



Special Olympics
Healthy Athletes[®]

Healthy Athletes 2014 Data Report
July, 2015



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Foreword

Robust data can be transformative—bringing public attention to a problem, transforming attitudes from accepting the status quo as a given to finding it intolerable, and driving policy and action to effect broad-based change. Special Olympics’ Healthy Athletes data holds the promise to transform global action on the health and well-being of persons with intellectual disabilities. This inaugural, comprehensive report provides multi-year data across areas of health in different regions of the world to inform attitudes and actions.

Historically, a major challenge to making systemic changes to improve the lives of people with intellectual disabilities has been lack of actionable information on their health status. High-resource countries often rely on national health surveys to inform policy decisions, surveys that either fail to include people with intellectual disabilities in their sampling frame because of group residency, or fail to include intellectual disability identifiers that allow this group to be identified within the larger population. Low-resource countries often lack any credible data to inform actions. The resultant complaint that “We don’t have enough data” has undermined motivation and direction for change.

In its pioneering work through Healthy Athletes health examinations, Special Olympics International developed durable methods for data collection on various aspects of health from dental and podiatric examinations to general fitness of people with intellectual disabilities. Through its global organization of volunteers and staff, Special Olympics International has implemented these methods to aggregate the world’s largest data set on the health of adults with intellectual disabilities. These data have now been sufficiently aggregated and curated to present this first global report on the detailed health status of adults with intellectual disabilities in Special Olympics.

It is hard to recall the world before the Special Olympics movement brought intellectual disabilities out of the shadows of discrimination and oppression into societies of inclusion and respect. I anticipate it will soon be hard to recall the world before Special Olympics Healthy Athletes data highlighted the preventable and intolerable poor health of people with intellectual disabilities, and provided the robust data needed by policy-makers, program-developers, and researchers to support actions and transform attitudes. I welcome all readers to review this report—another milestone achievement of Special Olympics in transforming the world for full inclusion of people with intellectual disabilities.

Gloria Krahn, PhD, MPH,

Oregon State University

July, 2015

Introduction

Special Olympics and Healthy Athletes Overview

The mission of Special Olympics (SO) is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities (ID), 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 created its Healthy Athletes (HA) program in 1997 to address the health disparities faced by people with ID. The program provides SO athletes with free health exams, education, and referrals for follow-up care in a fun, welcoming environment that removes the barriers people with ID often face with a visit to a doctor or dentist. In addition to the individual benefits HA provides, each event trains health care professional volunteers, helping them learn how to treat people with ID in their own practices. Currently, the HA program includes seven disciplines of health exams: *Fit Feet* (a podiatric exam), *FUNfitness* (a physical therapy exam), *Health Promotion* (an exam focused on health education with clinical exams in bone density, blood pressure, and BMI), *Healthy Hearing* (a hearing exam), *MedFest* (a sports physical), *Special Olympics-Lions Clubs International Opening Eyes* (a vision and eye health exam), and *Special Smiles* (an oral health exam). Each discipline has a specific scientifically validated protocol that must be followed. Forms used to collect data for each discipline are included in Appendix IV, and manuals for each discipline can be found in the health section of our resources page at <http://resources.specialolympics.org/ResourcesDefault.aspx>.

Since its beginning, HA has conducted 1.6 million health exams, and data from these exams are aggregated into the world's largest database on the health of people with ID. Special Olympics Programs have used HA data in multiple ways. For instance, it has been helpful to show to potential partners for fundraising, to show existing donors and partners that they are making a difference, to attract new donors and partners, and for evidence-based discussions with other stakeholders, such as policymakers. External researchers have used HA data for publications in research journals to expand the knowledge related to health status of people with ID. It is our hope that this report supports all efforts to utilize HA data to improve the lives of SO athletes and other people with ID and to raise awareness of the health status of this population.

Data Description

Currently, there are results from over 600,000 exams in the Healthy Athletes System (HAS), with varying amounts per discipline. This report outlines data from selected health indicators from six of the disciplines (*Health Promotion*, *FUNFitness*, *Fit Feet*, *Opening Eyes*, *Special Smiles*, and *Healthy Hearing*) and displays the results by year, gender, age group, and region of the world. Reported data only includes exam results from SO athletes and not Unified partners (individuals without ID who participate in Unified Sports with SO athletes) or Young Athletes (SO participants under age 8). Reporting includes all responses (including non-responses) for each indicator unless noted. Tables 1 and 2 below display the number of exams in HAS from 2013 and 2014 data for each region and age by discipline, respectively. In this report, data on trends by year are from 2008 – 2014, however gender, age, and regional data are reported from combined 2013 and 2014 data due to sample size. Differences among groups of gender, year, age, and region are not tested for statistical significance. Differences of less than or equal to 1% were considered “about the same”, differences of greater than 1% and less than or equal to 5% were considered “slightly higher” or “slightly lower”, and differences of

greater than 5% were considered “higher” or “lower” than the comparison group. This report also provides a comparison of HA results versus health data from the general population and gives examples of how data collected through HA has been used in longitudinal and cross-disciplinary analyses.¹

Table 1: 2013-2014 Healthy Athletes discipline data by region.

Region	Health Promotion	FUNfitness	Fit Feet	Opening Eyes	Special Smiles	Healthy Hearing
Africa	3,084	783	1,167	3,671	4,732	1,296
Asia Pacific	2,762	1,653	3,345	3,799	5,909	3,262
East Asia	1,345	796	880	1,481	1,702	583
Europe/Eurasia	5,889	4,098	5,378	5,694	6,458	5,489
Latin America	3,958	1,265	1,544	3,995	2,667	163
Middle East North Africa	564	57	64	72	8	822
North America	9,598	8,725	9,489	17,346	22,705	10,922

Table 2: 2013-2014 Healthy Athletes discipline data by age group.

Age Group	Health Promotion	FUNfitness	Fit Feet	Opening Eyes	Special Smiles	Healthy Hearing
8 – 19	12,579	6,824	9,151	16,365	18,867	8,880
20 – 29	7,710	5,428	6,370	10,188	12,391	6,732
30 – 39	3,760	2,834	3,281	5,098	6,597	3,493
40 – 49	2,008	1,462	1,908	2,833	3,832	2,065
50 – 59	1,031	718	967	1,423	1,969	1,087
60+	290	192	286	387	587	352

Data Limitations

Health indicators numbers were excluded in this report for descriptors (age group, gender, region) if the sample size did not exceed 100. Data is limited to exams where date of birth of an athlete is known and of the athlete is at least eight years old. HA exams were developed for athletes in traditional SO programming, which begins at the age of eight. Separate protocols are currently being developed for Young Athletes (participants under the age of eight). Therefore, observations were included for any date of birth that made the athlete older than seven at the time of the exam and included a date of birth after January 1, 1920, which is a date commonly entered for an athlete’s date of birth when the actual date of birth was unknown.

Diagnostic data on the type of intellectual disability is not present in this report, nor is any information on medications. HA data also does not include demographic information beyond gender, age, and country. Missing data is another limitation of this dataset, which is in part due to data integrity issues, since exam forms

¹ Special Olympics Programs (SO Programs) are independent 501(c)3 organizations that are accredited to carry the Special Olympics name. Generally these Programs operate at the state level in the US (e.g., SO Florida) and at the national level outside the US (e.g. SO Malawi).

have changed over time for each discipline. Other times, information is simply not entered into HAS. This can be for a variety of reasons, from data entry issues or an athlete not finishing an exam. Almost all HA exams are performed by volunteers who may not be familiar with the way the data from the exams are being used, which can lead to inconsistent data entry, especially in text fields. Lastly, there are not unique identifiers for the entire dataset, but there is a sample of U.S. data with unique identifiers. Without a unique identifier, data can sometimes be linked across time or disciplines with other information, such as the combination of first name, last name, date of birth, and gender. However, athletes' information is not always entered into the system consistently or accurately which causes challenges with these linkages.

Addressing Data Limitations

Special Olympics is addressing these data limitations in a variety of ways, including working with a new data vendor and technology partners to create a unique identifier for athletes. Eventually, this unique identifier will assist with linking athletes between disciplines and linking to other data, such as medical background information and sports performance data. There is also an effort to change data collection methods from paper to electronic tablets. This change will assist in improving data quality by limiting data inputs to biologically plausible values and eliminating the step of transferring information on paper forms into HAS. It will also improve the problem of missing data by prompting or requiring volunteers to enter data into important or required fields.

Data Results by Discipline

Special Olympics **Fit Feet**

Fit Feet

Introduction



Many Special Olympics athletes suffer from foot and ankle pain or deformities that impair their performance. Additionally, athletes are not always fitted with the best shoes and socks for their particular sport. In 2003, Healthy Athletes, in cooperation with the American Academy of Podiatric Sports Medicine and the Federation of International Podiatrists, developed

the Fit Feet discipline to evaluate foot and ankle deformities. Athletes receive foot and ankle exam for deformities and are checked for proper shoes and socks. Athletes receive education in proper footwear and care of the feet and toes.

Goals

1. Increase access to foot care for Special Olympics athletes, as well as all people with intellectual disabilities.
2. Raise podiatrists' awareness of foot concerns of people with special needs, including difficulties involved in accessing treatment.
3. Provide a list of regional podiatrists who care for people with special needs to all athletes who participate in the Special Olympics Fit Feet program.
4. Develop a body of knowledge about proper foot care of children and adults with special needs.
5. Insure appropriate footwear with regards to the sport in which an athlete is participating as well as fit and comfort.

