system will not accept a value of <b>-6</b> or a value of <b>61</b>.</p>																																																						
<p>Station 9 Refraction</p>	<p><b>Refraction</b></p> <table border="1"> <tr> <td>Retinoscopy</td> <td>Sphere</td> <td>Cylinder</td> <td>Axis</td> <td>VA</td> <td>VA Both Eyes</td> </tr> <tr> <td>Right Eye</td> <td></td> <td></td> <td></td> <td>20/ Please select</td> <td>20/ Please select</td> </tr> <tr> <td>Left Eye</td> <td></td> <td></td> <td></td> <td>20/ Please select</td> <td>20/ Please select</td> </tr> <tr> <td>Refraction</td> <td>Sphere</td> <td>Cylinder</td> <td>Axis</td> <td>VA</td> <td>VA Both Eyes</td> </tr> <tr> <td>Right Eye</td> <td></td> <td></td> <td></td> <td>20/ Please select</td> <td>20/ Please select</td> </tr> <tr> <td>Left Eye</td> <td></td> <td></td> <td></td> <td>20/ Please select</td> <td>20/ Please select</td> </tr> <tr> <td></td> <td>OU</td> <td colspan="2"></td> <td>ADD</td> <td></td> </tr> <tr> <td>Retinoscopy</td> <td>20/ Please select</td> <td colspan="2"></td> <td>20/ Please select</td> <td></td> </tr> <tr> <td>Refraction</td> <td>20/ Please select</td> <td colspan="2"></td> <td></td> <td></td> </tr> </table>	Retinoscopy	Sphere	Cylinder	Axis	VA	VA Both Eyes	Right Eye				20/ Please select	20/ Please select	Left Eye				20/ Please select	20/ Please select	Refraction	Sphere	Cylinder	Axis	VA	VA Both Eyes	Right Eye				20/ Please select	20/ Please select	Left Eye				20/ Please select	20/ Please select		OU			ADD		Retinoscopy	20/ Please select			20/ Please select		Refraction	20/ Please select					<p><b>Sphere</b> values are limited to numbers between <b>-40.0</b> and <b>40.0</b>. <b>Cylinder</b> values are limited to numbers between <b>-0.25</b> and <b>-14.0</b> with increments of <b>0.25</b>. Cylinder values <b>must be negative numbers</b>. <b>Axis</b> values are limited to numbers between <b>0</b> and <b>180</b>.</p>
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Refraction	20/ Please select																																																							
<p>Station 10 Check-out</p>	<p><b>Checkout and Recommendations</b></p> <p><input type="button" value="Current Prescription"/> <input type="button" value="Autorefracton"/> <input type="button" value="Retinoscopy"/> <input type="button" value="Refraction"/></p> <p>Right Eye-IOP at 'entered value', consider for immediate attention. Left Eye-IOP at 'entered value', consider for immediate attention.</p> <table border="1"> <thead> <tr> <th>Current Prescription</th> <th>Sphere</th> <th>Cylinder</th> <th>Axis</th> <th>Add</th> </tr> </thead> <tbody> <tr> <td>Right Eye</td> <td>25.0</td> <td>-10.0</td> <td>12.0</td> <td rowspan="2">0.5</td> </tr> <tr> <td>Left Eye</td> <td>25.0</td> <td>-10.0</td> <td>14.0</td> </tr> </tbody> </table> <p>Recommendations</p> <p><input type="radio"/> New Rx <input type="radio"/> No New Rx <input type="radio"/> No change in glasses recommended <input type="radio"/> No glasses recommended</p> <p><input type="checkbox"/> Sunglasses (Plano) <input type="checkbox"/> Full-time RX <input type="checkbox"/> Distance Only <input type="checkbox"/> Close work only</p>	Current Prescription	Sphere	Cylinder	Axis	Add	Right Eye	25.0	-10.0	12.0	0.5	Left Eye	25.0	-10.0	14.0	<p>Review the athlete's record by toggling clicking on the athletes "Current Prescription", Autorefracton, Retinoscopy, and Refraction tabs.</p>																																								
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# Opening Eyes Screening Guide Healthy Athletes System (HAS)



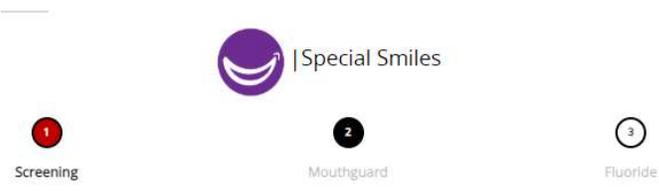
<p>Station 10 Check-out</p>		<p><b>Sphere</b> values are limited to numbers between <b>-40.0</b> and <b>40.0</b>. <b>Cylinder</b> values are limited to numbers between <b>-0.25</b> and <b>-14.0</b> with increments of <b>0.25</b>. Cylinder values <b>must be negative numbers</b>. <b>Axis</b> values are limited to numbers between <b>0</b> and <b>180</b>.</p>
<p>Station 10 Referrals</p>	<p>Referral to</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Optometrist</li> <li><input checked="" type="checkbox"/> Ophthalmologist</li> <li><input type="checkbox"/> Primary care physician</li> <li><input type="checkbox"/> Neurologist</li> </ul> <p>Other</p> <input type="text"/> <p>Urgent Referral</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>Additional Comments</p> <input type="text"/>	<p>It is important to answer the follow up care referrals questions before pressing <b>Save and Finish</b> to submit the athlete data and complete this process.</p>



