# 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 yearround sports training and athletic competition in a variety of Olympictype 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





# 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

### **4 Focus Areas**



- Health
- Education
- Community
- Sport









Special Olympics Health, made possible by the Golisano Foundation, was created in 1997 with Healthy Athletes<sup>®</sup>.



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

Conduct health screenings

Train health care professionals

Provide yearround inclusive health, fitness, and wellness programming Support systemic policy change initiatives





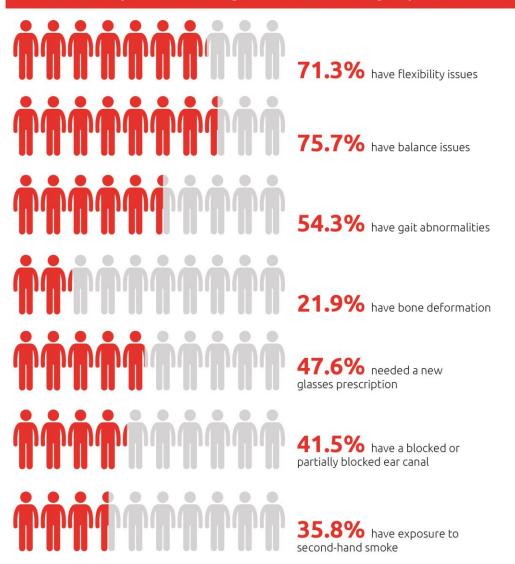






### The Reality

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



### 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





- 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)



Healthy Hearing (Audiology)



Special Smiles (Dentistry)



Fit Feet (Podiatry)



Fun Fitness (Physical Therapy)



MedFest (Sports Physicals)



Health Promotion (Health and Wellness)



Strong Minds (Emotional Well-being)

# 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

# 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</li>
  - DSM-5 definition: during the developmental period







#### 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

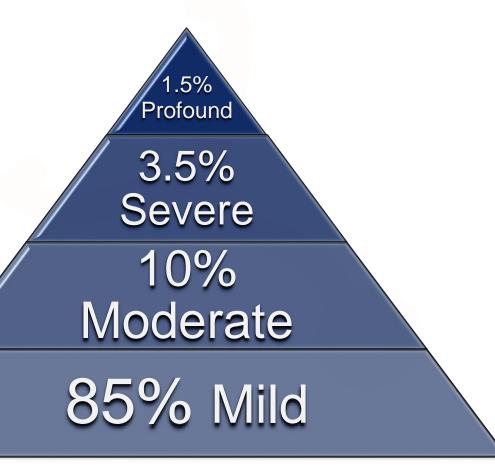
#### Adaptive behaviors

- 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





### **Intellectual Disability**



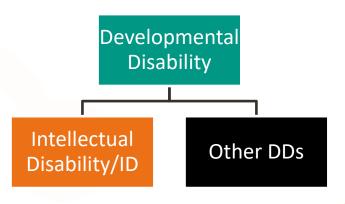
# How does ID relate to term Developmental Disabilities?



- Developmental disability (DD): before age 18
- Intellectual disability (ID)
  - Limitations in intellectual functioning limitations
  - Limitations in adaptive behaviors