Global Importance and Impact

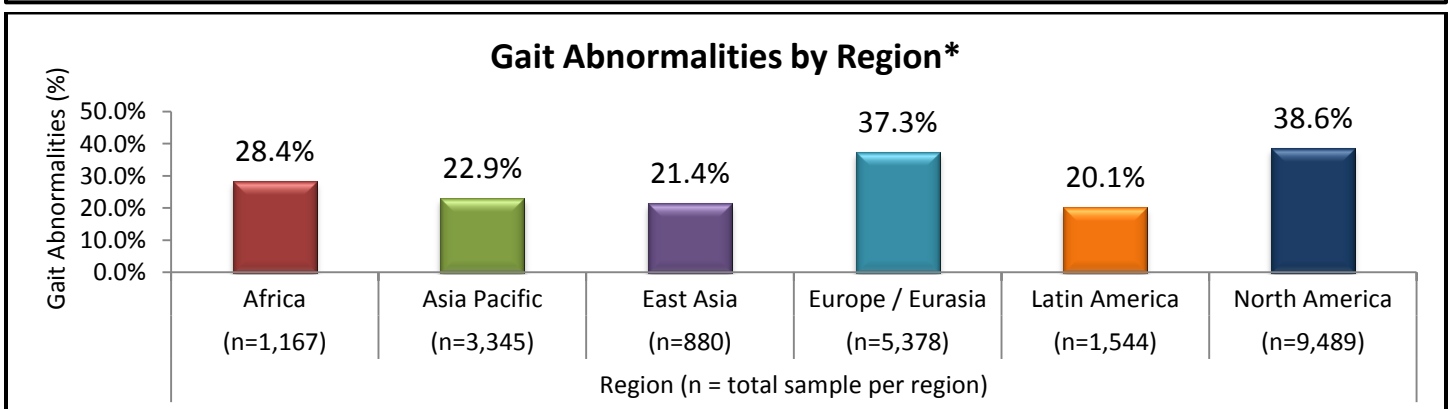
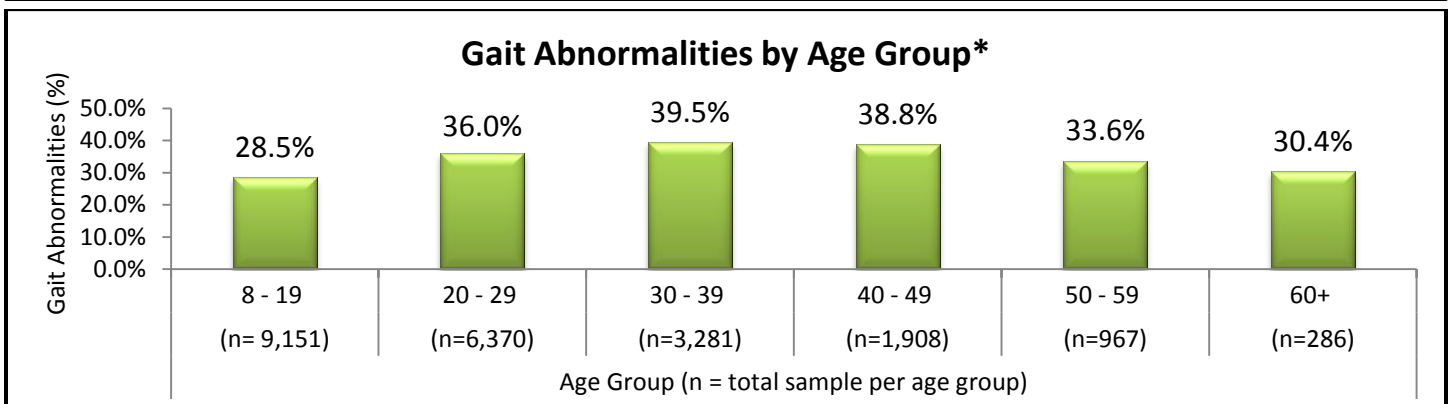
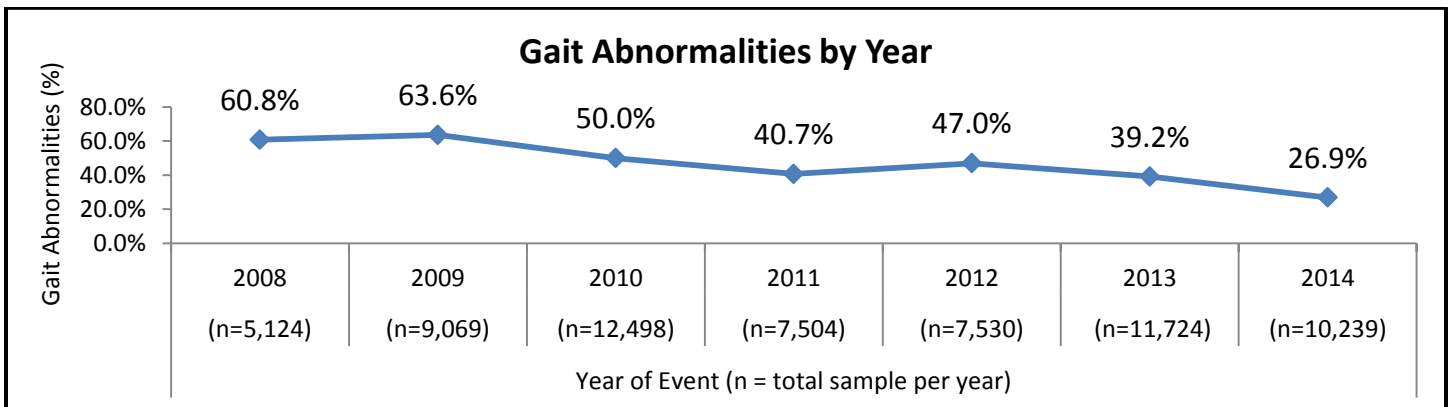
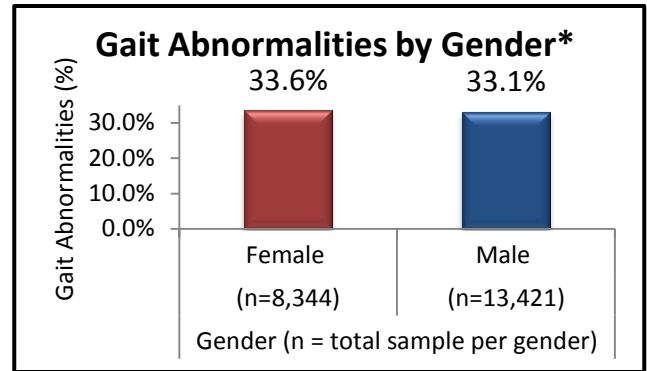
- 27% have gait abnormalities
- 19% have bone deformities
- 40% have skin and nail conditions

Data

The measures from the examination can be found on the Fit Feet form in Appendix IV. In 2014, over 13,975 Fit Feet exams were conducted with athletes from 55 countries at 80 events, and 73% of these exams were entered into the Healthy Athletes System (HAS). The data analysis on the following pages is based on the 64,284 Fit Feet exams in HAS from 2008 – 2014.

Gait Abnormalities

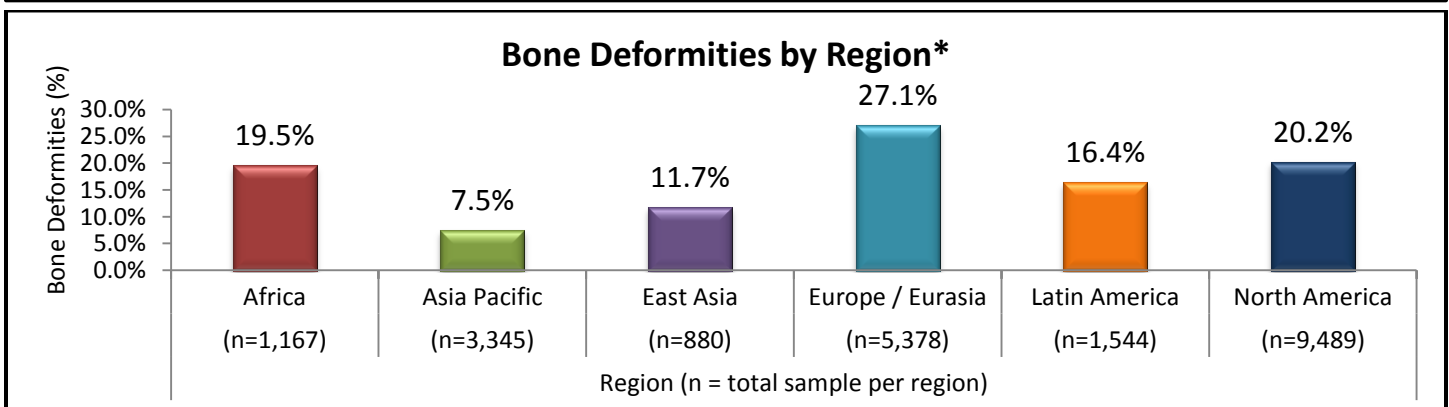
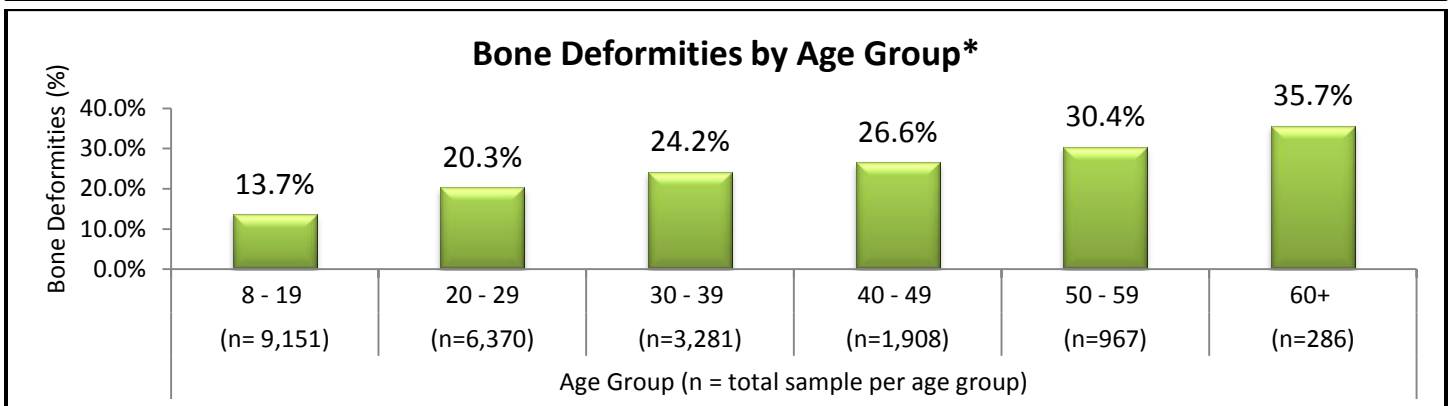
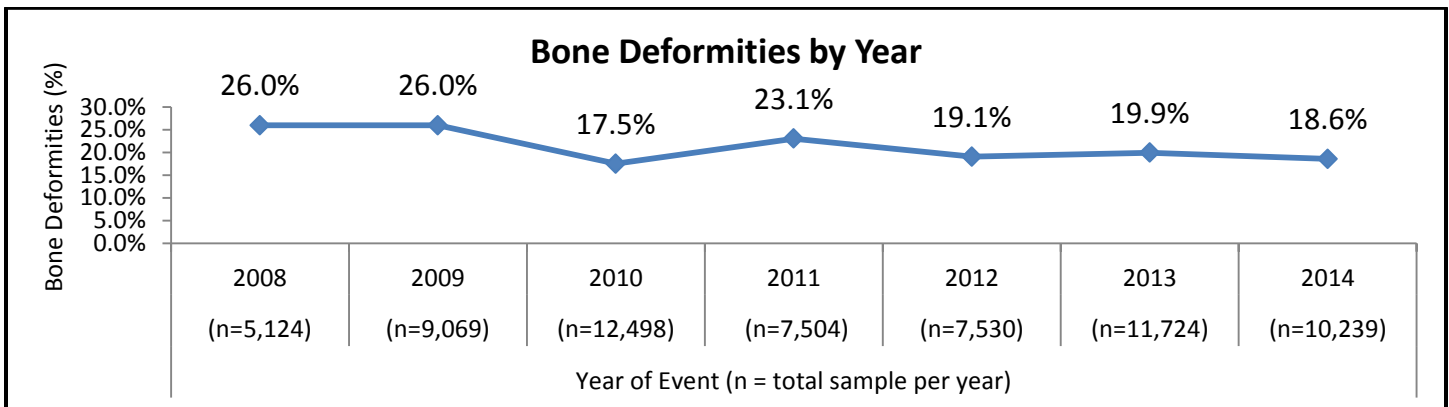
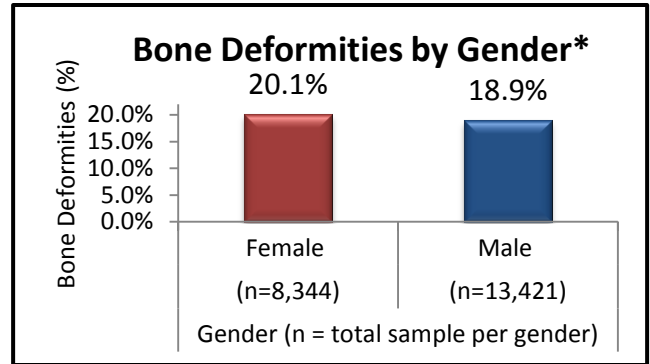
In 2014, 26.9% of Special Olympics athlete exams identified gait abnormalities. Based on year trends, the prevalence of gait abnormalities trended downward from 2012 to 2014. Combined 2013 and 2014 data show males and females had about the same rate of gait abnormalities (33.1% vs. 33.6%). Prevalence of gait abnormalities was highest in the 30 – 39 and 40 – 49 age groups. North America had the highest rates of gait abnormalities (38.6%) and Latin America had the lowest (20.1%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the Fit Feet exam.

