Healthy Athletes System (HAS) OpenMRS Training Guide
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## Start

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Login with browser</th>
<th>Open a tab in the Chrome browser. Type in the url: has.specialolympics.org</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Login with tablet</td>
<td>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.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Select Region</td>
<td>Select the placeholder in the geographic region that your Program is located. For example, if you are in United States, click on placeholder in SONA Region.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Sign in</td>
<td>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></td>
</tr>
</tbody>
</table>
### Step 4
Select event

Select **Program**, then select **Healthy Athletes Event**.

### Step 5
Search for athlete

Search for an athlete by clicking **Find Patient Record**.

### Step 6
Select athlete’s record

Type athlete’s NAME or ID Number. Select the athlete from the drop-down list.

### Step 7
Register athlete

If you are unable to find the athlete in the drop-down list, **Register** them.

### Step 8
Complete Registration

Fill out registration form and select **Confirm**.

Explain to the athlete or coach that Special Olympics collects **phone numbers** for follow up care only. The number will not be used for any other purpose.
<table>
<thead>
<tr>
<th>Step 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Screening athlete</td>
</tr>
<tr>
<td>Select the correct athlete record,</td>
</tr>
<tr>
<td>Review the information in the Athlete Header to ensure it is accurate.</td>
</tr>
<tr>
<td>Then, Start Visit under General Actions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Discipline</td>
</tr>
<tr>
<td>You will be directed to the Visits page and can select the discipline you are screening for e.g. Fit Feet.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Return to Landing page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Special Olympics icon or Home on the header to go back to the landing page.</td>
</tr>
</tbody>
</table>
Follow up Tracker

Referrals

On the Landing Page, check the Follow up Tracker for a list of referrals that Athletes have received during screening.

Referrals Worklist

Click on the survey, use as a guide when reaching out to an Athlete. Send SMS to athletes’ mobile phone directly from here.

Event Dashboard

Step 13

Keep track of event screening numbers with Event Dashboard.
Fit Feet User Guide
Healthy Athletes System (HAS)

Fit Feet Screening

7 Stations
1. Athlete Questions  2. Foot Sizing  3. Foot Exam
7. Education, Review of Findings and Check out.

Numbered circles are color coded
Click on a number to open the screening form. The circles show screening station status:
Red = Active screening.
Black = Completed screening.
White = Not screened.

Station 1
Athlete Questions
Document athlete concerns and previous treatment or surgeries.
Save before proceeding to next station.

Station 2
Foot Sizing
Current 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.
Fit Feet User Guide
Healthy Athletes System (HAS)

Station 2
Foot Sizing

Measured Foot Size

- 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

Check all boxes that apply to athlete.

Select all that apply

<table>
<thead>
<tr>
<th>Skin</th>
<th>Foot Deformities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nail</td>
<td>Normal</td>
</tr>
<tr>
<td>Normal</td>
<td>Brachymetatarsia (Short toe)</td>
</tr>
<tr>
<td>Wrong nail cut</td>
<td>Hallux Abducto Valgus</td>
</tr>
<tr>
<td>Split and Lysis</td>
<td>Tailor's bunions</td>
</tr>
<tr>
<td>Thick</td>
<td>Hallux rigidus/limitus</td>
</tr>
<tr>
<td>Yellow</td>
<td>Neuralgia</td>
</tr>
<tr>
<td>Black</td>
<td>Haglund's</td>
</tr>
<tr>
<td>Crumblly</td>
<td>Exostosis</td>
</tr>
<tr>
<td>Other</td>
<td>Syndactyly</td>
</tr>
<tr>
<td></td>
<td>Hallus Varus</td>
</tr>
<tr>
<td></td>
<td>Digital Deformities</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

if unable to measure, please leave blank

Measured Foot Size

- Child
- Adult

Measurement

- USA
- Euro
- UK
- Asia

Length

Right:

Left:

Width

Right:

Left:
## Station 4
**Gait Analysis**

Check all the boxes that apply and Save page.

## Station 5
**Biomechanics**

Check all the boxes that apply and Save page.

## Station 6
**Distribution**

Review the data entered, especially shoe size, and type in any helpful comments.