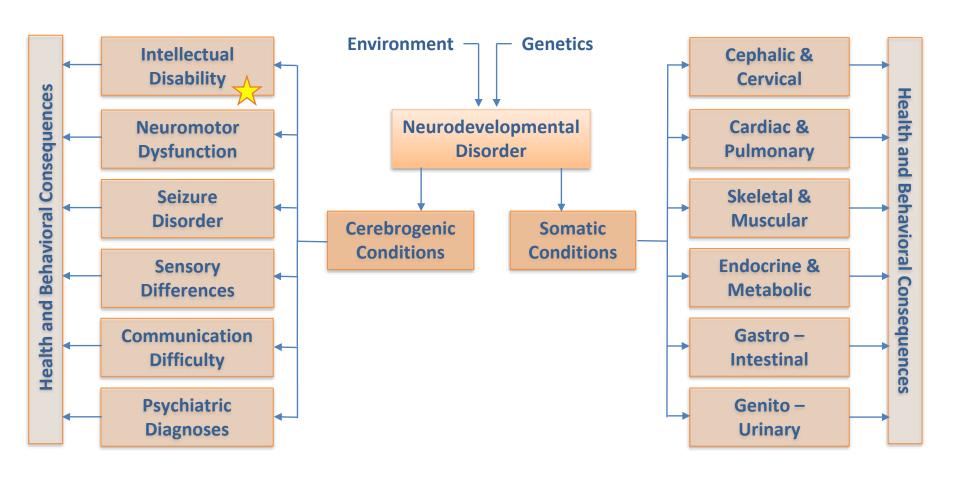
#### Other DDs

- Autism spectrum disorder
- ADHD
- Specific learning disorder
- Motor disorders
- Communication disorders





#### How does ID relate to the term neurodevelopmental disorders?



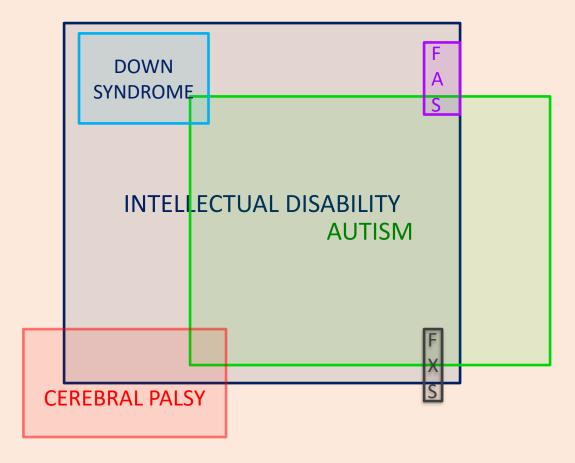




- For many people, the cause of intellectual disability is unknown
- Some of the most common causes of intellectual disability include
  - Fragile X syndrome
  - Down syndrome
  - Fetal alcohol syndrome
  - Genetic conditions, birth defects, serious head injury, stroke, or certain infections



## Not All Developmental Disabilities Result in an Intellectual Disability



**DEVELOPMENTAL DISABILITIES** 



# Communicating with patients with ID

# 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



### **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







- 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





### 1. Check-in

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

#### Athlete Medical Form - HEALTH HISTORY

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



Athlete First & Last Name:	Preferred Name:						
Athlete Date of Birth (mm/dd/yyyy):	Female Male						
STATE PROGRAM:	E-mail:						
ASSOCIATED CONDITIONS - Does the athlete have (c	heck any that apply):						
Autism	own Syndrome Fragile X Syndrome						
Cerebral Palsy	etal Alcohol Syndrome						
Other Syndrome, please specify:							
ALLERGIES & DIETARY RESTRICTIONS	ASSISTIVE DEVICES - Does the athlete use (check any that apply):						
No Known Allergies	Brace Colostomy Communication Device						
Latex	C-PAP Machine Crutches or Walker Dentures						
Medications:	Glasses or Contacts G-Tube or J-Tube Hearing Aid						
Insect Bites or Stings:	Implanted Device Inhaler Pacemaker						
Food:	Removable Prosthetics Splint Wheel Chair						
List any special dietary needs:							
	SPORTS PARTICIPATION						
List all Special Olympics sports the athlete wishes	to play:						
Has a doctor ever limited the athlete's participation No Yes If yes, please	i in sports? se describe:						
SURG	SERIES, INFECTIONS, VACCINES						
List all past surgeries:							
Does the athlete currently have any chronic or acu	te infection? see describe: List all past surgeries:						
	ogram (EKG) or Echocardiogram (Echo)? If yes, describe date and results						
Yes, had abnormal EKG Yes, had abnormal Echo							
Has the athlete had a Tetanus vaccine in the past 7	years? No Yes						
EPILE	PSY AND/OR SEIZURE HISTORY						
Epilepsy or any type of seizure disorder	No Yes						
If yes, list seizure type:							
If yes, had seizure during the past year?	No Yes						
	MENTAL HEALTH						
Self-injurious behavior during the past year	No Yes Depression (diagnosed) No Yes						
Aggressive behavior during the past year	No Yes Anxiety (diagnosed) No Yes						
Describe any additional mental health concerns:							
	FAMILY HISTORY						
Has any relative died of a heart problem before age	50? No Yes						
Has any family member or relative died while exerc	ising? No Yes						
List all medical conditions that run in the athlete's family:							
Medical Form for US Programs – updated July 2017	Special Olympics Medical Form   1 of 4						