Bone Deformities

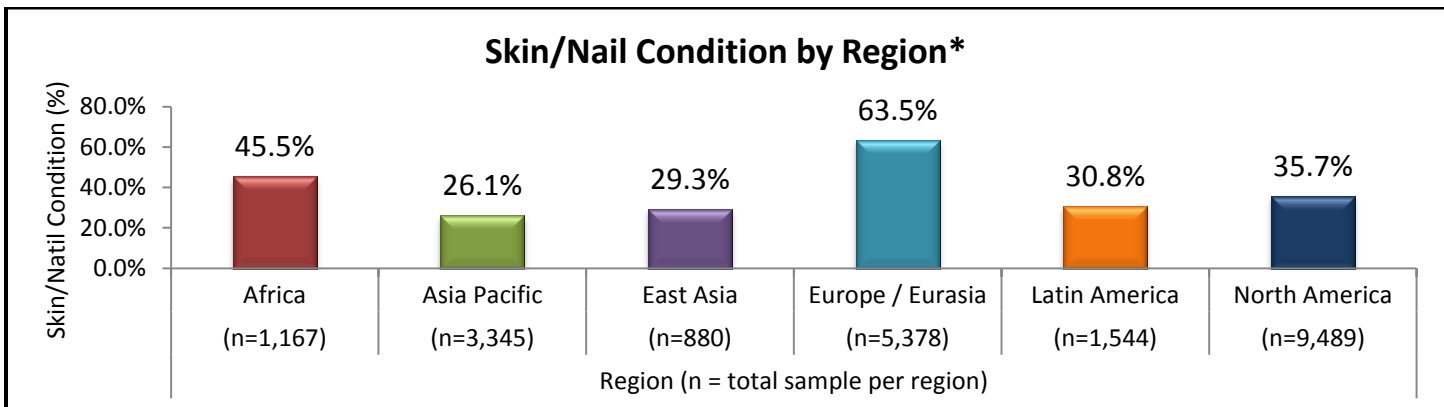
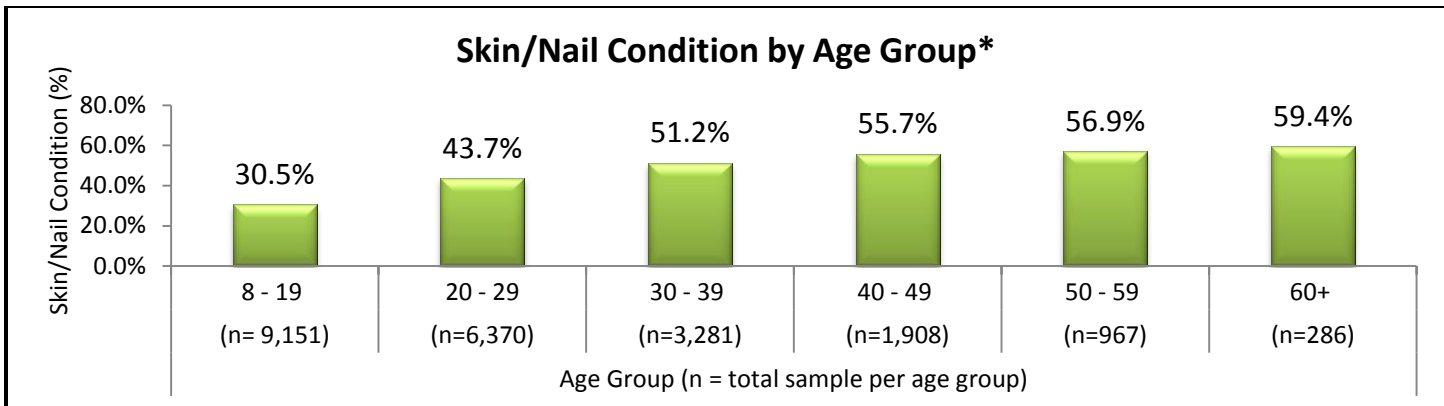
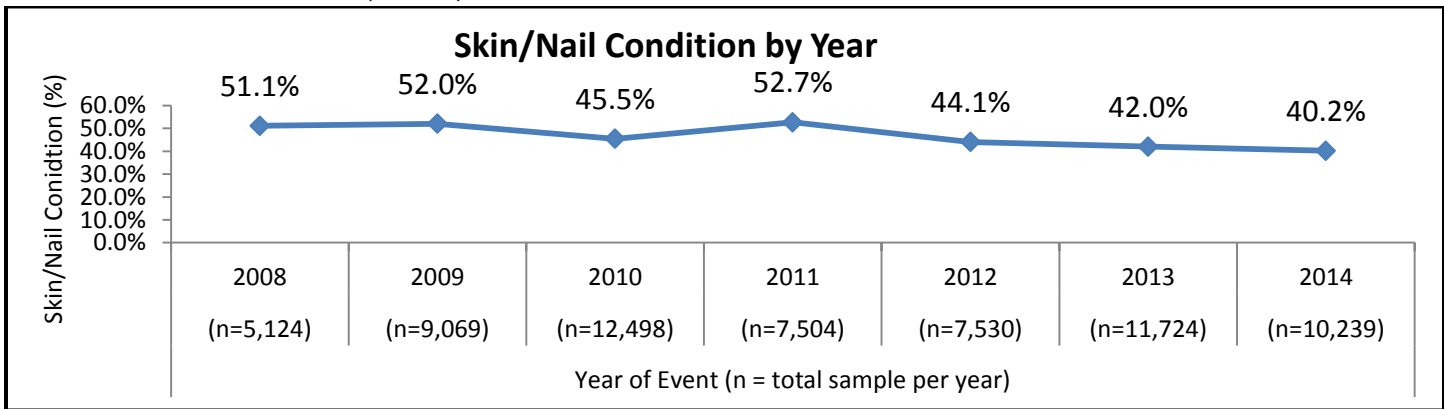
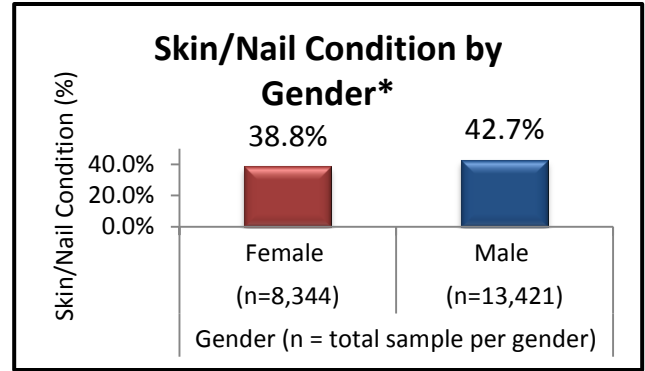
In 2014, 18.6% of Special Olympics athlete exams identified bone deformities. Bone deformities prevalence had an inconsistent but downward trend from 2008 to 2014. Combined 2013 and 2014 data show females had a slightly higher rate of bone deformities than males (20.1% vs. 18.9%). Prevalence of bone deformities was highest in the 60+ age group (35.7%). Rates of bone deformities were highest in Europe / Eurasia (27.1%), and lowest in East Asia (7.5%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the Fit Feet exam.

Skin/Nail Condition

In 2014, 40.2% of Special Olympics athlete exams identified a skin or nail condition on the athlete's feet. Based on year trends, skin/nail condition prevalence trended downward from 2011 to 2014. Combined 2013 and 2014 data show females had slightly lower rates of skin/nail conditions than males (38.8% vs. 42.7%). Prevalence of skin/nail conditions was highest in the 60+ age group (59.4%). Europe/Eurasia had the highest rates of skin/nail conditions (63.5%) and Asia Pacific had the lowest (26.1%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the FIT Feet exam.



Health Promotion focuses on healthy lifestyles and the facilitation of healthy choices. In 2001, Special Olympics launched new efforts to improve the general health and fitness of its athletes. The rationale for Special Olympics to promote overall health is the awareness that people with

intellectual disabilities frequently have medical conditions such as heart disease, obesity and diabetes, and that they tend to develop these conditions at earlier stages of life. Doctors and other health care professionals often are not trained to identify and treat these conditions. At Health Promotion, health care professionals including physicians, nurses, nutritionists and health educators provide clinical exams in bone density, blood pressure, and BMI and provide education in areas, such as nutrition, sun safety, and tobacco cessation, targeting the athletes' needs.

Findings show that physical activity and diet can improve performance and reduce health risks. Health Promotion is designed to convey and reinforce key concepts on healthy living, healthy lifestyle choices, and locally-specific health issues.

Goals

1. Encourage and enhance healthy behaviors; reduce risky behaviors; improve self-efficacy and self-advocacy; and increase the investment of health promotion leaders for people with intellectual disabilities.
2. Increase awareness of and response to infectious diseases such as Malaria, Tuberculosis, and HIV in developing nations.
3. Develop a body of knowledge about the overall health of children and adults with intellectual disabilities.

Global Importance and Impact

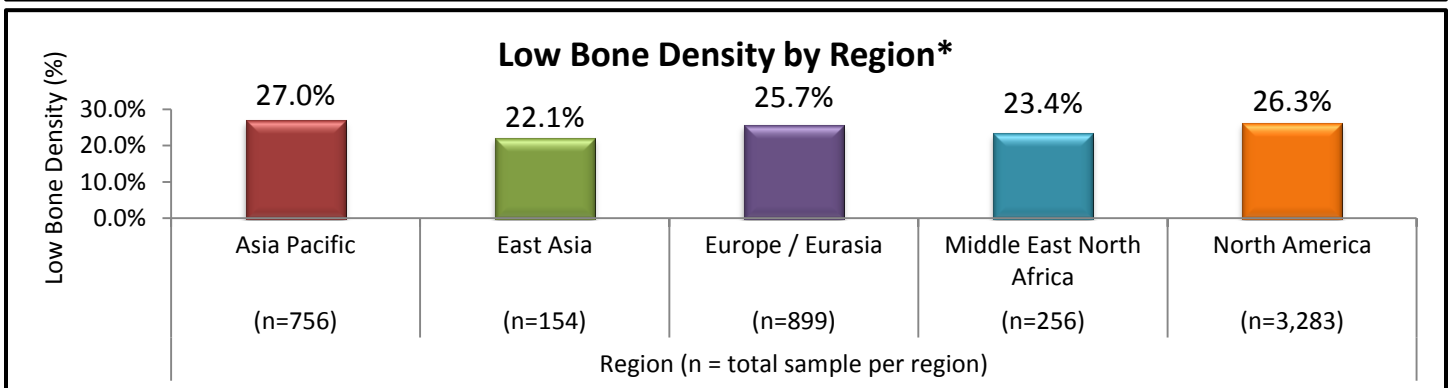
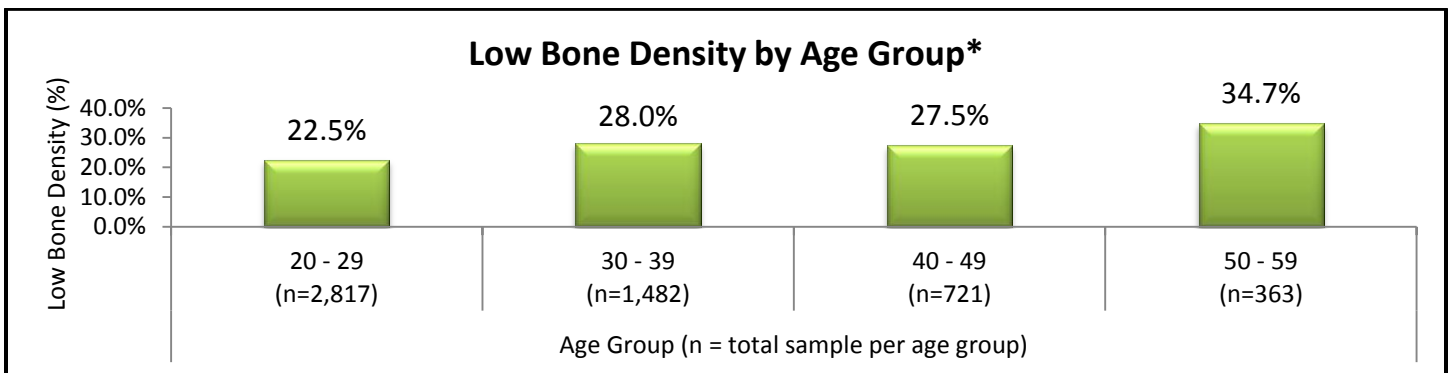
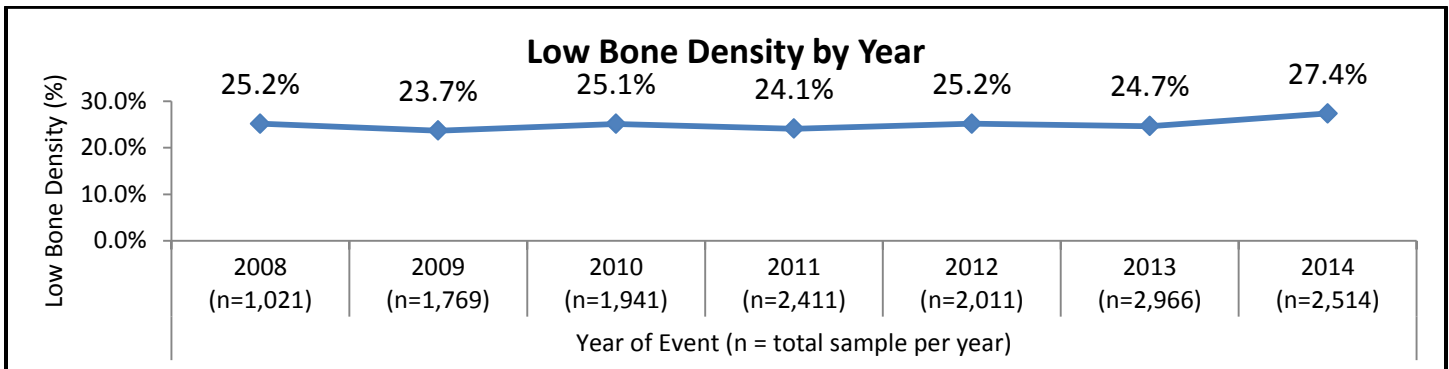
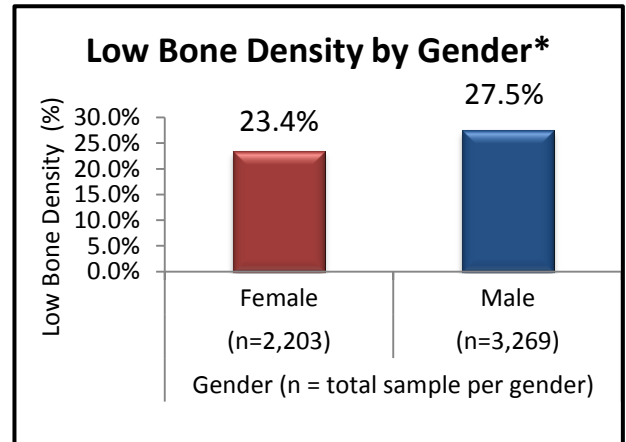
- 27% have low bone density
- 30% children and adolescents are overweight or obese
- 61% adult athletes are overweight or obese
- 7% use tobacco products
- 42% have been exposed to second hand smoke

Data

The measures from the examination can be found on the Health Promotion form in Appendix IV. In 2014, 21,262 Health Promotion exams were conducted with athletes from 32 countries at 129 events, and 63% of these exams were entered into the Healthy Athletes System (HAS). The data analysis on the following pages is based on the 83,945 Health Promotion exams in HAS from 2008 – 2014.

