Introduction to Special Olympics Healthy Athletes and MedFest
What Will be Covered In This Training?

- History of Special Olympics International
- Overview of Special Olympics Health & Healthy Athletes
- Understanding the population we serve
- MedFest Protocols and Purpose
Special Olympics provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills, and friendship with their families, other Special Olympics athletes, and the community.
Special Olympics: Origin

- **1962:** Shriver Camp
  - Summer camp in the backyard of Eunice Shriver’s home in Washington, D.C.

- **July 20, 1968:** First International Special Olympics Summer Games held in Chicago

- **Aug 2, 1968:** Special Olympics officially becomes incorporated
Special Olympics: Now

• 32 Olympic-type summer and winter sports

• Over 5 million athletes in more than 190 countries

• Over 1 million coaches and volunteers, worldwide

• More than 100,000 competitions around the world each year

• More than 220 competitions hosted daily
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4 Focus Areas

• Health
• Education
• Community
• Sport
Special Olympics Health, made possible by the Golisano Foundation, was created in 1997 with Healthy Athletes®.

However, it has grown incredibly since then....
The Reality

Results from **Healthy Athletes screenings in North America** through July 1st, 2018 indicate:

- 71.3% have flexibility issues
- 75.7% have balance issues
- 54.3% have gait abnormalities
- 21.9% have bone deformation
- 47.6% needed a new glasses prescription
- 41.5% have a blocked or partially blocked ear canal
- 35.8% have exposure to second-hand smoke
Why is this the reality?

Barriers to good health for people with ID include:

- Insufficient provider training
- Limited prevention education
- Limited self-advocacy
- Attitudes/Discrimination/Discomfort/Lack of Awareness
- Cultural beliefs
- Increased poverty
- Poor enforcement of laws/acts
Insufficient Training for Health Care Providers

• 81% of graduating medical students in the U.S. report not having any clinical training on the care of people with IDD

• 90% of US primary care residency programs offer no training in caring for people with IDD
Goals of Healthy Athletes

• Train health care professionals and students
• Improve access and health care for Special Olympics athletes at event based health screenings
• Make referrals to local health practitioners when appropriate
• Collect, analyze and disseminate data on the health status and needs of persons with intellectual disabilities
• Advocate for improved health policies and programs for persons with intellectual disabilities
Healthy Athletes

Special Olympics is the largest sporting organization in the world for people with intellectual disabilities (ID). Special Olympics is creating a world where people with ID have the opportunity to be healthy.

Opening Eyes (Vision)

Special Smiles (Dentistry)

Fun Fitness (Physical Therapy)

Health Promotion (Health and Wellness)

Healthy Hearing (Audiology)

Fit Feet (Podiatry)

MedFest (Sports Physicals)

Strong Minds (Emotional Well-being)
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Intellectual Disability: Definition

- Refers to a disability that originates before age 18 and is characterized by significant limitations in both intellectual functioning and in adaptive behaviors
  - American Association on Intellectual and Developmental Disabilities (AAIDD) definition: <18yo
  - DSM-5 definition: *during the developmental period*
Breaking down the Definition

• **Intellectual functioning**
  – Refers to general mental capacity
  – May be measured by an Intelligence Quotient (IQ) test
    • IQ test score < 70-75 indicates a limitation in intellectual functioning

• **Adaptive behaviors**
  – Refers to skills that are needed to live, work, and play in the community
    • Includes communication, self-care, and social skills
  – Put another way, adaptive behaviors are the conceptual, social, and practical skills that people learn and perform in their everyday lives
How does ID relate to term Developmental Disabilities?

- Developmental disability (DD): before age 18
- Intellectual disability (ID)
  - Limitations in intellectual functioning limitations
  - Limitations in adaptive behaviors
- Other DDs
  - Autism spectrum disorder
  - ADHD
  - Specific learning disorder
  - Motor disorders
  - Communication disorders
How does ID relate to the term neurodevelopmental disorders?
Causes of ID

• For many people, the cause of intellectual disability is unknown
• Some of the most common causes of intellectual disability include
  – Fragile X syndrome
  – Down syndrome
  – Fetal alcohol syndrome
  – Genetic conditions, birth defects, serious head injury, stroke, or certain infections
Not All Developmental Disabilities Result in an Intellectual Disability

DEVELOPMENTAL DISABILITIES

INTELLECTUAL DISABILITY

AUTISM

FAS

CEREBRAL PALSY

DOWN SYNDROME
Communicating with patients with ID
What Will be Covered In This Training?