### **Health History**

Athlete Medical (To be completed by th								ight to Ex	<u>:am</u> )			ής. < ₹
Athlete's First and Last Na	me:											
HAS THE ATHLETE EVER BEEN DIAGNOSED WITH OR EXPERIENCED ANY OF THE FOLLOWING CONDITIONS												
Loss of Consciousness			No	Yes	High E	Blood F	ressure	No	Yes	Stroke/TIA	No	Yes
Dizziness during or after exer	cise		No	Yes	High (	Cholest	erol	No	Yes	Concussions	No	Yes
Headache during or after exe	rcise		No	Yes	Vision	Impair	ment	No	Yes	Asthma	No	Yes
Chest pain during or after exercise No Yes					Hearin	ng Impi	airment	No	Yes	Diabetes	No	Yes
Shortness of breath during or	after exe	ercise	No	Yes	Enlarg	ged Spl	een	No	Yes	Hepatitis	No	Yes
Irregular, racing or skipped he	eart beats	5	No	Yes	Single	Kidne	y	No	Yes	Urinary Discomfo	ort No	Yes
Congenital Heart Defect			No	Yes	Osteo	porosis	5	No	Yes	Spina Bifida	No	Yes
Heart Attack			No	Yes	Osteo	penia		No	Yes	Arthritis	No	Yes
Cardiomyopathy			No	Yes	Sickle	Cell D	isease	No	Yes	Heat Illness	No	Yes
Heart Valve Disease			No	Yes	Sickle	Cell T	rait	No	Yes	Broken Bones	No	Yes
Heart Murmur			No	Yes	Easy	Bleedir	g	No	Yes	Dislocated Joints	No.	Yes
Endocarditis			No	Yes	If fema	ale athl	ete, list	date of la	st men	strual period:		
Describe any past broken b (if yes is checked for either of				ts			,					
Difficulty controlling bowel			ptoms	for Spi	inal Coro	d Comp	_			ial Instability in the past 3 years?	) No	Yes
Numbness or tingling in leg	ıs. arms.	hands o	r feet		No	Yes		is this new	or worse	in the past 3 years?		
Weakness in legs, arms, ha					No	□ □Yes				in the past 3 years?		
Burner, stinger, pinched ne shoulders, arms, hands, bu	rve or pa	ain in the		back,	No	Yes				e in the past 3 years?		
Head Tilt					No	Yes	If yes,	is this new	or worse	e in the past 3 years?	) No	Yes
Spasticity					No	Yes	If yes,	is this new	or worse	in the past 3 years?	) No	Yes
Paralysis					No	Yes	If yes,	is this new	or worse	in the past 3 years?	) No	Yes
P	LEASE L	IST ANY	MEDI		l, VITAM		R DIET/	ARY SUPP	LEMEN	NTS BELOW		
Medication, Vitamin or	Dosage	Times		edication,	Vitamin o		Dosage	Times per		fedication, Vitamin or	Dosage	e Times
Supplement Name		per Day		Suppleme	ent Name	$\rightarrow$		Day		Supplement Name	_	per Day
						$\rightarrow$			╁		_	
Is the athlete able to admini	ster his	or her ow	vn med	dication	s?	No	Yes				•	
Name of Person Complet	ting this	Form	Rel	ations	hip to A	thlete		Pho	one		Ema	il
Medical Form for US Program	s – update	ed July 201	17							Special Olympics	Medical Form	n  2 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

#### 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) emperature Height Weight BMI (optional) O<sub>2</sub>Sat Blood Pressure (in mmHg) Vision cm kg BMI BP Right: BP Left: Right Vision 20/40 or better lbs Body Fat % Left Vision 20/40 or better No Yes N/A