Bone Density

In 2014, 27.4% of Special Olympics athlete exams identified low bone density. Based on year trends, low bone density prevalence remained relatively steady from 2008 – 2013, then increased in 2014. Combined 2013 and 2014 data show females had slightly lower rates of low bone density than males (23.4% vs. 27.5%). Prevalence of low bone density was highest in the 50-59 age group (34.7%). Asia Pacific had the highest rates of low bone density (27.0%) and East Asia had the lowest (22.1%). Bone density exams are not performed on athletes younger than age 20 and the sample of those 60+ years of age was too small to include. The samples for Africa and Latin America were also too small to include.

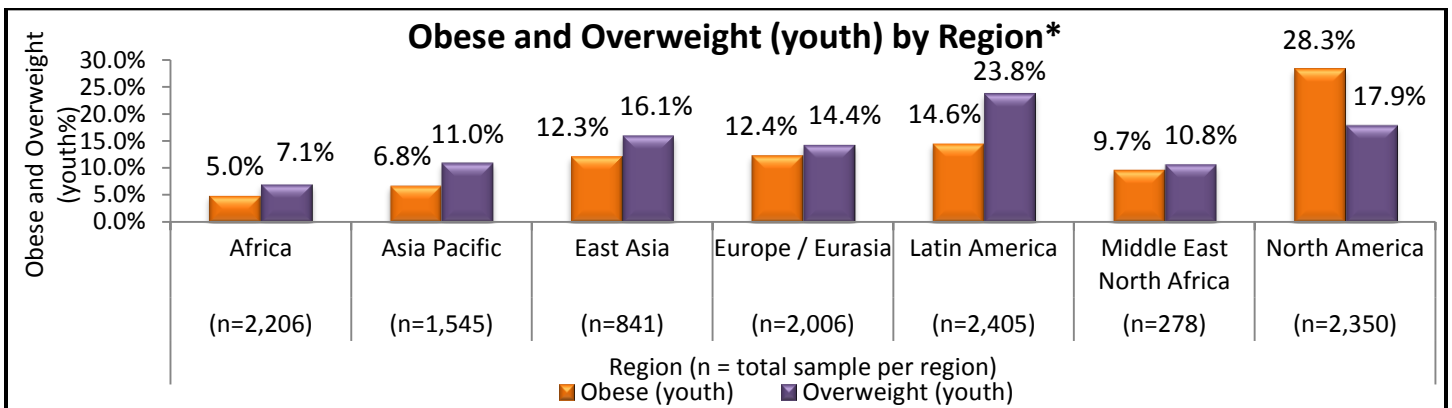
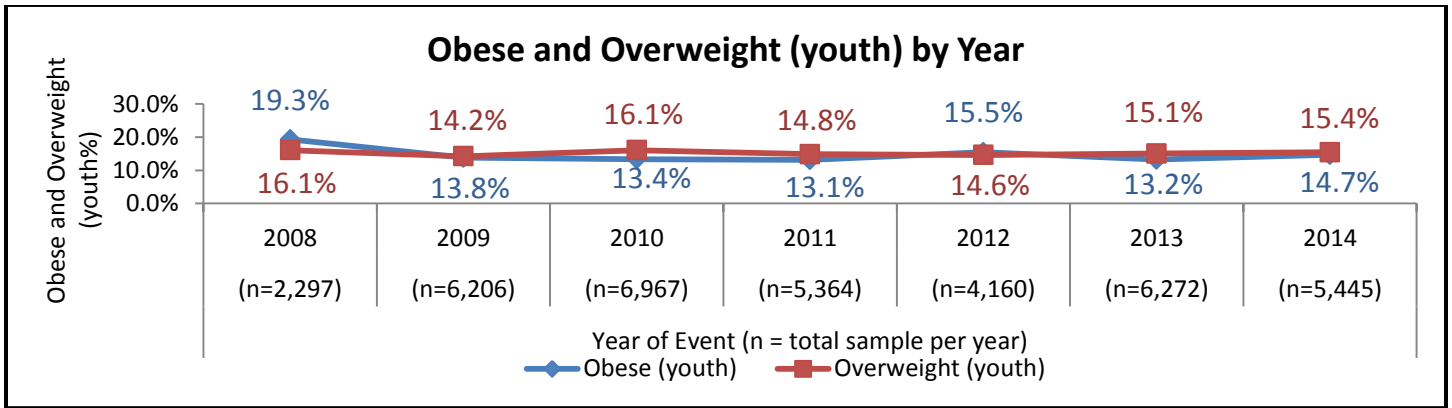
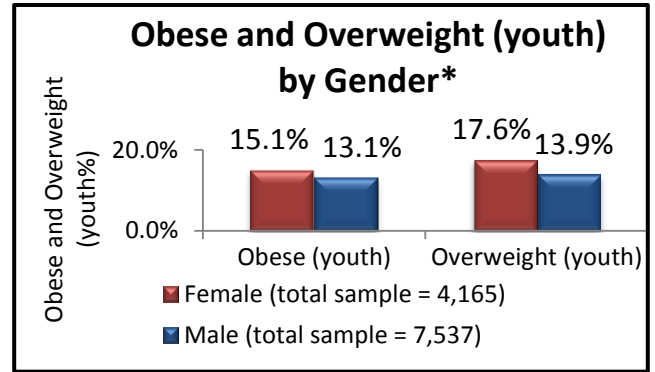


*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who completed the bone density section of the Health Promotion exam.

Obesity and Overweight (Youth: Ages 8-19)

In 2014, 15.4% Special Olympics youth athlete exams identified overweight and 14.7% identified obesity. Youth overweight and obesity rates have remained relatively stable from 2009 to 2014. Combined 2013 and 2014 data show females have slightly higher rates of both youth obesity and overweight than males (15.1% vs. 13.1% and 17.6% vs. 13.9%). North America has the highest rates of youth obesity (28.3%) and Latin America has the highest rates of youth overweight (23.8%). Africa has the lowest rates of youth overweight and obesity.

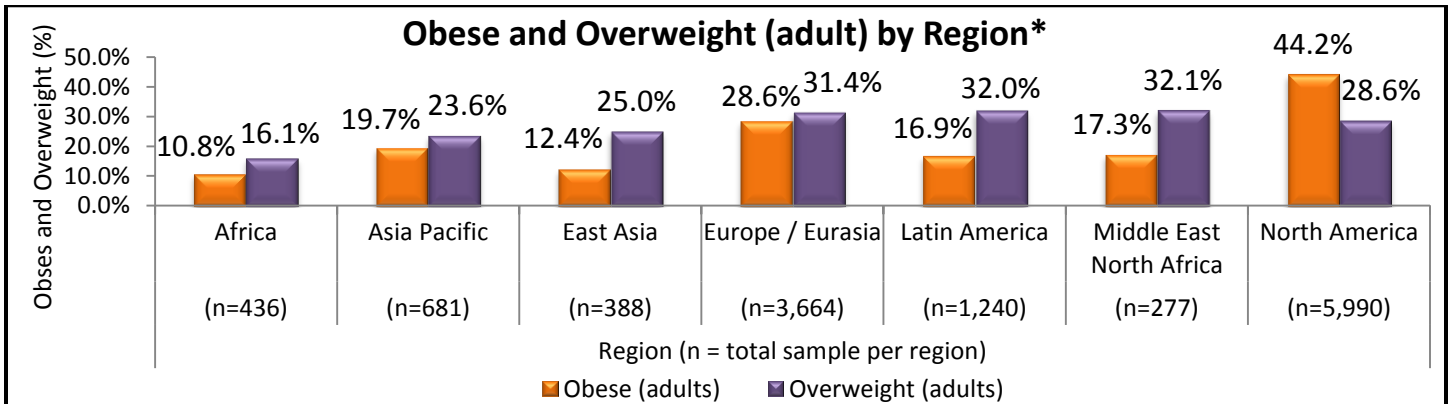
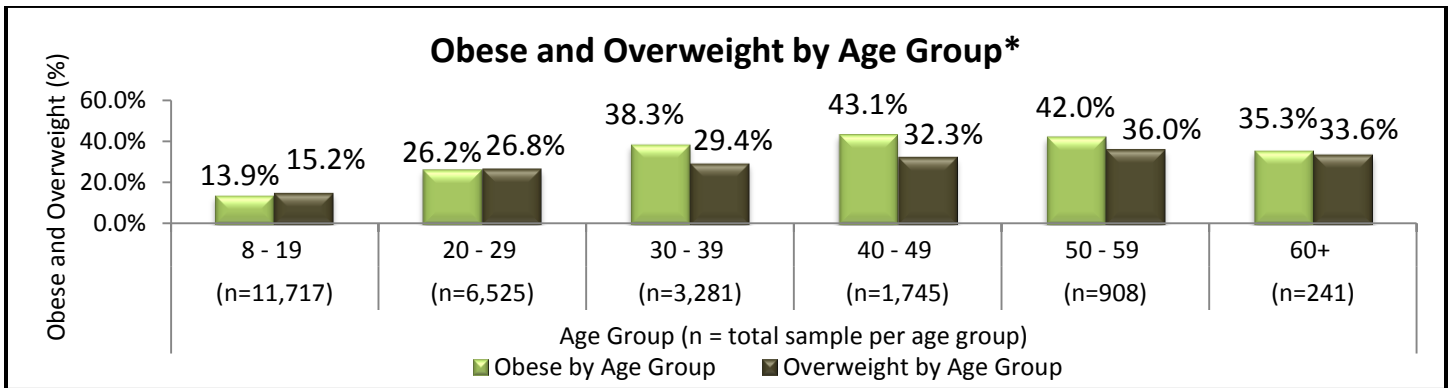
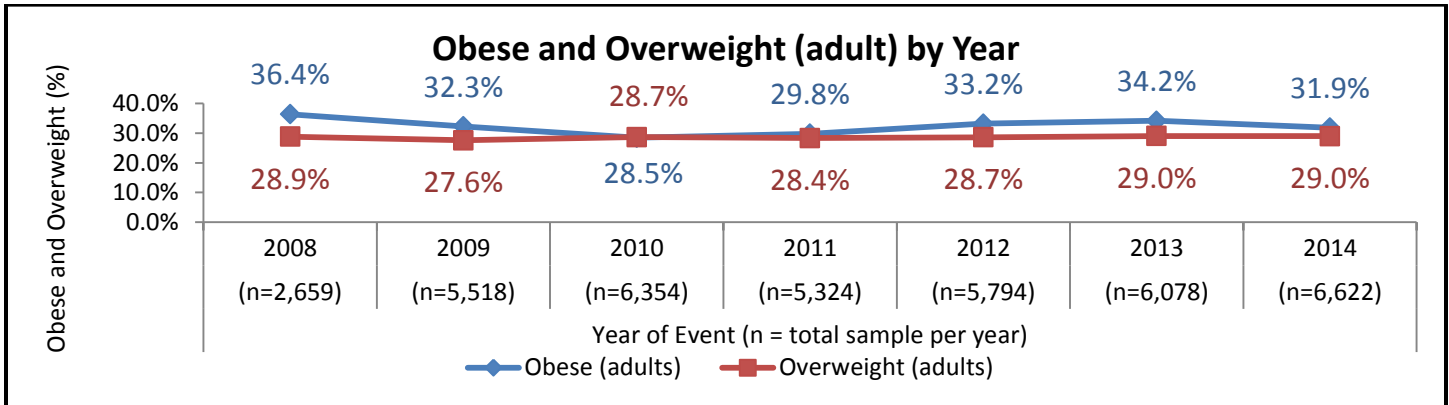
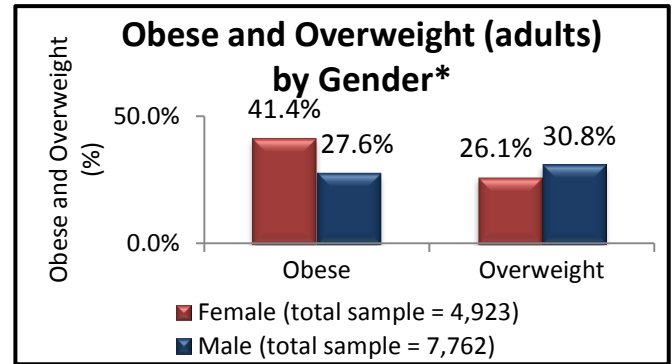


*Gender and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who completed the height and weight sections of the Health Promotion exam. Age group data for overweight and obesity is shown on the following page.