## Station 7
**Checkout**

Review screening responses by toggling through the stations. Answer the 'Education, Review of Findings, and Checkout' questions before pressing **Save and Finish** to complete this process.
# FUNFitness Screening

## 6 Stations

<table>
<thead>
<tr>
<th>Station</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-screen</td>
<td>Document athlete concerns. Save and proceed to next station.</td>
</tr>
<tr>
<td>2. Flexibility</td>
<td>Data validation restricts values users may enter. <strong>Negative</strong> values must have a negative sign ((-)) before the number. Positive values <strong>do not have a positive sign</strong> ((+)). A value outside the range results in a red error message.</td>
</tr>
<tr>
<td>3. Strength Exam</td>
<td></td>
</tr>
<tr>
<td>4. Balance</td>
<td></td>
</tr>
<tr>
<td>5. Aerobic Fitness</td>
<td></td>
</tr>
<tr>
<td>6. Referrals</td>
<td></td>
</tr>
</tbody>
</table>

### Numbered circles are color coded

- **Red** = Active screening.
- **Black** = Completed.
- **White** = Not screened.

Click on a number to open the screening form.

The circles show screening status:

- Red = **Active** screening.
- Black = **Completed**.
- White = **Not** screened.

### Station 1

**Pre-screen**

- Use Wheelchair
  - Yes
  - No

### Station 2

**Flexibility**

- Do you stretch routinely?
  - Several times each day
  - Once each day
  - Occasionally, but not every day
  - No regular stretching
  - Could not elicit response
  - Refused to respond
  - Unable to respond
  - Unable to understand

**Hamstring –Supine (passive) knee extension:**

Values must be less than or equal to **20** and greater than or equal to **-90** \((x<20 \text{ or } x=-90)\).
<table>
<thead>
<tr>
<th>Station 2 Flexibility</th>
<th><strong>Calf</strong> – supine (passive) ankle dorsiflexion: Values must be less than or equal to 15 and greater than or equal to -70 (x=&lt;15 or x&gt;=-70). For example, 16 is not an acceptable value and -71 is not an acceptable value.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Anterior hip</strong> – Modified Thomas Test: Values must be less than or equal to -90 (x=&lt;-90). For example, -91 is not an acceptable value and 1 is not an acceptable value.</td>
</tr>
<tr>
<td></td>
<td><strong>Shoulder</strong> – Apley’s Test (Functional Shoulder Rotation): Any value is acceptable, but please refer to the reference sheets provided at the station for further guidance.</td>
</tr>
</tbody>
</table>
### Station 3: Strength Exam

#### Education
- Yes
- No

If **Education** is given, check appropriate box.

#### Strength Exam

- Check all boxes that apply.

#### LEG MUSCLES

- Perform test for Right arm and repeat for Left arm. If **Education** is given, check appropriate box.

#### ABDOMINAL MUSCLES

- If **Education** is given, check appropriate box.

#### FOREARM AND HAND MUSCLES

- Perform test for Right arm and repeat for Left arm. If **Education** is given, check appropriate box.
<table>
<thead>
<tr>
<th>Station 3</th>
<th>Strength Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UPPER EXTREMITY MUSCLES</strong></td>
<td></td>
</tr>
<tr>
<td>Upper extremity muscles-seated push-up test (functional strength) Push-up___seconds</td>
<td></td>
</tr>
<tr>
<td>Unable to test because athlete</td>
<td></td>
</tr>
<tr>
<td>☐ Refused to perform</td>
<td></td>
</tr>
<tr>
<td>☐ Unable to perform</td>
<td></td>
</tr>
<tr>
<td>☐ Unable to understand</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Station 4</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TANDEM or MODIFIED TANDEM</strong></td>
<td></td>
</tr>
<tr>
<td>Left Foot Forward___Seconds</td>
<td></td>
</tr>
<tr>
<td>Right Foot Forward___Seconds</td>
<td></td>
</tr>
<tr>
<td>Unable to test because athlete</td>
<td></td>
</tr>
<tr>
<td>☐ Refused to perform</td>
<td></td>
</tr>
<tr>
<td>☐ Unable to perform</td>
<td></td>
</tr>
<tr>
<td>☐ Unable to understand</td>
<td></td>
</tr>
<tr>
<td>Education if stance &lt;20 Seconds</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Station 4</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EYES OPEN</strong></td>
<td></td>
</tr>
<tr>
<td>Single Leg Stance Left___Seconds</td>
<td></td>
</tr>
<tr>
<td>Single Leg Stance Right___Seconds</td>
<td></td>
</tr>
<tr>
<td>Unable to test because athlete</td>
<td></td>
</tr>
<tr>
<td>☐ Refused to perform</td>
<td></td>
</tr>
<tr>
<td>☐ Unable to perform</td>
<td></td>
</tr>
<tr>
<td>☐ Unable to understand</td>
<td></td>
</tr>
<tr>
<td>Education if stance &lt;20 Seconds</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>
### Station 4 Balance