### **MedFest Stations**



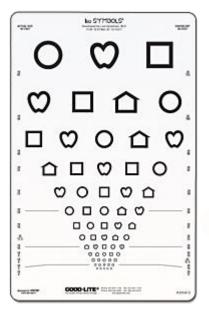
### 3. Vision

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

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:								
			MEDI	CAL PH	IYSICAL	INFORMA	TION	
	(To be compl	eted by a Licens	sed Medical Pr	ofession	al qualifie	d to conduct	physical exam	and prescribe medications)
Height	Weight	BMI (optional)	Temperature	Pulse	O₂Sat	Blood Pre	ssure (in mmHg	Vision
cm	kg	ВМІ	С			BP Right:	BP Left:	Right Vision 20/40 or better No Yes N/A
in	lbs	Body Fat %	F					Left Vision 20/40 or better No Yes N/A
	_				•	1	"	

### **Lea Chart**





**Lea Wall 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)



Symbols for athletes to hold

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

#### Athlete Medical Form – PHYSICAL EXAM

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



Athlete's First and Last Name:									
MEDICAL PHYSICAL INFORMATION									
	(To be completed by a Licel sed Medical Professional qualified to conduct physical exams and prescribe medications)								
Height	Height Weight BMI (optional) Temperature Pulse O <sub>2</sub> Sat Blood Pressure (in mmHg)							Vision	
cm	kg	ВМ	С			BP Right:	II I	Right Vision 20/40 or better No Yes N/A	
in	lbs	Body Fat %	F					eft Vision 20/40 or better No Yes N/A	
,		<del>-</del>	_	H	·' =	<b>"</b>		_	



### 6 SIMPLE STEPS TO GET AN ACCURATE **BLOOD PRESSURE READING**

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:

*Pickering. et al.* Recommendations for Blood pressure Measurement in Humans and Experimental Animals Part 1. Blood Pressure Measurement in Humans. Circulation. 2005; 111: 697-716.

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



#### **Screening Reference Guide - Blood Pressure (Adult and Pediatric)**

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<sup>1</sup>

Table 1: Children age 13	+ and adults1
--------------------------	---------------

BP Reading Category	Systolic mmHg (upper number)		Diastolic mmHg (lower number)	Action				
Hypotensive	Less than 90	and	Less Than 60	Referral				
Normal	Less Than 120	and	Less Than 80	none				
Elevated	120-129	and	Less Than 80	Referral				
High Blood Pressure	130-139	or	80-89	Referral				
Hypertension Stage 1								
High Blood Pressure	140-159	or	90-99	Referral				
Hypertension Stage 2-a								
Non-Clearance for Blood	Non-Clearance for Blood Pressure Readings Below							
High Blood Pressure	160-180	or	100-120	Non-Clearance of Athlete				
Hypertension Stage 2-b				until further follow-up				
Hypertensive Crisis	Higher Than 180	and/or	Higher than 120	Immediate (Urgent) referral to medical				

Table 2: Children Age 8-12 Blood Pressure Values Requiring Further Evaluation by Medical Professional<sup>2</sup>

Age	Blood Pressure Values*			Non-Clearance	Levels for Youth
	Systolic mm	Diastolic mm			
	Hg	Hg			
5	103	63	Cleared, but recommended Referral	119/78 or above →	
6	105	66	Cleared, but recommended Referral	120/81 or above →	
7	106	68	Cleared, but recommended Referral	121/83 or above →	
8	107	69	Cleared, but recommended Referral	122/84 or above $\rightarrow$	Plot athletes BP based on age and
9	107	70	Cleared, but recommended Referral	124/86 or above $\rightarrow$	height to determine clearance.
10	108	72	Cleared, but recommended Referral	124/87 or above $\rightarrow$	-
11	110	74	Cleared, but recommended Referral	126/88 or above $ ightarrow$	-
12	113	75	Cleared, but recommended Referral	128/90 or above $ ightarrow$	-

<sup>\*</sup>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)