Obesity and Overweight (Adults: Ages 20+)

In 2014, 29.0% of Special Olympics adult athlete exams identified overweight and 31.9% identified obesity. Adult overweight and obesity rates have remained relatively stable from 2009 to 2014. Combined 2013 and 2014 data show females have higher obesity rates than males (41.4% vs. 27.6%) but slightly lower overweight rates (26.1% vs. 30.8%). Combined prevalence of overweight or obesity was highest in the 50 – 59 age group (78.0%). North America had the highest combined rate of overweight or obesity (72.8%).

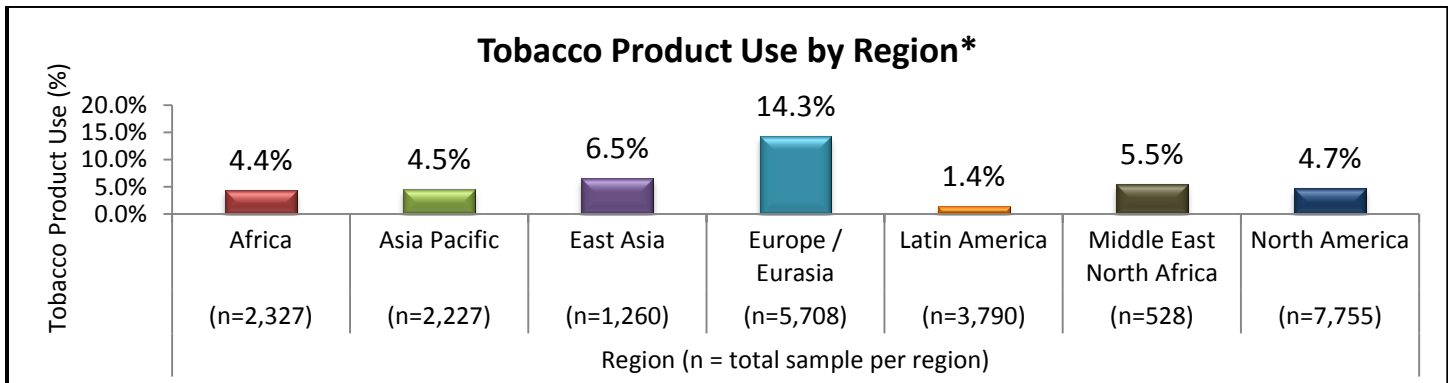
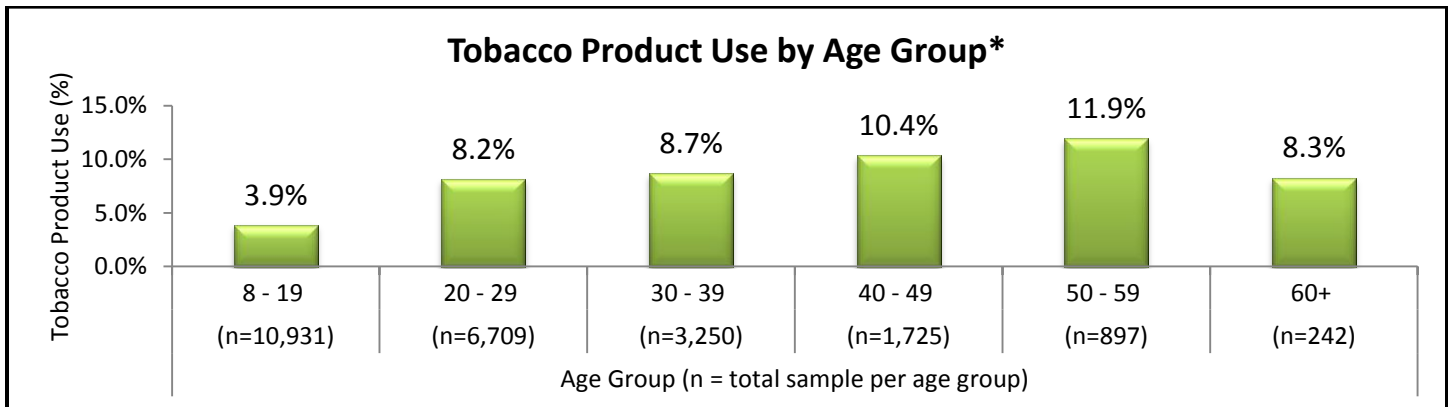
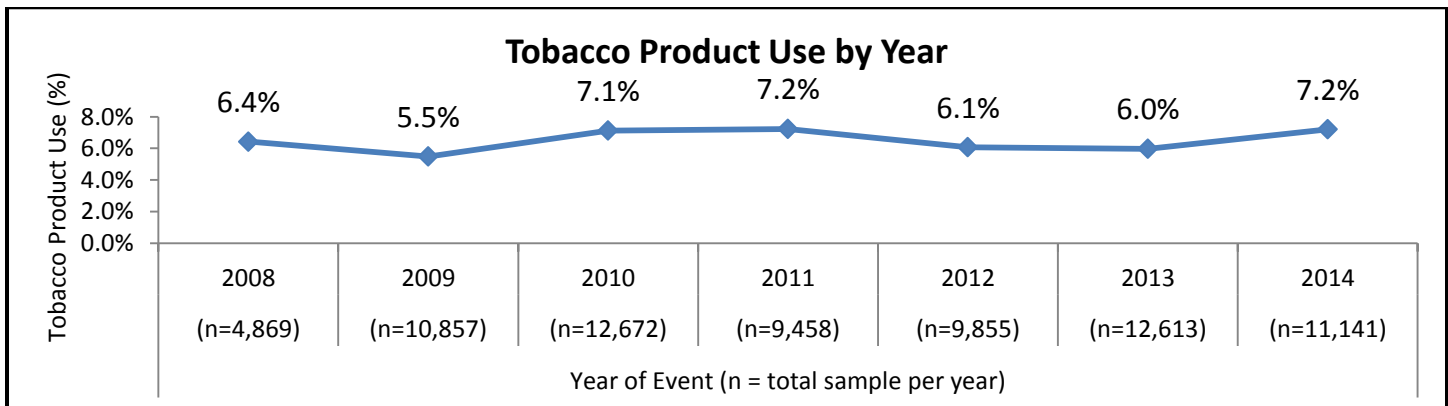
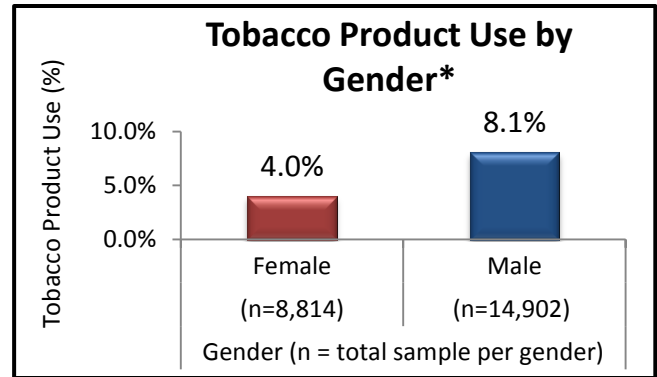


*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who completed the height and weight sections of the Health Promotion exam.

Tobacco Product Use: Self-Reported by Special Olympics athletes

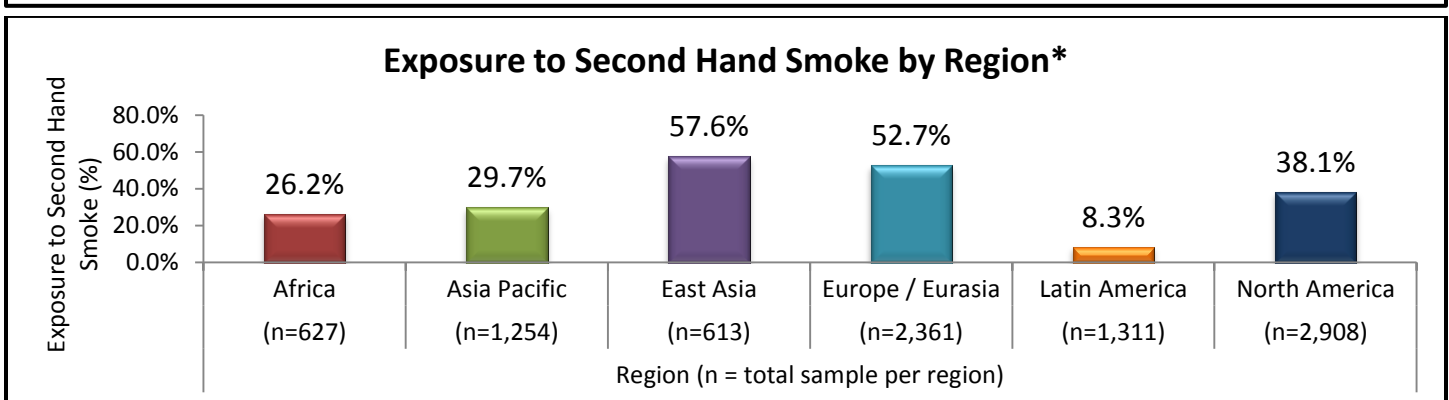
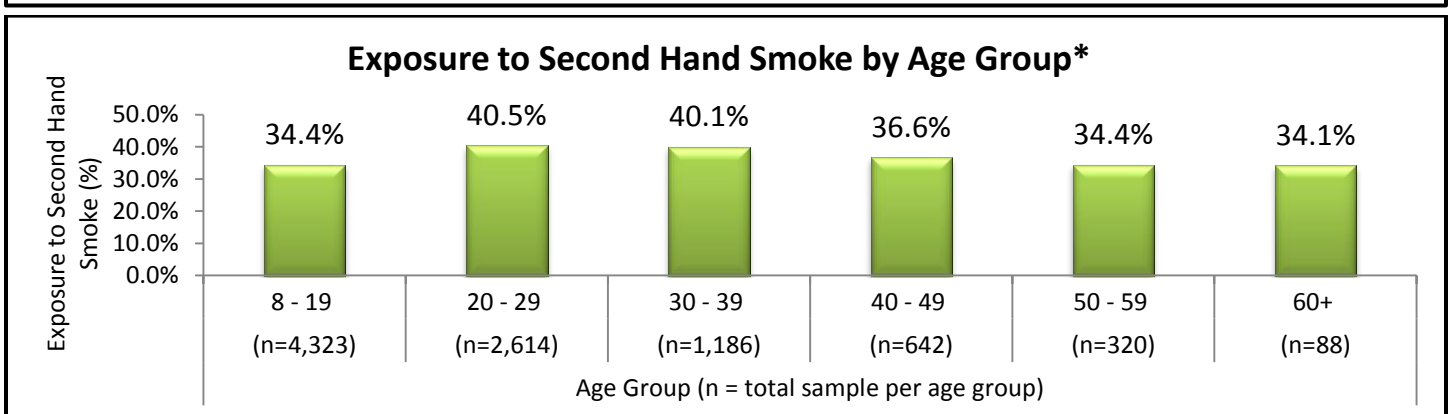
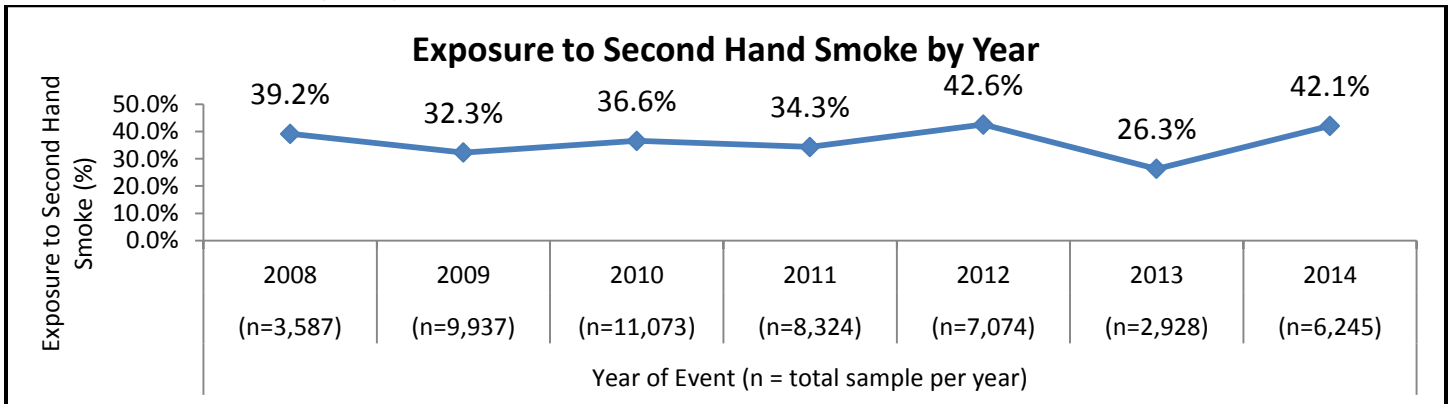
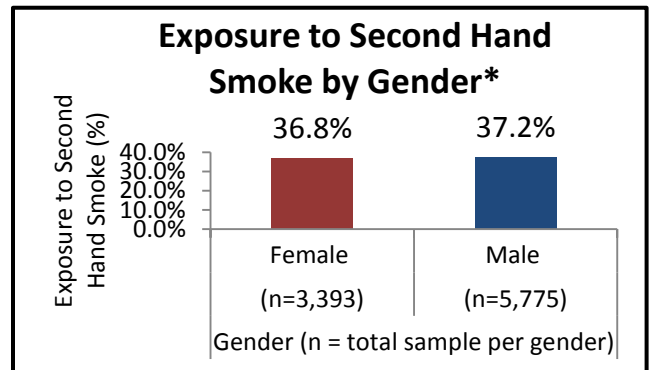
In 2014, 7.2% of Special Olympics athlete exams found athletes self-reported use of tobacco products. Based on year trends, prevalence of tobacco product use reached its highest levels in 2011 and 2014. Combined 2013 and 2014 data show females use tobacco products at about half the rate that males do (4.0% vs. 8.1%). Prevalence of tobacco product use was highest in the 50 – 59 age group (11.9%). Europe/Eurasia had the highest rates of tobacco product use (14.3%) and Latin America had the lowest (1.4%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who responded to the question of tobacco use.