# Special Smiles Screening Guide Healthy Athletes System (HAS)



## Special Smiles Screening

3 Stations	1. Screening 2. Mouthguard 3. Fluoride	Click on a number to open the screening form.
Numbered circles are color coded		The circles show screening status: Red = <b>Active</b> screening. Black = <b>Completed</b> screening. White = <b>Not</b> screened.
Station 1 Screening	<p><b>Screening</b></p> <p>Screener's name <input type="text"/></p> <p>Do you have a local dentist? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, how often do you visit? <input type="radio"/> More than twice a year <input checked="" type="radio"/> Twice a year <input type="radio"/> Once a year <input type="radio"/> Less than once a year <input type="radio"/> Only when I have a toothache</p> <p>How often do you clean your mouth? <input checked="" type="radio"/> Once or more a day <input type="radio"/> 2 to 6 times per week <input type="radio"/> Once per week <input type="radio"/> Less than once per week <input type="radio"/> Not sure</p> <p>Pain inside mouth <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Pain inside mouth - If yes, Please select <input checked="" type="checkbox"/> Teeth <input type="checkbox"/> Other</p> <p>Athlete refused/could not screen <input type="checkbox"/></p> <p><b>Teeth Screening</b></p> <p>Edentulous <input type="radio"/> Yes <input type="radio"/> No</p>	Check all boxes that apply.  <b>Edentulous:</b> Check "No" box to proceed to the rest of the questions for Special Smiles <b>Teeth Screening</b> .



# Special Smiles Screening Guide Healthy Athletes System (HAS)



<p>Station 1 Teeth Screening</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Teeth Screening</b></p> <p>Edentulous <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Untreated Decay (All teeth, lesion greater than 0.5 mm) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Untreated Decay - If yes, Please select <input type="checkbox"/> Anterior(s) <input type="checkbox"/> Premolar(s) <input type="checkbox"/> Molar(s)</p> <p>Filled teeth (All teeth, no 3rds, Anterior crowns not consider filled) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Missing teeth (Permanent, Anteriors and Molars Only, no 3rd) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Sealant(s) (Permanent 1st, 2nd Molars Only) <input type="radio"/> Yes <input type="radio"/> No</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Injury (Permanent Centrals and Incisors Only) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Injury treated <input type="radio"/> Yes <input type="radio"/> No</p> <p>Fluorosis (Permanent Maxillary Anterior Buccal surface only) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Gingival signs (Permanent Mandibular Anterior Buccal) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Treatment urgency <input type="radio"/> Maintenance <input type="radio"/> Non-Urgent <input type="radio"/> Urgent</p> <div style="border: 2px solid red; padding: 2px; margin-top: 5px;"> <p>Mouthguard recommended: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Fluoride Varnish recommended <input type="radio"/> Yes <input type="radio"/> No</p> </div> <p>Special Smiles Notes</p> </div>	<p>Check all boxes that apply and type in comments in the Notes text box.</p> <p><b>Note:</b> <i>There is no Check Out station for Special Smiles. The Athlete may leave when they are finished with the stations. Don't forget to direct them to pick up their Goody Bag!</i></p>
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<p>Station 2 Mouthguard</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>Mouthguard</b></p> <p>Mouthguard recommended: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Has the athlete been given a mouthguard? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> </div>	<p>Check all boxes that apply.</p> <p>Save and proceed to next station.</p>
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<p>Station 3 Fluoride</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>Fluoride</b></p> <p>Fluoride Varnish recommended : <input type="radio"/> Yes <input type="radio"/> No</p> <p>Has the athlete been given a fluoride treatment? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;"> <input type="button" value="Save"/> <input type="button" value="Finish"/> </p> </div>	<p>Check all boxes that apply.</p> <p>Save and Finish.</p>
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# Strong Minds Screening Guide Healthy Athletes System (HAS)