Licensed Medical Examiners: It is recommended to		story 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.										
<u> </u>	This athlete is ABLE to participate in Special Olympics sports <u>WITH</u> 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	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 require	ed) Follow up:								
Follow up with a cardiologist	Follow up with a neurologist	Follow up with a primary care physician								
Follow up with a vision specialist	Follow up with a hearing specialist	Follow up with a dentist or dental hygienist								
Follow up with a podiatrist	Follow up with a physical therapist	Follow up with a nutritionist								
Other/Exam Notes:										

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

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

Licensed Medical Examiners: It is recommended		PLETED BY EXAMINER ONLY) story with the athlete or their guardian, prior to performing the cond physician for referral should complete page 4.
This athlete is ABLE to participate in Spe	cial Olympics sports without restrictions.	
This athlete is ABLE to participate in Spe	cial Olympics sports <u>WITH</u> restrictions. Descri	be →
This athlete MAY NOT participate in Spec	cial Olympics sports at this time & MUST be fur	ther evaluated by a physician for the following concerns:
Concerning Cardiac Exam	Aparte Infection	O <sub>2</sub> Saturation Less than 90% on Room Air
Concerning Neurological Exam	Stage II Hypertension or Greater	Hepatomegaly or Splenomegaly
Other, please describe:	•	

### **MedFest Stations**



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







- 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 L	ast Name:						
		M	EDICAL PH	IYSICAL	INFORMATIO	N	
							and prescribe medications)
Height Weight	BMI (opti	onal) Temperat	ure Pulse	O <sub>2</sub> Sat	Blood Pressure	e (in mmHg)	Vision
cm	kg	ВМІ	С		BP Right: BI	P Left:	Right Vision
							20/40 or better No Yes N/A
in	lbs Body	Fat %	F				Left Vision
							20/40 or better No Yes N/A
Right Hearing (Finger Rub	) Responds	No Response	Can't Evalu	uate	Bowel Sounds		Yes No
Left Hearing (Finger Rub)	Responds	No Response	Can't Evalu	uate	Hepatomegaly		No Yes
Right Ear Canal	Clear	Cerumen	Foreign Bo	xdy	Splenomegaly		No Yes
Left Ear Canal	Clear	Cerumen	Foreign Bo	xdy	Abdominal Tenden	ness	No □RUQ □RLQ □LUQ □LLQ
Right Tympanic Membran	e Clear	Perforation	Infection	■NA	Kidney Tendemess	5	No Right Left
Left Tympanic Membrane	Clear	Perforation	Infection	■NA	Right upper extrem	nity reflex	Normal Diminished Hyperreflexia
Oral Hygiene	Good	Fair	Poor		Left upper extremit	y reflex	Normal Diminished Hyperreflexia
Thyroid Enlargement	No	Yes			Right lower extremi	ity reflex	Normal Diminished Hyperreflexia
Lymph Node Enlargement	l No	Yes			Left lower extremity	y reflex	Normal Diminished Hyperreflexia
Heart Murmur (supine)	No No	1/6 or 2/6	3/6 or grea	ter	Abnormal Gait		No Yes, describe below
Heart Murmur (upright)	No No	1/6 or 2/6	3/6 or grea	ter	Spasticity		No Yes, describe below
Heart Rhythm	Regular	Irregular			Tremor		No Yes, describe below
Lungs	Clear	Not clear			Neck & Back Mobil	lity	Full Not full, describe below
Right Leg Edema	No No	1+ 2+	3+ 4+		Upper Extremity M	obility	Full Not full, describe below
Left Leg Edema	□ No	1+ 2+	3+ 4+		Lower Extremity M	obility	Full Not full, describe below
Radial Pulse Symmetry	Yes	R>L	□L>R		Upper Extremity St	trength	Full Not full, describe below
Cyanosis	No No	Yes, describe			Lower Extremity St	trength	Full Not full, describe below
Clubbing	No	Yes, describe	1		Loss of Sensitivity		No Yes, describe below