- History of Special Olympics International
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MedFest Purpose

• Provides a free pre-participation sports physical exam that conforms to a standard of care
  • Serves as a part of the healthcare infrastructure by providing a service that many people with ID have difficulty in obtaining

• Fulfills several additional purposes
  • To recruit new athletes to the Special Olympics movement
  • To provide health professionals and health professions students clinical experience with patients with ID in a non-acute setting
  • To foster partnerships between Special Olympics and the community
Athlete Medical Form

• Pages 1-2 (Health History) should be filled out prior to arrival to MedFest
  – Includes demographic information, past medical history, allergies and meds

• Page 3 – Physical Exam
  – Height/weight/BMI, vitals, vision screening
  – Physical exam & recommendations

• Page 4 – Only for referrals
  – Filled out by consulted physician as needed
MedFest Stations

1. Check-in
2. Height/weight
3. Basic Vision Exam
4. Vitals
5. Physical Exam
6. Check-out
MedFest Stations

1. Check-in
   - Athlete welcome area
   - Athlete is checked-in and linked up with their previously submitted Health History
### Health History

**Athlete Medical Form – HEALTH HISTORY**

(To be completed by the athlete or parent/guardian/caregiver and brought to exam)

**STATE PROGRAM:**

**ASSOCIATED CONDITIONS**

- Does the athlete have any of the following conditions?
  - Autism
  - Down Syndrome
  - Fragile X Syndrome
  - Other syndrome, please specify:

**ALLERGIES & DIETARY RESTRICTIONS**

- List any special dietary needs:

**SPORTS PARTICIPATION**

- List all Special Olympics sports the athlete wishes to play:

**SURGERIES, INFECTIONS, VACCINES**

- List all past surgeries:

**EPILEPSY AND/OR SEIZURE HISTORY**

- Has the athlete ever had an abnormal electrocardiogram (EKG) or electrocardiogram (Echocardiogram)? If yes, describe date and results:

**MENTAL HEALTH**

- Has the athlete ever been diagnosed with or treated for any of the following conditions?
  - Depression
  - Anxiety

**FAMILY HISTORY**

- List all medical conditions that run in the athlete’s family:

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**Medical Form for US Programs – Special Olympics Medical Form [1 of 4]**

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**Medical Form for US Programs – Special Olympics Medical Form [2 of 4]**

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**Medical Form for US Programs – Special Olympics Medical Form [3 of 4]**

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**Medical Form for US Programs – Special Olympics Medical Form [4 of 4]**
MedFest Stations

2. **Height/weight**
   - Weight taken in lbs or kgs on professional grade scale
     - If athlete uses wheelchair and is weighed in wheelchair, please note on form
   - Height taken in “in” or “cm” using a stadiometer
     - Previous height, wingspan, or tape measure are possible alternatives, please note on form
3. Vision

• Basic 20/40 (or 6/12) vision screen using a Lea Chart
Lea Chart

Checking for Vision at the 20/40 level

• Have athlete stand at 10 feet away
• Athlete reads chart for the 20/40 line
  • If athlete is non-verbal, ask him/her to point to symbol in hand
• Mark if they fail (for referral to Opening Eyes or otherwise)

NOTE: Vision is not necessarily a reason to not clear an athlete. Accommodations can be made for some sports.
MedFest Stations

3. Vitals

- Done at separate station outside exam room or within exam room, depending on set-up and volunteers
- Blood Pressure, Pulse, O2 Sat, and Temperature
6 SIMPLE STEPS TO GET AN ACCURATE BLOOD PRESSURE READING

- **Use Correct Size Cuff**: Cuff too small adds 2-10 mm Hg.
- **Don't Have a Conversation**: Talking or active listening adds 10 mm Hg.
- **Put Cuff on Bare Arm**: Cuff over clothing adds 5-50 mm Hg.
- **Support Arm at Heart Level**: Unsupported arm adds 10 mm Hg.
- **Keep Legs Uncrossed**: Crossed legs add 2-8 mm Hg.
- **Support Back/Feet**: Unsupported back and feet adds 6.5 mm Hg.

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

**Sources:**
- Handler, J. The importance of accurate blood pressure measurement. The Permanente Journal/Summer 2009/Volume 13 No. 351

This graphic was modified from materials from American Medical Association and The John Hopkins University. The original content can be found at https://www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources.
Blood Pressure Protocol

• BP measurement is required in only one arm
  – Test right arm first, if possible
    • If normal, you are done!
    • If abnormal, let the athlete rest, drink water, and re-test with manual cuff
    • If measurement continues to be abnormal, test the other arm
Use this blood pressure chart to work out what the blood pressure readings mean. This is a screening and not intended to be a diagnosis for high blood pressure as we are only doing one reading.