**EYES CLOSED OR COVERED**

- Single Leg Stance Left: ___ Seconds
- Single Leg Stance Right: ___ Seconds

Unable to test because athlete:
- Refused to perform
- Unable to perform
- Unable to understand

Education if stance <10 Seconds:
- Yes
- No

**TIMED UP AND GO (TUG)**

- Time to Perform Test: ___ Seconds

Unable to test because athlete:
- Refused to perform
- Unable to perform
- Unable to understand

Education if time <12 seconds:
- Yes
- No

**SEATED FORWARD FUNCTIONAL REACH**

- Left: ___ cm
- Right: ___ cm

Unable to test because athlete:
- Refused to perform
- Unable to perform
- Unable to understand

Education if reach <20 cm:
- Yes
- No
### Station 4
#### Balance

**SEATED LATERAL FUNCTIONAL REACH**

Check all boxes that apply.

If Education is given, check appropriate box.

<table>
<thead>
<tr>
<th>Left cm</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Right cm</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unable to test because athlete
- Refused to perform
- Unable to perform
- Unable to understand

Education if stance <16 cm
- Yes
- No

### Station 5
#### Aerobic Fitness

**Aerobic Fitness**

Check all boxes that apply.

On AVERAGE, how many days a week do you do some physical activity?
- No days
- 1 Day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- Every Day

If you have no regular activity program, please tell us why?
- No available exercise facility
- No transportation
- No money
- No interest
- No fitness person to help me
- Not safe
- Physically unable
- No one to exercise with
- No-equipment or clothes

---

**FUNFitness Screening Guide**

Healthy Athletes System (HAS)
**Station 5**

**Heart Rate**

**HEART RATE**

Check all boxes that apply.

If Education is given, check appropriate box.

- How is HR being measured?
  - Manual (Pulse)
  - Photo sensor

- Pre-exercise HR (beats/min)

- Pre-exercise O2 Saturation (%)

- End-exercise HR (beats/min)

- End-exercise O2 Saturation (%)

- Minutes after end of test

**Station 6**

**Referrals**

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.

Answer all the Referrals questions before pressing Save and Finish.

- Referral by Physical Therapist
  - Yes
  - No

- Reason for recommendation (Brief outline of medical issue identified)
  - Flexibility
  - Strength
  - Balance
  - Aerobic Fitness

- Referral by Primary Care Practitioner
  - Yes
  - No

- Urgent Care Needed
  - Yes
  - No

- Reason for recommendation (Brief outline of medical issue identified)
# Health Promotion Screening

## 9 Stations

<table>
<thead>
<tr>
<th>Station</th>
<th>Screening</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Body Composition</td>
<td>Body Composition</td>
<td>Measure height and weight using metric (cm and kg) or imperial (inches and pounds). 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 one decimal place (e.g. 63.5 inches or 165.6lbs). 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.</td>
</tr>
<tr>
<td>2. Bone Density</td>
<td>Bone Density</td>
<td>System will automatically calculate the BMI for Adults and the BMI Percentile (for children under age 20).</td>
</tr>
<tr>
<td>3. Blood Pressure</td>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>4. Nutrition</td>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>5. Physical Activity</td>
<td>Physical Activity</td>
<td></td>
</tr>
<tr>
<td>6. Hand Washing</td>
<td>Hand Washing</td>
<td></td>
</tr>
<tr>
<td>7. Sun Safety</td>
<td>Sun Safety</td>
<td></td>
</tr>
<tr>
<td>8. Tobacco Use</td>
<td>Tobacco Use</td>
<td></td>
</tr>
<tr>
<td>9. Summary and Check out</td>
<td>Summary and Check out</td>
<td></td>
</tr>
</tbody>
</table>

Click on a number to open the screening form.

The circles show screening status:
Red = Active screening.
Black = Completed.
White = Not completed.