Exposure to Second Hand Smoke: Self-Reported by Special Olympics athletes

In 2014, 42.1% of Special Olympics athlete exams found athletes self-reported exposure to second hand smoke. Based on year trends, exposure to second hand smoke has been inconsistent from 2011 to 2014. Combined 2013 and 2014 data show males and females had about the same rate of second hand smoke exposure (37.2% vs. 36.8%). Prevalence of second hand smoke exposure was highest in the 20 – 29 age group (40.5%). Second hand smoke exposure rates were highest in East Asia (57.6%) and lowest in Latin America (8.3%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who responded to the question of second hand smoke.

Special Olympics **FUNfitness**

FUNfitness Introduction



FUNfitness provides fitness exams and education services. FUNfitness, developed in collaboration with the American Physical Therapy Association, has been a part of Special Olympics events since 1999. Physical therapists, assisted by physical therapist assistants and students, provide an assessment of athlete flexibility, functional strength, balance and aerobic condition. Flexibility of hamstring, calf, shoulder rotator and hip flexor muscles; static and dynamic balance; and aerobic fitness are assessed and used as the basis for one-on-one education and on-site consultation to athletes and coaches on how to improve performance. Physical therapists also discuss the components of a good fitness program for risk prevention, and make recommendations for optimal function in sports training and competition so that the athletes train and compete safely.

Goals

1. Improve athletes' ability to train and compete in Special Olympics and improve the overall fitness of people with intellectual disabilities.
2. Train health care professionals, students and others about the needs and care management of people with intellectual disabilities.
3. Collect, analyze and disseminate data on the health and fitness status and needs of people with intellectual disabilities.
4. Advocate for improved health and wellness policies and programs for people with intellectual disabilities.

Global Importance and Impact

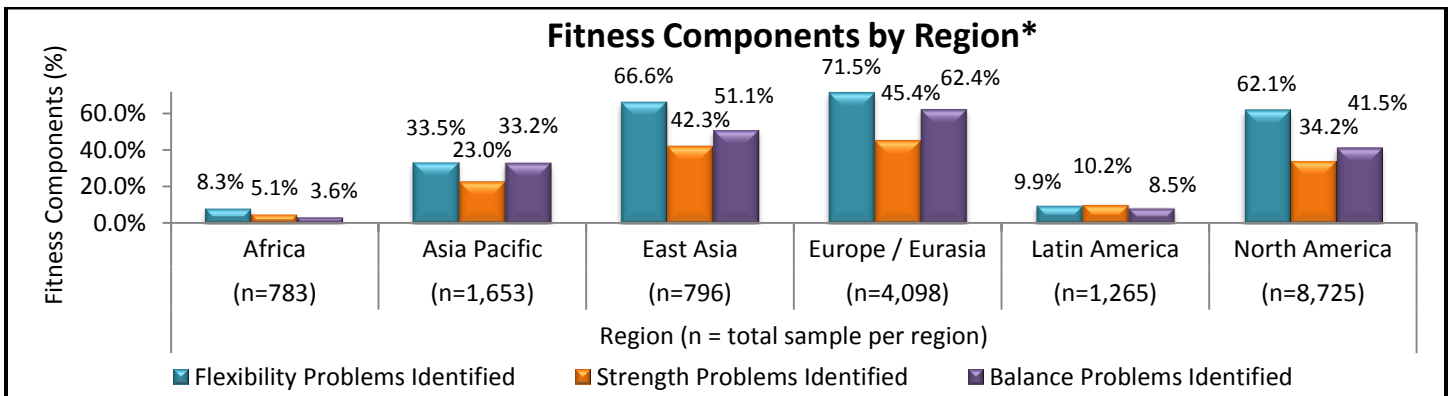
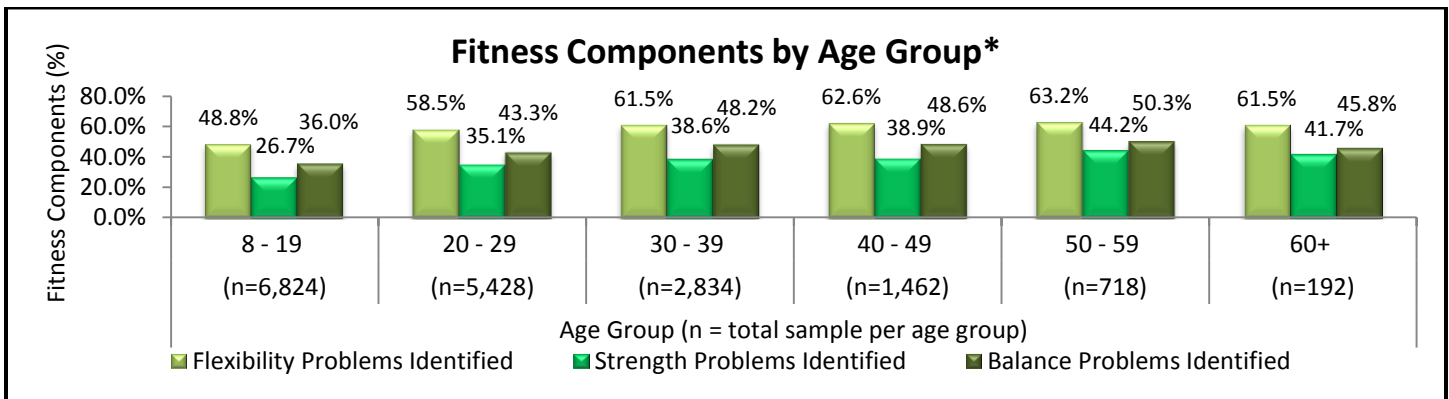
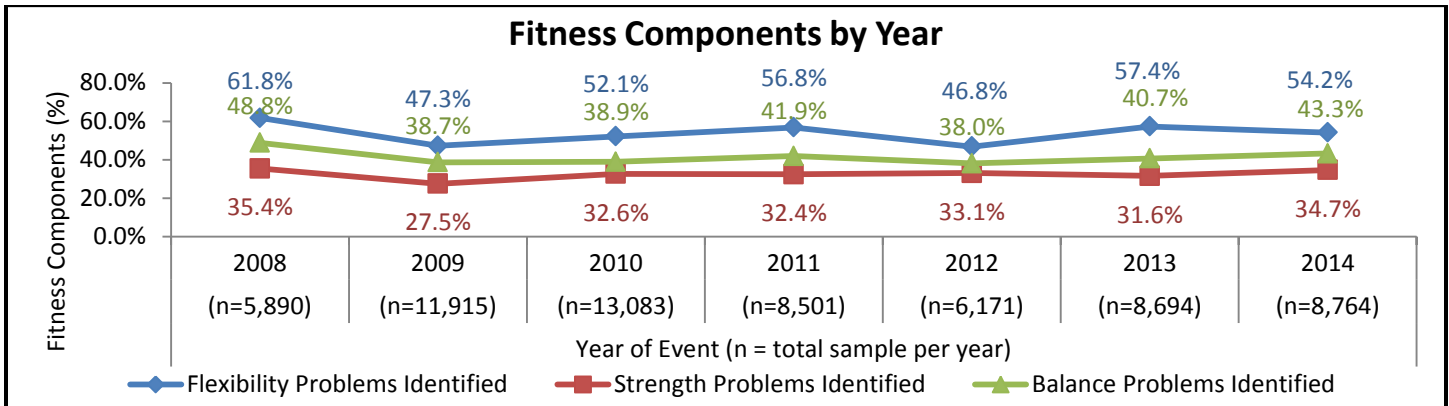
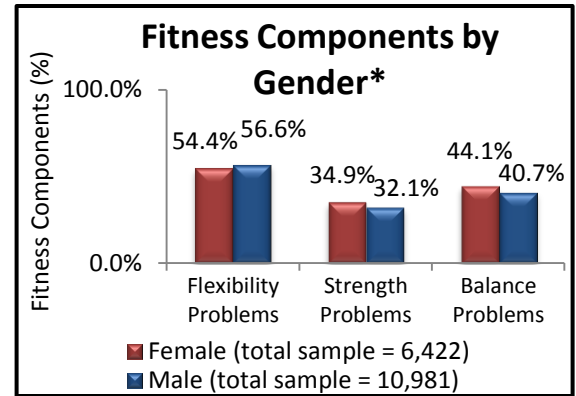
- 54% have flexibility problems
- 43% have balance problems
- 35% have strength problems
- 56% of Special Olympics athletes perform some type of physical activity three or more days most weeks

Data

The measures from the examination can be found on the FUNfitness form in Appendix IV. In 2014, over 17,458 FUNfitness exams were conducted with athletes from 33 countries at 183 events, and 50% of the exams were entered into the Healthy Athletes System (HAS). The data analysis on the following pages is based on the 63,854 exams in HAS from 2008 – 2014.

