

HAS FORM FOR VIRTUAL HEALTHY ATHLETES FIT FEET

First name	Last name	HAS ID _____	
Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Age (years) <input type="checkbox"/> Not sure
Event: Virtual HA Encounter	Location	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified partner <input type="checkbox"/> Non-athlete with ID	Sport
Delegation/Program		SO Program FLORIDA	
Cell phone number	Number is <input type="checkbox"/> Athlete's <input type="checkbox"/> Parent's / Guardian's		
Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening.			
Screener Name and Program:		Technology used by athlete <input type="checkbox"/> Cellphone <input type="checkbox"/> Computer <input type="checkbox"/> Tablet	

Foot and Shoe Size Measurement and Fit



Do your shoes fit? ___ Yes ___ No

Are your shoes comfortable? ___ Yes ___ No

Reported size not obtainable

Measured size, if Tech is available not obtainable

Thumb Method Check Good Fit Shoe too big Shoe too small NA

Shoe Condition and Proper for Sport

Are your shoes in good condition? Yes No

Visual Inspection of Shoes if Possible Shoe good condition Shoe poor condition NA

What sport do you participate in? Are your shoes made for that sport? Yes No

Dermatology

Nails Do your nails hurt or any problems with them? Yes No Do not know

Do your nails look weird—yellow, thick, crumbly, coming off? Yes No Do not know

Visual Inspection of Nails if Possible

Normal Hematoma Discoloration Yellow Ingrown

Wrong nail cut Lysis Thick Crumbly

Skin

Any skin problems like blisters, corns, calluses, cuts, sores, rashes? Yes No Do not know

Are your feet real dry? Yes No Do not know

Are your feet real wet? Yes No Do not know

Are your feet real smelly? Yes No Do not know

Any redness, scaling or itching between the toes? Yes No Do not know

Use descriptors like hard skin, peeling skin, painful skin, cracked skin, red skin

Visual Inspection of Skin if Possible

Normal Warts Maceration Redness Dry Papules Rash

Callus Blisters Fissures Moist Ulcers Pigmented Lesion Corn

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Structural Deformities & Gait

Any sore bumps on feet or toes? Yes No Do not know

Any heel pain—especially when you first stand up? Yes No Do not know

Is it painful to walk? Yes No Do not know

Do you limp or shuffle? Yes No Do not know

Do any of your toe or foot joints hurt to move or feel stiff? Yes No Do not know

Visual Inspection for Structural Deformities if Possible

Normal Bunions Pes Cavus Hallux Varus Metatarsus Adductus

Digital deformities Exostosis on Heel Pes Planus Hallux rigidus/limitus Brachymetatarsia

Tailor's bunions Syndactyly (Short toe)

Other: _____

Visual Inspection for Gait Abnormalities if Possible Not possible

Basic Gait Analysis	Right	Left Foot
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Pronation	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Supination	<input type="checkbox"/>	<input type="checkbox"/>
Forefoot Abduction	<input type="checkbox"/>	<input type="checkbox"/>
Forefoot Adduction	<input type="checkbox"/>	<input type="checkbox"/>
Early Heel Off	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Do you have a local Podiatrist (foot doctor)? Yes No

Education, review of findings and checkout

Follow-up care Recommended. YES NO

Urgent? YES NO

What is the issue that requires a referral?

Referral made to:

Education Provided YES NO

Link to FIT FEET General Foot Care Video <https://resources.specialolympics.org/health/fit-feet/a-step-by-step-guide-to-athlete-foot-care>

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Additional Specific Instructions given to Athlete