### Station 1

#### Body Composition

**Please enter athlete’s height and select the correct measurement unit used.**

**Height:**

63.5 cm or inches

Measure up to 0.1 cm or 1/8 inch

**Please enter athlete’s weight and select the correct measurement unit used.**

**Weight:**

165.6 kg or lbs

Measure up to 0.01 kg or 1/2 oz

**Measure up to 0.1 cm or 1/8 inch**

**Height is invalid / Units not selected**

#### Station 1

#### Body Mass Index (BMI)

**BMI (20 years of age and over):**

28.87428170084811

The athlete BMI status is overweight

The system will automatically calculate the BMI for Adults and the BMI Percentile (for children under age 20). In this example, the athlete BMI status is overweight.
<table>
<thead>
<tr>
<th>Referral made for BMI follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ Urgent</td>
</tr>
<tr>
<td>○ Non-Urgent</td>
</tr>
</tbody>
</table>

Always check “Yes” or “No” to indicate a referral. Make sure to check Urgent or Non-Urgent. This question must be answered for Special Olympics to follow up with athletes referred for further care.

<table>
<thead>
<tr>
<th>Bone Density (Athlete MUST be at least 20 years old to screen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-Score</td>
</tr>
<tr>
<td>Zero required before decimal for non-whole numbers (ex: 0.3)</td>
</tr>
<tr>
<td>Use (-) for negative and (+) for positive T-scores.</td>
</tr>
<tr>
<td>Left Heel</td>
</tr>
<tr>
<td>0.3</td>
</tr>
<tr>
<td>Right Heel</td>
</tr>
<tr>
<td>-0.4</td>
</tr>
</tbody>
</table>

The athlete’s bone mineral density is in the normal range.

Bone mineral density (BMD) readings should ONLY be recorded for athletes who are 20 years old and older.

When entering the values for the left and right heels, you must enter a zero before the decimal point for any non-whole numbers (e.g., 0.3). For negative values, you must enter a negative sign (-) before the value, but for positive values, do NOT include a positive sign (+).

<table>
<thead>
<tr>
<th>Unable to Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Age under 20</td>
</tr>
<tr>
<td>□ athlete refused</td>
</tr>
<tr>
<td>□ athlete unable to cooperate</td>
</tr>
<tr>
<td>□ unusual heel shape</td>
</tr>
<tr>
<td>□ Machine Issue</td>
</tr>
</tbody>
</table>

If you are unable to test the athlete’s heel, or the athlete is under 20, check the Unable to Test box and select reason for not testing. Enter the BMD for both heels.

<table>
<thead>
<tr>
<th>Referral made for BMD follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>Please select</td>
</tr>
<tr>
<td>○ Urgent</td>
</tr>
<tr>
<td>○ Non-Urgent</td>
</tr>
</tbody>
</table>

Always check “Yes” or “No” if a referral was recommended or not. Make sure to check Urgent or Non-Urgent.

This question must be answered for Special Olympics to follow up with athletes referred for further care.
## Station 3
### Blood Pressure (BP)

<table>
<thead>
<tr>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Pressure</strong></td>
</tr>
<tr>
<td>Blood Pressure should be provided in mmHg</td>
</tr>
<tr>
<td><strong>Right Arm</strong></td>
</tr>
<tr>
<td>125 [ / ] 90</td>
</tr>
<tr>
<td><strong>Left Arm</strong></td>
</tr>
<tr>
<td>[ / ]</td>
</tr>
</tbody>
</table>

*Stage 2a Hypertension – reconfirm. Refer to physician, sports participation ok*

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.

The system will automatically calculate the Blood Pressure categories. The example on the left is “Stage 2a Hypertension.”

### BP Referral

<table>
<thead>
<tr>
<th>Referral made for BP follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

Please select
| ☑ Urgent |
| ☐ Non-Urgent |

Always check “Yes” or “No” if a referral was recommended or not. Make sure to check **Urgent/Non-Urgent**.

This question must be answered for Special Olympics to follow up with athletes referred for further care.

## Station 4
### Nutrition

<table>
<thead>
<tr>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you take vitamin D supplements?</td>
</tr>
<tr>
<td>☑ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Do not know</td>
</tr>
</tbody>
</table>

Check all boxes that apply.

Save and continue to next Station.