Fitness Components

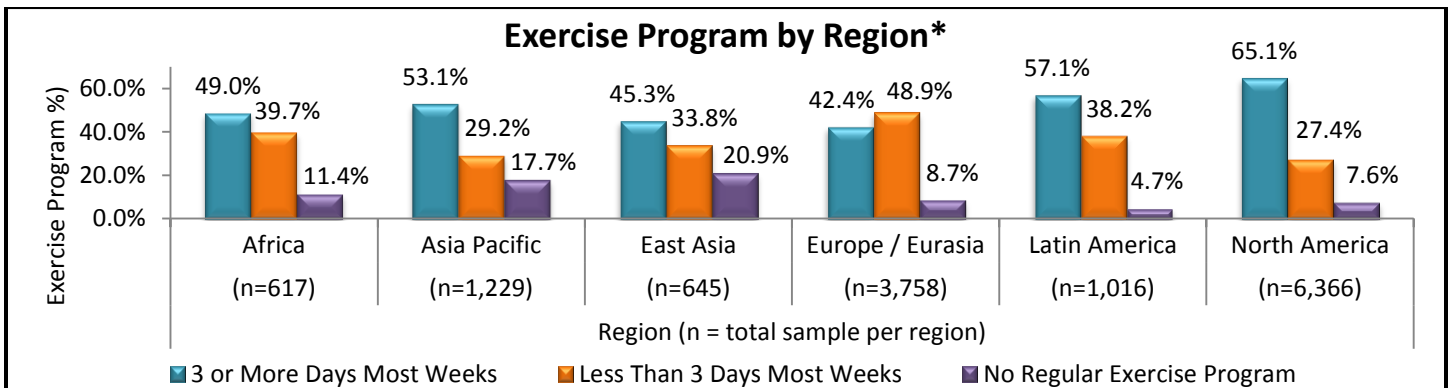
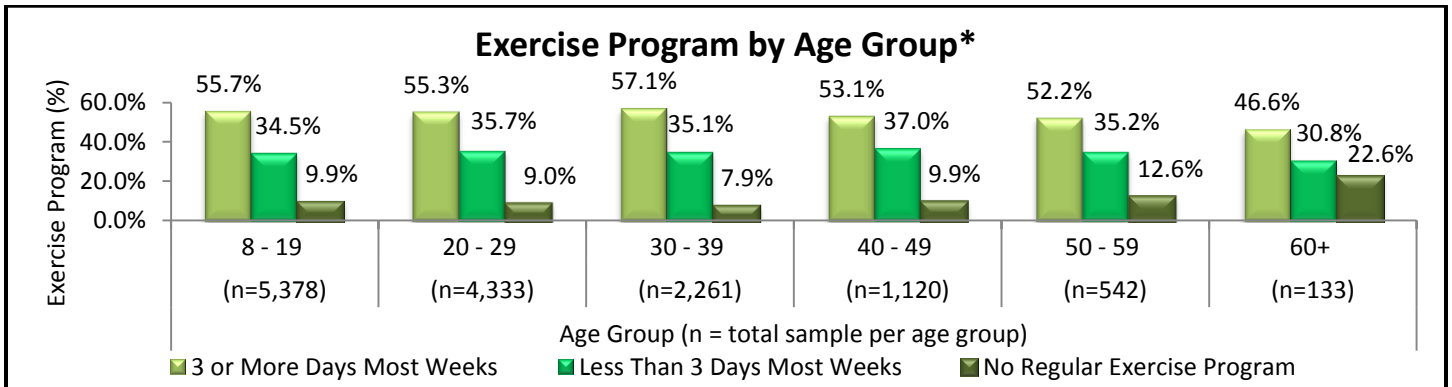
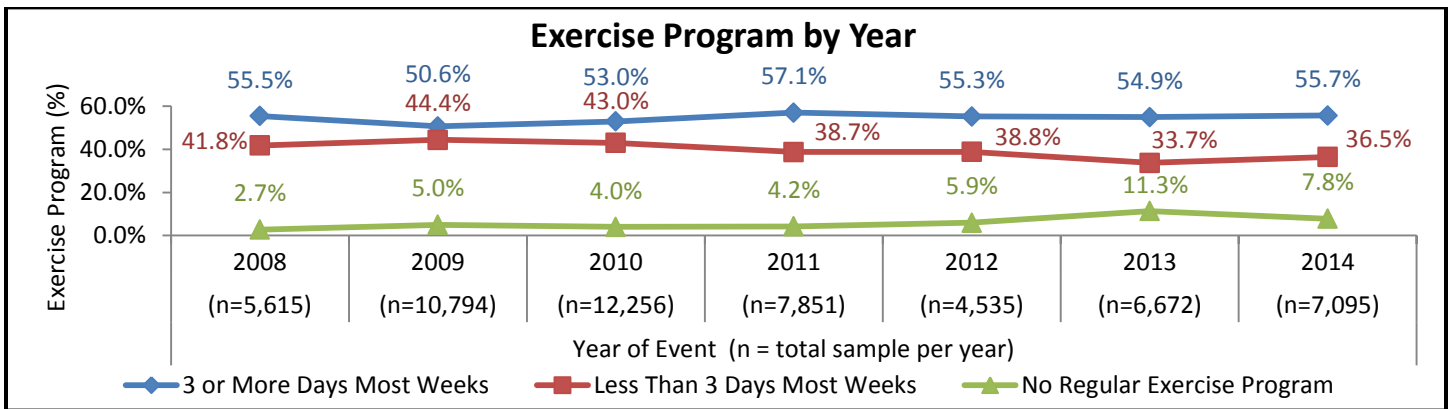
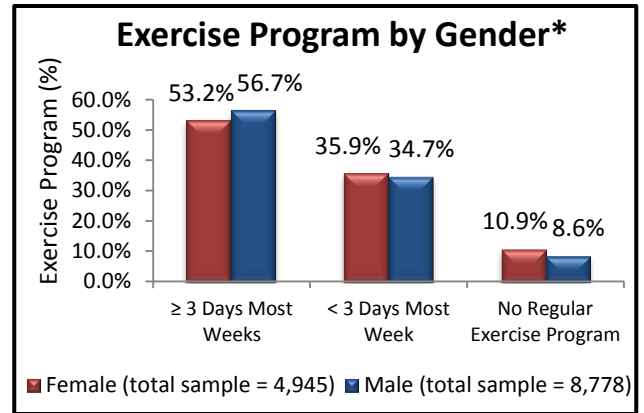
In 2014, 54.2% of Special Olympics athlete exams identified a flexibility problem, 34.7% identified a strength problem, and 43.3% identified a balance problem. Prevalence of balance problems trended upward from 2012 to 2014. Combined 2013 and 2014 data show females had slightly higher rates of strength and balance problems but slightly lower rates of flexibility problems. Prevalence of all fitness component problems was highest in the 50 – 59 age group. Europe/Eurasia had the highest rates of all fitness component problems, and Africa had the lowest.



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the FUNfitness exam.

Exercise Program

In 2014, 7.8% of Special Olympics athlete exams found athletes self-reported no regular exercise program, 36.5% self-reported exercising less than 3 days per week, and 55.7% self-reported exercising 3 or more days per week. Based on year trends, inactivity rates were at their highest levels in 2013 and 2014. Combined 2013 and 2014 data show females are slightly less active than males overall. Prevalence of inactivity was highest and activity levels were lowest in the 60+ age group. North America and Latin America had the highest levels of physical activity while East Asia had the lowest.



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who responded to the question of exercise frequency.

Special Olympics
Lions Clubs International
Opening Eyes®



Opening Eyes

Introduction

Opening Eyes conducts extensive vision exams and gives out prescription eyeglasses and sports eyewear. In 1991, Special Olympics established Opening Eyes. Opening Eyes and Special Smiles jointly formed the basis of the Special Olympics Healthy Athletes initiative in 1997. Through the global partnership of Special

Olympics and Lions Clubs International, Special Olympics athletes receive extensive vision and eye health tests, refraction for those requiring further exam, prescription eyeglasses, if needed, prescription protective sports eyewear, if appropriate, and referral for follow-up care.

Goals

1. Increase access to eye care for Special Olympics athletes, as well as all people with intellectual disabilities.
2. Raise eye care professionals' awareness of vision and eye health concerns of people with special needs, including difficulties involved in accessing treatment.
3. Develop a body of knowledge about vision and eye health of children and adults with special needs.

Global Importance and Impact

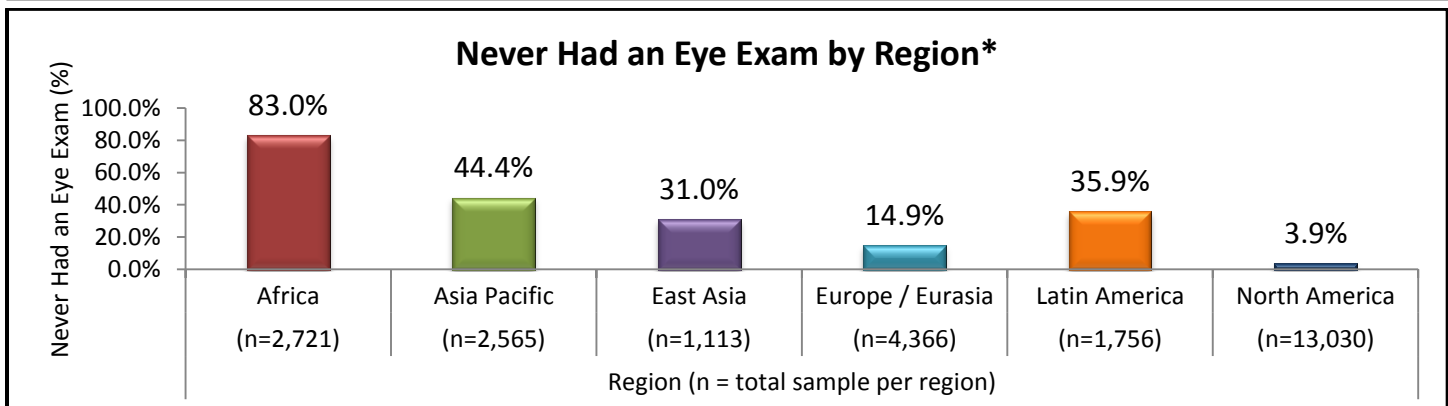
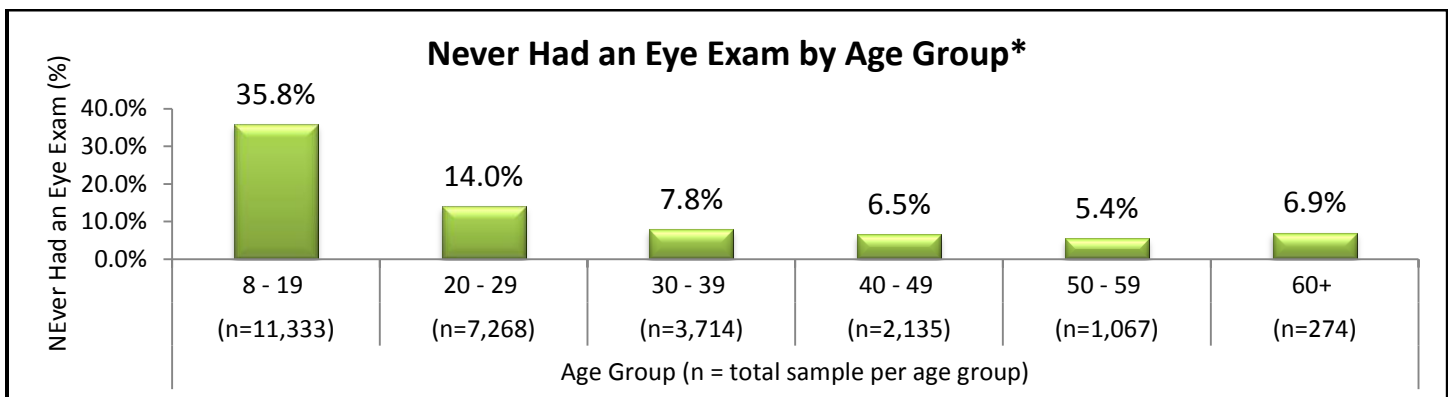
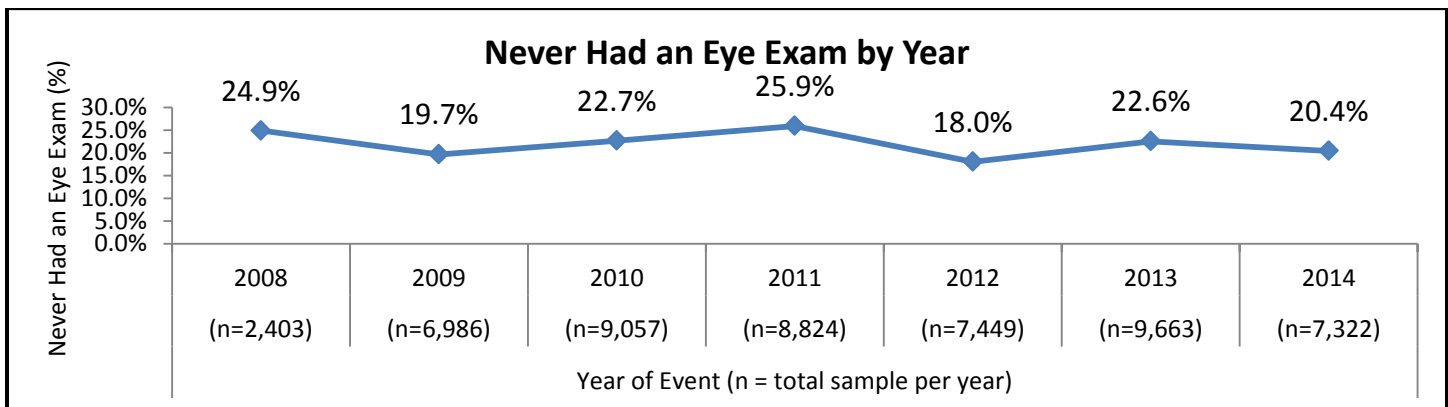
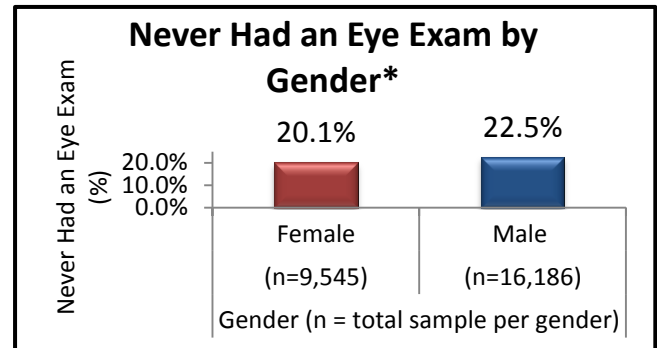
- 20% have never had an eye exam
- 18% have an eye disease
- 32% need new prescription glasses

Data

The measures from the examination can be found on the Opening Eyes form in Appendix IV. In 2014, 26,209 Opening Eyes exams were conducted with athletes from 69 countries at 145 events, and 64% of these exams were entered into the Healthy Athletes System (HAS). The data analysis on the following pages is based on the 117,433 Opening Eyes exams in HAS from 2008 – 2014.