**NOTE:** BP reading is considered abnormal if either value (systolic or diastolic) is outside the normal range.

### Table 1: Children age 13 + and adults

<table>
<thead>
<tr>
<th>BP Reading Category</th>
<th>Systolic mmHg (upper number)</th>
<th>Diastolic mmHg (lower number)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotensive</td>
<td>Less than 90 and Less Than 60</td>
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<td>Referral</td>
</tr>
<tr>
<td>Normal</td>
<td>Less Than 120 and Less Than 80</td>
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<td>none</td>
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<tr>
<td>Elevated</td>
<td>120-129 and Less Than 80</td>
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<td>Referral</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>130-139 or 80-89</td>
<td></td>
<td>Referral</td>
</tr>
<tr>
<td>Hypertension Stage 1</td>
<td>140-159 or 90-99</td>
<td></td>
<td>Referral</td>
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<tr>
<td>Non-Clearance for Blood Pressure Readings Below</td>
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<tr>
<td>High Blood Pressure Hypertension Stage 2-b</td>
<td>160-180 or 100-120</td>
<td>Non-Clearance of Athlete until further follow-up</td>
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<tr>
<td>Hypertensive Crisis</td>
<td>Higher Than 180 and/or Higher than 120</td>
<td></td>
<td>Immediate (Urgent) referral to medical services</td>
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</table>
### Table 2: Children Age 8-12 Blood Pressure Values Requiring Further Evaluation by Medical Professional

<table>
<thead>
<tr>
<th>Age</th>
<th>Blood Pressure Values*</th>
<th>Non-Clearance Levels for Youth</th>
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<tbody>
<tr>
<td></td>
<td>Systolic mm Hg</td>
<td>Diastolic mm Hg</td>
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<tr>
<td>5</td>
<td>103</td>
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<tr>
<td>12</td>
<td>113</td>
<td>75</td>
</tr>
</tbody>
</table>

*Any BP reading repeatedly at or above the systolic or diastolic values listed in table 2 requires further evaluation.*
Blood Pressure Protocol: Youth aged ≥13 & Adults

HTN stage 1 (130-139 systolic and 80-89 diastolic)

- If >160 systolic or >100 diastolic → do NOT clear for participation until further evaluation

HTN stage 2b (160-179 systolic or 110-119 diastolic)

- If >160 systolic or >100 diastolic → do NOT clear for participation until further evaluation
MedFest Stations

1. Check-in
2. Height/weight
3. Basic Vision Exam
4. Vitals
5. Physical Exam
6. Check-out
Physical Exam

• Each athlete should arrive to the physical exam station with height/weight, vision, and vitals stations complete
• Goal is for the exam to take a total of 8-10 minutes
• To inform your exam:
  • Review Health History (pages 1 and 2)
  • Review vitals (top of page 3)
Who completes the physical exam? Who signs the form?

• The form must be signed by a **Licensed Medical Professional** qualified to conduct physical exams and prescribe medications.
  – Typically, this includes licensed physicians (MD or DO), nurse practitioners, or physician assistants
  – Chiropractors may not perform the SOI sports physical

• **Students/Trainees** of these fields may also perform the physical exam, but it must be done under the supervision of a licensed medical professional
  – **Supervisor must sign the form** and is responsible for the validity of the information obtained by students
  – Students do NOT sign the form
Physical Exam

Athlete Medical Form – PHYSICAL EXAM
(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)