## Station 5
### Physical Activity

<table>
<thead>
<tr>
<th>Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many days each week do you exercise for at least 30 minutes?</td>
</tr>
<tr>
<td>☑ No days</td>
</tr>
<tr>
<td>☑ One day</td>
</tr>
<tr>
<td>☑ Two days</td>
</tr>
<tr>
<td>☑ Three days</td>
</tr>
<tr>
<td>☑ Four days</td>
</tr>
<tr>
<td>☑ Five days</td>
</tr>
<tr>
<td>☑ Six days</td>
</tr>
<tr>
<td>☑ Seven days</td>
</tr>
</tbody>
</table>

Check all boxes that apply.

Save and continue to next Station.
| Station 6 | Hand Washing | Check all boxes that apply.  
Save and continue to next Station. |
|-----------|--------------|-----------------------------------------------------------------|
| Station 7 | Sun Safety   | Check all boxes that apply.  
Save and continue to next Station. |
| Station 8 | Tobacco Use  | Check all boxes that apply.  
Save and continue to next Station. |
| Station 9 | Summary and Check out | 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.  
It is important to answer the follow up care referrals questions before pressing Save and Finish to submit the athlete data and complete this process.  
Type in any relevant comments.  
These questions must be answered for Special Olympics to follow up with athletes that have been referred for further care. |

**Hand Washing**  
When are the most important times to wash your hands? (select all that apply)  
- After using the toilet  
- Before eating or touching food  
- Other reason  
- No reasons given

**Sun Safety**  
Do you have anything to protect your skin in the sun?  
- Yes  
- No

**Tobacco Use**  
Use Tobacco  
- Yes  
- No

**Summary and Check out**  
Check out: Follow up care recommended?  
- Yes  
- No  
Please select  
- Urgent  
- Not Urgent

BMI  
- Yes  
- No

BMD  
- Yes  
- No

BP  
- Yes  
- No  
Please select  
- Urgent  
- Not Urgent

Health Promotion Notes
## Healthy Hearing Screening

<table>
<thead>
<tr>
<th>Stations</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Athlete Questions</td>
<td>2. Ear Canal Screen/Otoscopy</td>
</tr>
<tr>
<td>4. Tympanometry</td>
<td>5. Pure Tone</td>
</tr>
</tbody>
</table>

Click on a number to open the screening form.

The circles show screening status:
- Red = Active screening.
- Black = Screening completed.
- White = Not screened yet.

### Station 1
**Athlete Questions**

*Check-in and Athlete Questions* (Combine Athlete Questions and Check-in)

- Hearing
  - Good
  - Not Good
  - Not sure

Check all boxes that apply.

Save and continue to next Station.

### Station 2
**Otoscopy**

Type in screener’s name.

Start screening for Right ear.

If athlete does not allow screening to be performed, type in comments.
### Station 2
**Otoscropy**

<table>
<thead>
<tr>
<th>Right Ear wax removed</th>
<th>Check all boxes that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>If <strong>Yes, or Yes, Partially</strong> is selected, check boxes that drop down for Otoscopy after cleaning.</td>
</tr>
<tr>
<td>☑ Yes, Partially</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Not Possible</td>
<td></td>
</tr>
<tr>
<td>☐ Athlete refused</td>
<td></td>
</tr>
</tbody>
</table>

**Right Otoscopy after cleaning**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Clear</td>
<td></td>
</tr>
<tr>
<td>☐ Partially Blocked</td>
<td></td>
</tr>
<tr>
<td>☐ Blocked</td>
<td></td>
</tr>
</tbody>
</table>

**Right Extra otoscopic findings**

- ☑ Perforation of ear drum
- ☐ Discharge
- ☑ Foreign object in ear canal
- ☐ Otitis externa
- ☑ Atrophic ear
- ☐ Eczema in ear canal
- ☐ Other
- ☑ Medical evaluation of ears needed for extra otoscopic finding (Not for Ear Wax)

### Station 3
**OAE Screening**

<table>
<thead>
<tr>
<th>Right</th>
<th>Start screening for Right ear. If Screener is not able to test, check boxes that apply from drop down options.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pass</td>
<td></td>
</tr>
<tr>
<td>☐ No Pass</td>
<td></td>
</tr>
<tr>
<td>☑ Can’t Test</td>
<td></td>
</tr>
<tr>
<td>☐ Cannot achieve seal</td>
<td></td>
</tr>
<tr>
<td>☐ Probe blocked by cerumen</td>
<td></td>
</tr>
<tr>
<td>☐ Excessive noise</td>
<td></td>
</tr>
<tr>
<td>☐ Athlete refused testing</td>
<td></td>
</tr>
</tbody>
</table>