### **Physical Exam**

#### Athlete Medical Form - PHYSICAL EXAM

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



Athlete's E	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)													
Height	Weigh	t	BM	I (optio	nal)	Temperatu	ire	Pulce	O <sub>2</sub> 8at	Blood Press	ure (In mm	(Hg)	Vision
cm	cm kg BMI C			BP Right:	BP Left:		Right Vision 20/40 or better No Yes N/A						
in		lbs		Body i	Fat %		F						Left Vision 20/40 or better No Yes N/A
Right Hearing	(Finger Ru	b) 🗌	Res	ponds	Nic	Response		Can't Evalu	uate	Bowel Sounds		☐ Ye	es No
Left Hearing (F	Inger Rub		Res	ponds	No	Response		Can't Evalu	uate	Hepatomegaly		☐ No	o ∐Yes
Right Ear Cana	31		Cler	r	Ca	rumen		Foreign Bo	idy	Spienomegaly		☐ No	o ∐Yes
Left Ear Canal			Glei	г	Ge	rumen		Foreign Bo	dy	Abdominal Tend	emess	☐ No	RUQ RLQ LUQ LLQ
Right Tympani	c Membra	ic 🗌	Cler	r	Pic	riforation		infection	NA	Kidney Tendemo	ess	□ Ni	o ☐Right ☐Left
Left Tympanic	Membrani	ŀ [	Cler	г	Pe	efforation		infection	NA.	Right upper extr	emity reflex	No	omal Diminished Hyperreflexia
Oral Hygiene			Goo	d	Fa	ir		Poor		Left upper extre	mity reflex	□N	omial Diminished Hyperreflexia
Thyroid Enlarg	ement		No		Ye	:5				Right lower extre	mity reflex	☐ No	omnal Diminished Hyperreflexia
Lymph Node E	inlargeme	t 🗆	No		Ye	:5				Left lower extren	nity reflex	☐ Ni	omial Diminished Hyperreflexia
Heart Murmur	(supine)		No		1//	5 or 2/5		3/6 or grea	ter	Abnormal Galt		☐ Ni	Yes, describe below
Heart Murmur	(upright)		No		1//	5 or 2/5		3/6 or grea	ter	Spasticity		☐ No	Yes, describe below
Heart Rhythm			Rieg	ular	lim	egular				Tremor		□ No	Yes, describe below
Lungs			Cler	г	Nic	t clear				Neck & Back Mo	bility	☐ Fi	ill Not full, describe below
Right Leg Ede	ma		No		1-	2+		3+ 4+		Upper Extremity	Mobility	□Fu	II Not full, describe below
Left Leg Edem	a		No		□ 1-	2+		3+ 4+		Lower Extremity	Mobility	Fi	II Not full, describe below
Radial Pulse 3	ymmetry		Yes		RÞ	·L		L>R		Upper Extremity	Strength	□ Fu	II Not full, describe below
Cyanosis			No		Ye	s, describe				Lower Extremity	Strength	☐ Fu	ill Not full, describe below
Clubbing			No		Ye	s, describe				Loss of Sensitivi	ty	☐ Ni	Yes, describe below

### **Physical Exam Clearances**

SPINAL CORD CO	MPRESSION & ATLANTO-AXIA	IAL INSTABILITY (AAI) (Select one)
Athlete shows <u>NO EVIDENCE</u> of neurological		ociated with spinal cord compression or atlanto-axial instab
		I with spinal cord compression or atlanto-axial instability an pinal cord injury prior to clearance for sports participation.
Licensed Medical Examiners: It is recommended the	at the examiner review items on the medi	COMPLETED BY EXAMINER ONLY)  dical history with the athlete or their guardian, prior to performing and second physician for referral should complete page 4.
This athlete is ABLE to participate in Specia	•	
This athlete is ABLE to participate in Specia	al Olympics sports WITH restrictions D	Describe -
		be further evaluated by a physician for the following conce
Concerning Cardiac Exam	Acute Infection	O <sub>2</sub> Saturation Less than 90% on Room Air
Concerning Neurological Exam	Stage II Hypertension or Greater	r Hepatomegaly or Splenomegaly
Other, please describe:		
Additional Licensed Examiner's Notes	and Recommended (but not re	equired) Follow-up:
Follow up with a cardiologist	Follow up with a neurologist	Follow up with a primary care physician
Follow up with a vision specialist	Follow up with a hearing specialist	<b>=</b> .
Follow up with a podiatrist	Follow up with a physical therapist	st Follow up with a nutritionist
Other/Exam Notes:		
The state of the s		Name:
		E-mail:
Signature of Licensed Medical Examiner	Exam Date	Phone: License #:

## 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

Athlete Medical Form — MEDICAL REFERRAL FORM (To be completed by a <u>Licensed Medical Professional only if referral is needed</u> )
Athlete's First and Last Name:
This page only needs to be completed and signed if the physician on page three does not clear the athlete and indicates further evaluation is required.  Athlete should bring the previously completed pages to the appointment with the specialist.
Examiner's Name:
Specialty:
I have been asked to perform an additional athlete exam for the following medical concern(s) - <i>Please describe</i> :  ☐ Concerning Cardiac Exam ☐ Acute Infection ☐ O₂ Saturation Less than 90% on Room Air  ☐ Concerning Neurological Exam ☐ Stage II Hypertension or Greater ☐ Hepatomegaly or Splenomegaly  ☐ Other, please describe:
In my professional opinion, this athlete MAY now participate in Special Olympics sports (indicate restrictions or limitations below):  Yes  Yes, but with restrictions (list below)
Additional Examiner Notes/Restrictions:
Examiner E-mail:
Examiner Phone:
License:
Examiner's Signature Date
This section to be completed by Special Olympics staff only, if applicable.  This medical exam was completed at a MedFest event? Yes No  The athlete is a Unified Partner or a Young Athlete Participant? Unified Partner Young Athlete
Medical Form for US Programs – updated July 2017 Special Olympics Medical Form   4 of 4

# 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

Г		SPINAL CO	RD COMPRE	SSION & ATLANTO-AX
┞	Athlete shows <u>NO</u>	EVIDENCE of neu	rological symp	toms or physical findings ass OR
E				lings that could be associated to rule out additional risk of s
	ensed Medical Exami	ners: It is recomme	ended that the ex	PARTICIPATE (TO BE ( aminer review items on the med n please make a referral below a
	This athlete is ABL	E to participate in	Special Olymp	oics sports without restriction:
	This athlete is ABL	E to participate in	Special Olymp	oics sports <u>WITH</u> restrictions.
	This athlete MAY N	OT participate in	Special Olympi	cs sports at this time & MUST
L	Concerning Card	liac Exam		Acute Infection
L	Concerning Neu	rological Exam		Stage II Hypertension or Greate
L	Other, please de	scribe:		
Ad	_			ecommended (but not re
<u></u>	Follow up with a ca	-	_	follow up with a neurologist
Ļ	Follow up with a vis	•		follow up with a hearing specialis follow up with a physical therapis
				ollow up with a physical therapi
	Other/Exam Notes:			
Miles				
L				
Siç	nature of License	d Medical Exan	niner	Exam Date
	Medical Form for US	Programs – undate	ed July 2017	









- 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







- 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.







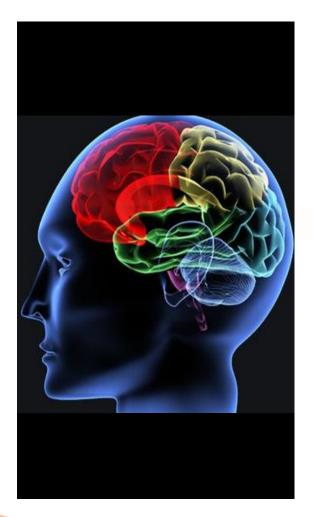
		EPILEPSY AND	OOR SEIZURE HIS	STORY
Epilepsy or any type of sei	zure disorder	No	Yes	
If yes, list seizure type:			•	
If yes, had seizure duri	ng the past year?	No	Yes	

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

Clear







		EPILEPSY AND	VOR SEIZURE HISTORY	
Epilepsy or any type of seizur	e disorder	No	Yes	
If yes, list seizure type:				
If yes, had seizure during t	he past year?	No	Yes	

- 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.







- 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: http://bit.ly/MedFest2018



**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)