Athlete’s First and Last Name: ____________________________

**MEDICAL PHYSICAL INFORMATION**
(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

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<th>Height</th>
<th>Weight</th>
<th>BMI (optional)</th>
<th>Temperature</th>
<th>Pulse</th>
<th>O₂ Sat</th>
<th>Blood Pressure (in mmHg)</th>
<th>Right Vision 20/40 or better</th>
<th>Left Vision 20/40 or better</th>
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<tbody>
<tr>
<td>cm</td>
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<td>C</td>
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<td>in</td>
<td>lbs</td>
<td>Body Fat %</td>
<td>F</td>
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<table>
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<th>Right Hearing (Finger Rub)</th>
<th>Responds</th>
<th>No Response</th>
<th>Can’t Evaluate</th>
<th>Left Hearing (Finger Rub)</th>
<th>Responds</th>
<th>No Response</th>
<th>Can’t Evaluate</th>
<th>Right Ear Canal</th>
<th>Clear</th>
<th>Cerumen</th>
<th>Foreign Body</th>
<th>Left Ear Canal</th>
<th>Clear</th>
<th>Cerumen</th>
<th>Foreign Body</th>
<th>Right Tympanic Membrane</th>
<th>Clear</th>
<th>Perforation</th>
<th>Infection</th>
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<td>Infection</td>
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<td>Infection</td>
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<td>Poor</td>
<td>Thyroid Enlargement</td>
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<td>Heart Murmur (supine)</td>
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<td>3/6 or greater</td>
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<td>3+</td>
<td>4+</td>
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<td>Diminished</td>
<td>Hyperreflexia</td>
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<td>Hyperreflexia</td>
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<td>Abnormal Gait</td>
<td>No</td>
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<td>Tremor</td>
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<tr>
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<td>Full</td>
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<td>Neck &amp; Back Mobility</td>
<td>Full</td>
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<td>Not full, describe below</td>
<td>Upper Extremity Mobility</td>
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<tr>
<td>Loss of Sensitivity</td>
<td>No</td>
<td>Yes, describe below</td>
<td>Loss of Sensitivity</td>
<td>No</td>
<td>Yes, describe below</td>
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</tbody>
</table>
# Physical Exam

**Athlete Medical Form – PHYSICAL EXAM**

(To be completed by a Licensed Medical Professional qualified to conduct exams & prescribe medications)

**Athlete’s First and Last Name:**

**MEDICAL PHYSICAL INFORMATION**

(To be completed by a Licensed Medical Professional qualified to conduct physical exams and prescribe medications)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI (optional)</th>
<th>Temperature</th>
<th>Pulse</th>
<th>O₂ Sat</th>
<th>Blood Pressure (In mmHg)</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>cm</td>
<td>kg</td>
<td></td>
<td>°C</td>
<td></td>
<td></td>
<td>BP Right:</td>
<td></td>
</tr>
<tr>
<td>in</td>
<td>lbs</td>
<td>Body Fat %</td>
<td>F</td>
<td></td>
<td></td>
<td>BP Left:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Right Hearing (Finger Rub)</th>
<th>□ Responds □ No Response □ Can’t Evaluate</th>
<th>Bowel Sounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Hearing (Finger Rub)</td>
<td>□ Responds □ No Response □ Can’t Evaluate</td>
<td>Hepatomegaly</td>
</tr>
<tr>
<td>Right Ear Canal</td>
<td>□ Clear □ Cerumen □ Foreign Body</td>
<td>Splenomegaly</td>
</tr>
<tr>
<td>Left Ear Canal</td>
<td>□ Clear □ Cerumen □ Foreign Body</td>
<td>Abdominal Tenderness</td>
</tr>
<tr>
<td>Right Tympanic Membrane</td>
<td>□ Clear □ Perforation □ Infection □ NA</td>
<td>Kidney Tenderness</td>
</tr>
<tr>
<td>Left Tympanic Membrane</td>
<td>□ Clear □ Perforation □ Infection □ NA</td>
<td>Right upper extremity reflex</td>
</tr>
<tr>
<td>Oral Hygiene</td>
<td>□ Good □ Fair □ Poor</td>
<td>Normal</td>
</tr>
<tr>
<td>Thyroid Enlargement</td>
<td>□ No □ Yes</td>
<td>Diminished</td>
</tr>
<tr>
<td>Lymph Node Enlargement</td>
<td>□ No □ Yes</td>
<td>Hyperreflexia</td>
</tr>
<tr>
<td>Heart Murmur (supine)</td>
<td>□ No □ 1/6 or 2/6 □ 3/6 or greater</td>
<td>Abnormal Gait</td>
</tr>
<tr>
<td>Heart Murmur (upright)</td>
<td>□ No □ 1/6 or 2/6 □ 3/6 or greater</td>
<td>Spasticity</td>
</tr>
<tr>
<td>Heart Rhythm</td>
<td>□ Regular □ Irregular</td>
<td>Tremor</td>
</tr>
<tr>
<td>Lungs</td>
<td>□ Clear □ Not clear</td>
<td>Neck &amp; Back Mobility</td>
</tr>
<tr>
<td>Right Leg Edema</td>
<td>□ No □ 1+ □ 2+ □ 3+ □ 4+</td>
<td>Upper Extremity Mobility</td>
</tr>
<tr>
<td>Left Leg Edema</td>
<td>□ No □ 1+ □ 2+ □ 3+ □ 4+</td>
<td>Lower Extremity Mobility</td>
</tr>
<tr>
<td>Radial Pulse Symmetry</td>
<td>□ Yes □ R&gt;L □ L&gt;R</td>
<td>Upper Extremity Strength</td>
</tr>
<tr>
<td>Cyanosis</td>
<td>□ No □ Yes, describe</td>
<td>Lower Extremity Strength</td>
</tr>
<tr>
<td>Clubbing</td>
<td>□ No □ Yes, describe</td>
<td>Loss of Sensitivity</td>
</tr>
</tbody>
</table>
Physical Exam Clearances