### Station 4
**Tympanometry**

<table>
<thead>
<tr>
<th>Right</th>
<th>Start screening with Right ear. If Screener is unable to test, check boxes that apply from drop down options.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pass</td>
<td></td>
</tr>
<tr>
<td>☐ No Pass</td>
<td></td>
</tr>
<tr>
<td>☑ Can Not Test</td>
<td></td>
</tr>
</tbody>
</table>

**If Can’t test, select reason:**

- ☐ Cannot achieve seal
- ☐ Probe blocked by cerumen
- ☐ Athlete refused testing

Repeat screening for Left ear. Save and continue to next Station.
Station 5
Pure Tone Screening

Start screening with Right ear.

If Screener is unable to test, check boxes that apply from drop down options.

Repeat screening for Left ear. Save and continue to next Station.

Station 6
Pure Tone Thresholds

Responses are limited to the appropriate ranges for each test: 0-120 (AC) and 0-80 (BC)

Check all boxes that apply.

Save and continue to next Station.

Station 7
Extra Services

It is important that all services provided are documented.

Type in comments if “Other” is selected. Save and continue to next Station.
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.
### Opening Eyes Screening

**10 Stations**


**Start screening at Opening Eyes stations by selecting any of the numbered circles at the top of the page.**

The color of the circles shows screening status:
- **Red** = Active screening.
- **Black** = Completed.
- **White** = Not completed screening.

**Numbered circles are color coded**

- [ ] Eye Care History
- [ ] Current Prescription
- [ ] Visual Acuity
- [ ] Cover Test
- [ ] Color Vision and Stereopsis
- [ ] Autorefracion
- [ ] Eye Health
- [ ] IOP
- [ ] Refraction
- [ ] Checkout and Recommendations

**Station 1**

**Eye Care History**

- When was the last eye exam?
  - [ ] Less than 1 year
  - [ ] 1-3 years
  - [ ] More than 3 years
  - [ ] Never
  - [ ] Unknown

- Do you experience any of the following?
  - [ ] Difficulty seeing
    - [ ] Far
    - [ ] Near
  - [ ] Headaches
  - [ ] Sensitivity to light
  - [ ] Double vision
    - [ ] Far
    - [ ] Near

- Do you wear corrective lenses (glasses or contacts)?
  - [ ] No
  - [ ] Yes
    - [ ] Standard Rx
    - [ ] Sports Rx
    - [ ] Contact Lenses

**Check all boxes that apply.**

If “Difficulty seeing” and or “Double Vision” are selected, check boxes that drop down for Far or Near.

- [ ] Check all boxes that apply.

Check all boxes that apply. If “Yes” is selected, check boxes that drop down for Rx options. Save and continue to next Station.
### Station 2: Current Prescription

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.
- **Axis** values must be negative numbers.
- **Cylinder** values must be negative numbers.
- **Axis** values are limited to numbers between 0 and 180.

### Station 3: Visual Acuity

Check all boxes that apply.

If “Other” is selected, ensure to type in comments.

### Station 4: Cover Test

- **Phoria** and **Strabismus** values are limited to values between 2 and 99, inclusive (x≥2 and x≤99). For example, a value of 100 or 1 will not be accepted.
### Station 5: Color Vision and Stereopsis

**Color Vision and Stereopsis**

- **Color Vision**
  - [ ] Unable to test
  - **CVME**:
    - Trial 1: 4
    - If less than 8 plates, then proceed to Trial 2.
    - Trial 2: Please select /9

- **Stereopsis**
  - [ ] ROE
  - [ ] PASS
  - Please select /6
  - [ ] Unable to test

Color Vision (CVME) questions are limited to values between 1 and 9 listed in the drop-down bar.

If the first test values are less than 8 plates, then test again.

The Color Check and Stereopsis questions are limited to values between 0 and 6 listed in the drop-down bar.