## Strong Minds Screening

<p>2 Stations</p>	<p>1. Check-In / Intake 2. Check Out .</p>	<p>Click on a number to open the screening form.</p>																												
<p>Numbered circles are color coded</p>		<p>The circles show screening status: Red = Active screening. Black = Screening <b>completed</b>. White = <b>Not</b> screened.</p>																												
<p>Station 1 Check-in / Intake</p>	<p><b>Check-in / Intake</b></p> <p>Is this your first time going through Strong Minds?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>How are you feeling right now?  <input type="radio"/> Great <input type="radio"/> Good <input type="radio"/> Okay <input type="radio"/> Not Good <input type="radio"/> Unknown</p> <p>Sample script</p> <p><i>I'd like to tell you a story about an athlete named _____. He/she is a Special Olympics athlete in Athletics. He/she made it to the National Games for the 400 meter race (1 lap around the track) and was so excited! But, on the day of the big event, he/she didn't have his/her best day on the track. Nothing seemed to be going well. He/she came in last and didn't advance to the finals.</i></p> <p>What do you think _____ can do to feel better in the situation?</p> <p><i>(Note for Volunteer: Ask the above question open ended and check any of the responses the athlete states below. You may give a few examples, but please don't list the items below to the athlete. If an athlete says something not on the list, add check yes next to "Other" and write in the response. If the athlete indicates that there's nothing that can be done or they aren't sure, select "Nothing/Don't Know".)</i></p>	<p>Check all the boxes that apply. Once the screening responses are complete, select <b>Save and Finish</b> to submit the athlete data and complete this process.</p>																												
<p>Station 1 Check-in / Intake</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>Think good thoughts</td><td><input type="radio"/></td></tr> <tr><td>Listen to music</td><td><input type="radio"/></td></tr> <tr><td>Look at pictures/reminders of good stuff</td><td><input type="radio"/></td></tr> <tr><td>Talk to someone</td><td><input type="radio"/></td></tr> <tr><td>Breathe deeply</td><td><input type="radio"/></td></tr> <tr><td>Stretch or tense/relax muscles</td><td><input type="radio"/></td></tr> <tr><td>Take a walk</td><td><input type="radio"/></td></tr> <tr><td>Use a stress ball</td><td><input type="radio"/></td></tr> <tr><td>Try not to think about it</td><td><input type="radio"/></td></tr> <tr><td>Watch TV/Play video games</td><td><input type="radio"/></td></tr> <tr><td>Go home and go to sleep</td><td><input type="radio"/></td></tr> <tr><td>Other</td><td><input type="radio"/></td></tr> <tr><td>Nothing/Don't Know (box cannot be selected if any options above are selected)</td><td><input type="radio"/></td></tr> </tbody> </table> <p>Save Save and Continue Finish</p>		Yes	Think good thoughts	<input type="radio"/>	Listen to music	<input type="radio"/>	Look at pictures/reminders of good stuff	<input type="radio"/>	Talk to someone	<input type="radio"/>	Breathe deeply	<input type="radio"/>	Stretch or tense/relax muscles	<input type="radio"/>	Take a walk	<input type="radio"/>	Use a stress ball	<input type="radio"/>	Try not to think about it	<input type="radio"/>	Watch TV/Play video games	<input type="radio"/>	Go home and go to sleep	<input type="radio"/>	Other	<input type="radio"/>	Nothing/Don't Know (box cannot be selected if any options above are selected)	<input type="radio"/>	<p>Once the screening responses are complete, select <b>Save and Finish</b> to submit the athlete data and complete this process.</p>
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# Strong Minds Screening Guide Healthy Athletes System (HAS)



## Station 2 Check Out

### Check Out

*Instructions to Volunteer: Please copy the information from the Strong Minds handout into this chart to record which stations the athlete completed during Strong Minds and how they felt about each station. When you are finished, please ask the athlete the series of questions below the chart.*

	Use in the future	Won't use in the future
Stress and you	<input type="radio"/>	<input type="radio"/>
Strong Messages	<input type="radio"/>	<input type="radio"/>
Strong Breathing	<input type="radio"/>	<input type="radio"/>
Strong Stretching	<input type="radio"/>	<input type="radio"/>
Strong Supporting	<input type="radio"/>	<input type="radio"/>

How are you feeling right now?

Great  Good  Okay  Not Good  Unknown

Do you think you will use any of the strategies you learned today in competition or everyday life?

Yes  No  Unsure

Would you tell a friend, family member, or teammate about any of the strategies you learned today?

Yes  No  Unsure

Review the athlete's record by toggling between the stations. If an athlete has not completed a station, you can direct them back to the station they missed before submitting the data.

## Station 2 Check Out

Use one strategy you learned today to set your Strong Minds Goal:

What will you do?	When will you do this?	Who will support you?
<input type="radio"/> Use a stress ball	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<input type="text"/>
<input type="radio"/> Think positive thoughts		This person is my :
<input type="radio"/> Do deep breathing		<input type="radio"/> Friend
<input type="radio"/> Stretch		<input type="radio"/> Family Member
<input type="radio"/> Support others		<input type="radio"/> Coach
<input type="radio"/> Other		<input type="radio"/> Teammate
		<input type="radio"/> Other

Check all boxes that apply. Once the screening responses are complete, select **Save and Finish** to submit the athlete data and complete this process.