SPINAL CORD COMPRESSION & ATLANTO-AXIAL INSTABILITY (AAI) (Select one)

- Athlete shows NO EVIDENCE of neurological symptoms or physical findings associated with spinal cord compression or atlanto-axial instability.
- OR
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlanto-axial instability and must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.

ATHLETE CLEARANCE TO PARTICIPATE (TO BE COMPLETED BY EXAMINER ONLY)

Licensed Medical Examiners: It is recommended that the examiner review items on the medical history with the athlete or their guardian, prior to performing the physical exam. If an athlete needs further medical evaluation please make a referral below and second physician for referral should complete page 4.

- This athlete is ABLE to participate in Special Olympics sports without restrictions.
- This athlete is ABLE to participate in Special Olympics sports WITH restrictions. Describe
- This athlete MAY NOT participate in Special Olympics sports at this time & MUST be further evaluated by a physician for the following concerns:
  - Concerning Cardiac Exam
  - Concerning Neurological Exam
  - Acute Infection
  - Stage II Hypertension or Greater
  - O₂ Saturation Less than 90% on Room Air
  - Hepatomegaly or Splenomegaly
  - Other, please describe:

Additional Licensed Examiner’s Notes and Recommended (but not required) Follow-up:

- Follow up with a cardiologist
- Follow up with a vision specialist
- Follow up with a podiatrist
- Other/Exam Notes:

Name:
E-mail:
Phone:
License #:

Medical Form for US Programs – updated July 2017

Special Olympics Medical Form | 3 of 4
Most Common Reasons Not to Clear

Cardiac
  • irregular HR
  • grade 3/6 murmur or higher
  • **Blood pressure above 160/100**

Pulmonary: O2 Sat <90% on room air

Abdominal: Hepatomegaly or splenomegaly

Neurologic: signs or symptoms of spinal cord compression

Acute infection: febrile illnesses

Use your clinical judgment
Potential Reasons to Clear, but Restrict

**Poorly controlled seizure disorders** - should avoid sports involving water

**Bleeding disorders or osteogenesis imperfect** - should avoid contact sports

**Pregnancy** - should avoid equestrian sports

**Single functional eye** - should use protective eyewear

Use your clinical judgment
Referrals-filled out by consulting physician after MedFest, if applicable
Average for Clearance/Referrals

- **Full Clearance**: 70-90% of athletes

- **Full Clearance, with non-urgent referrals**: 10-30% of athletes
  - Athlete with sub-optimal vision correction
  - Athlete with stage 1 hypertension

- **Clearance, with restrictions**: 0-10% of athletes
  - Athlete with frequent seizures, cleared for bocce but not swimming

- **No Clearance, Pending Further Evaluation**: 0-5% of athletes
MedFest Stations

1. Check-in
2. Height/weight
3. Basic Vision Exam
4. Vitals
5. Physical Exam
6. Check-out
Clearance Examples
Clearance Examples

- An athlete with Down syndrome
- The athlete has a lifelong history of bowel and bladder control problems
- No other neurological symptoms
- No neurological findings on physical exam

Clear
Clearance Examples

• An athlete with Down syndrome
• The athlete has a lifelong history of bowel and bladder control problems – **but it has gotten worse within the past three years**
• No other neurological complaints
• No neurological findings on physical exam

Do not clear – refer.
Clearance Examples

- An athlete has a history of seizures but has not had one within the past year
- No other findings on history or physical

Clear
Clearance Examples

- An athlete has a history of seizures AND has had one within the past year
- No other findings on history or physical

**Potentially Not Cleared** – Find out more information: may depend on sport being played, frequency, medication changes, etc.
Final thoughts

• Scrubs/dress comfortably. No white coats please.
  • You may be given a volunteer t-shirt to wear during the event

• Bring your **stethoscope** and **reflex hammer**
Thank you for supporting Special Olympics!
REGISTER TODAY:

INSERT DATE & LOCATION OF EVENT

Questions? Feedback on training? CONTACT:

INSERT Contact information

Free t-shirt and lunch provided!

Healthy Hearing (Audiology)
Opening Eyes (Vision)
Special Smiles (Dental)
MedFest (Sports Physicals)