### Station 6: Autorefraction

**Autorefraction**

- **Right Eye**
  - [ ] Unable to test
- **Left Eye**
  - [ ] Unable to test

- **Note:** Cylinder must be a negative value

<table>
<thead>
<tr>
<th>Sphere</th>
<th>Cylinder</th>
<th>Axis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Eye</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 7: Eye Health

**Eye Health**

- [ ] Myasthenia
- [ ] External
- [ ] Right Eye
- [ ] Unable to test
- [ ] Normal
- [ ] List anomaly
- [ ] Blepharitis
- [ ] Conjunctivitis
- [ ] Pterygium
- [ ] Keratoconus
- [ ] Corneal anomaly
- [ ] Iris anomaly

Briefly describe abnormalities

**Photo of the Abnormality:**
- [ ] Choose File
- [ ] No file chosen

Start screening for Right eye.
Type in brief description of abnormalities.
You may upload a photo of the abnormality.
Repeat screening for Left eye.
Save and continue to next Station.
## Station 8
### IOP

The IOP question is limited to values **less than** or equal to **60** and **greater than** or equal to **-5** (x<60 and x>=-5). For example, the system will not accept a value of -6 or a value of 61.

### Station 9
### Refraction

- **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 10
### Check-out

Review the athlete’s record by toggling clicking on the athletes “Current Prescription”, Autorefraction, Retinoscopy, and Refraction tabs.
### Station 10 Check-out

**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.

<table>
<thead>
<tr>
<th></th>
<th>Sphere</th>
<th>Cylinder</th>
<th>Axis</th>
<th>VA Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Distance OU** | **VA Near (OU)** | **Add**

- 2D | Please select | 2D | Please select |

- Sport glasses
- Plans
- Rx

### Station 10 Referrals

It is important to answer the follow up care referrals questions before pressing **Save and Finish** to submit the athlete data and complete this process.

**Referral to**
- [ ] Optometrist
- [X] Ophthalmologist
- [ ] Primary care physician
- [ ] Neurologist

**Other**

**Urgent Referral**
- [X] Yes
- [ ] No

**Additional Comments**
Special Smiles Screening

3 Stations

Numbered circles are color coded

Click on a number to open the screening form. The circles show screening status:
Red = Active screening.
Black = Completed screening.
White = Not screened.

Station 1
Screening

Check all boxes that apply.

Edentulous: Check “No” box to proceed to the rest of the questions for Special Smiles Teeth Screening.
Station 1
Teeth Screening

Check all boxes that apply and type in comments in the Notes text box.

Note: 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!

Station 2
Mouthguard

Check all boxes that apply.

Save and proceed to next station.

Station 3
Fluoride

Check all boxes that apply.

Save and Finish.
Strong Minds Screening

2 Stations
1. Check-In / Intake   2. Check Out.

Numbered circles are color coded

Click on a number to open the screening form.

The circles show screening status:
Red = Active screening.
Black = Screening completed.
White = Not screened.

Station 1
Check-in / Intake

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

Station 1
Check-in / Intake

Once the screening responses are complete, select Save and Finish to submit the athlete data and complete this process.
Station 2
Check Out

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.

<table>
<thead>
<tr>
<th>Station 2 Check Out</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check Out</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Use in the future</strong></td>
</tr>
<tr>
<td>Stress and you</td>
</tr>
<tr>
<td>Strong Messages</td>
</tr>
<tr>
<td>Strong Breathing</td>
</tr>
<tr>
<td>Strong Stretching</td>
</tr>
<tr>
<td>Strong Supporting</td>
</tr>
<tr>
<td><strong>How are you feeling right now?</strong></td>
</tr>
<tr>
<td>○ Great</td>
</tr>
<tr>
<td><strong>Do you think you will use any of the strategies you learned today in competition or everyday life?</strong></td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td><strong>Would you tell a friend, family member, or teammate about any of the strategies you learned today?</strong></td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td><strong>Use one strategy you learned today to set your Strong Minds Goal:</strong></td>
</tr>
<tr>
<td><strong>What will you do?</strong></td>
</tr>
<tr>
<td>○ Use a stress ball</td>
</tr>
<tr>
<td>○ Think positive thoughts</td>
</tr>
<tr>
<td>○ Do deep breathing</td>
</tr>
<tr>
<td>○ Stretch</td>
</tr>
<tr>
<td>○ Support others</td>
</tr>
<tr>
<td>○ Other</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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