Never Had an Eye Exam: Self-Reported by Special Olympics athletes

In 2014, 20.4% of Special Olympics athletes reported never having an eye exam. There was an inconsistent trend in the prevalence of never having had an eye exam from 2008 to 2014. Combined 2013 and 2014 data show females had a slightly lower rate of never having an eye exam than males (20.1% vs. 22.5%). Prevalence of never having an eye exam was highest in the 8 – 19 age group (35.8%). Africa had the highest rates of never having an eye exam (83.0%) and North America had the lowest (3.9%).

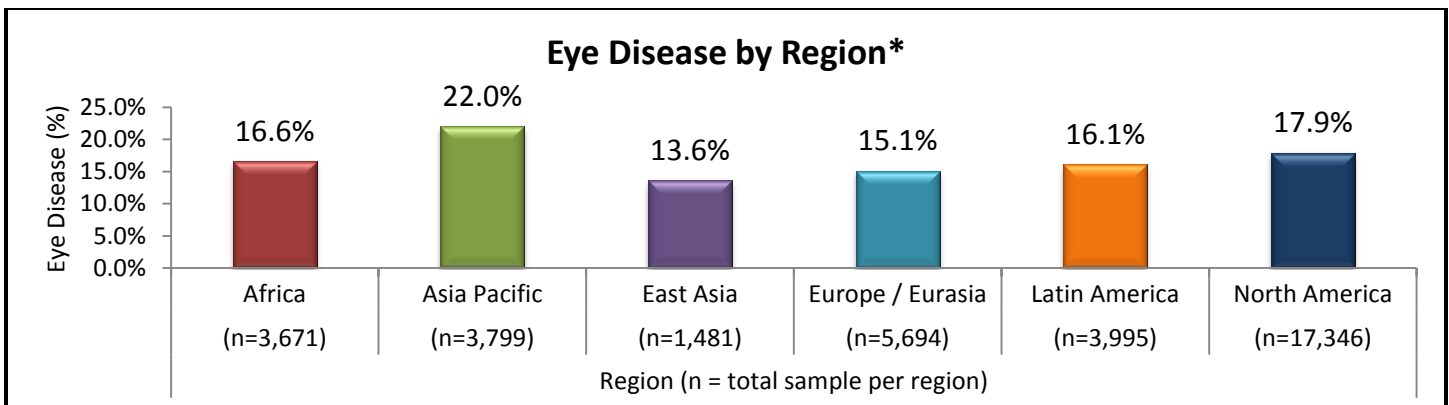
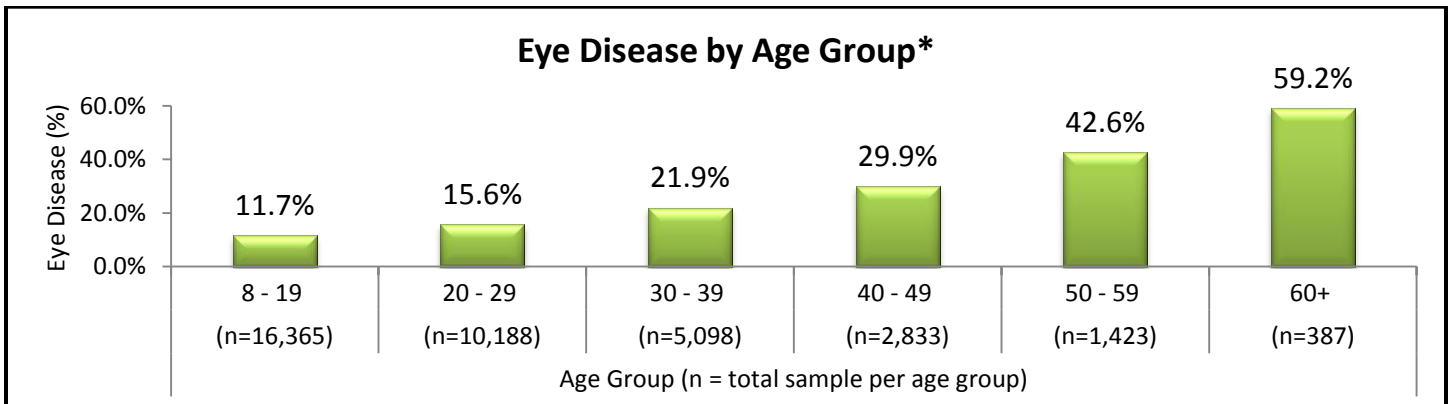
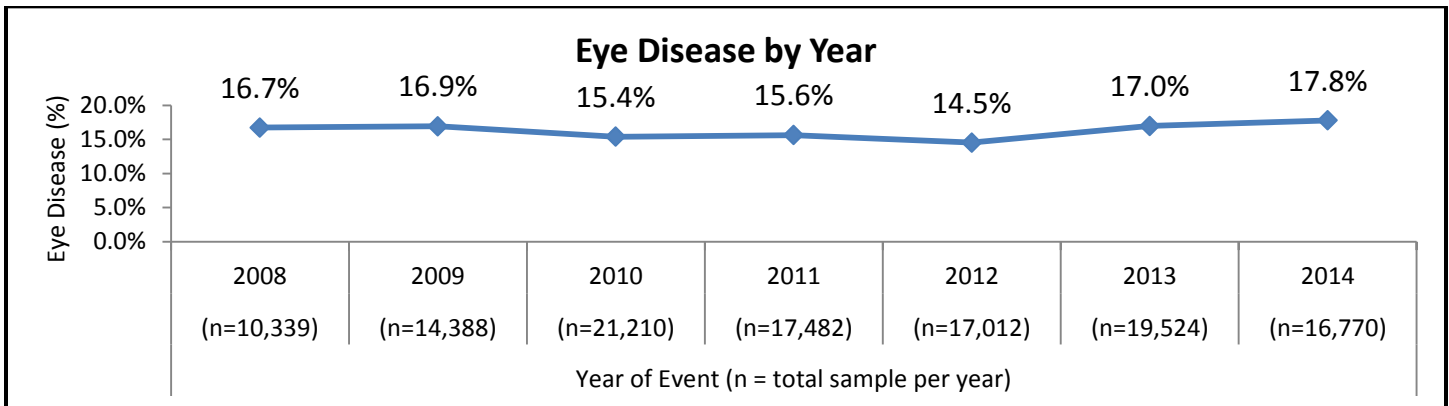
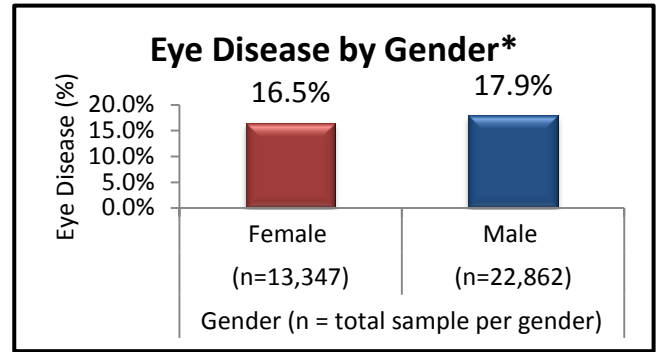


*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who responded to the question of their last eye exam.

Eye Disease

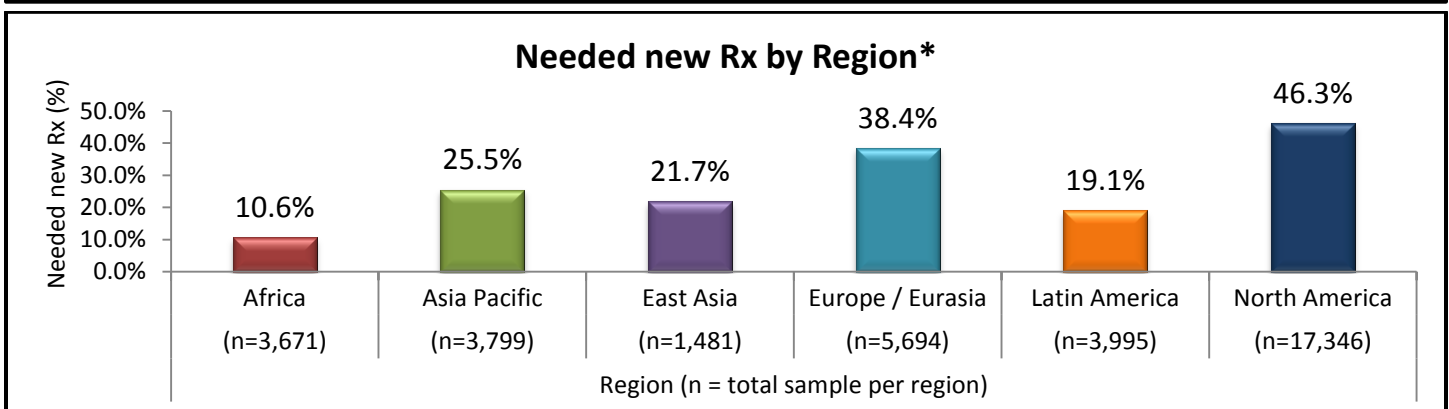
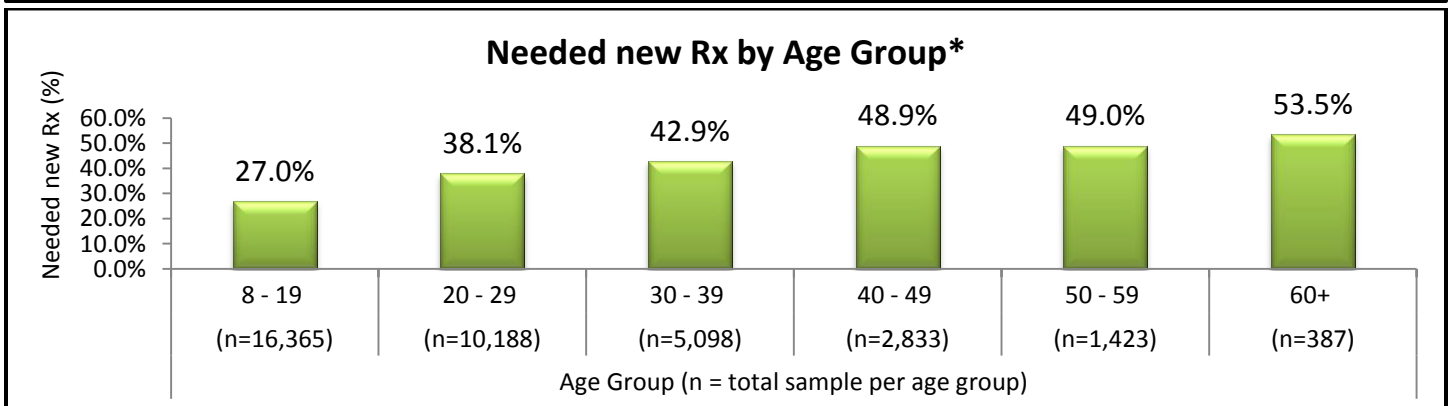
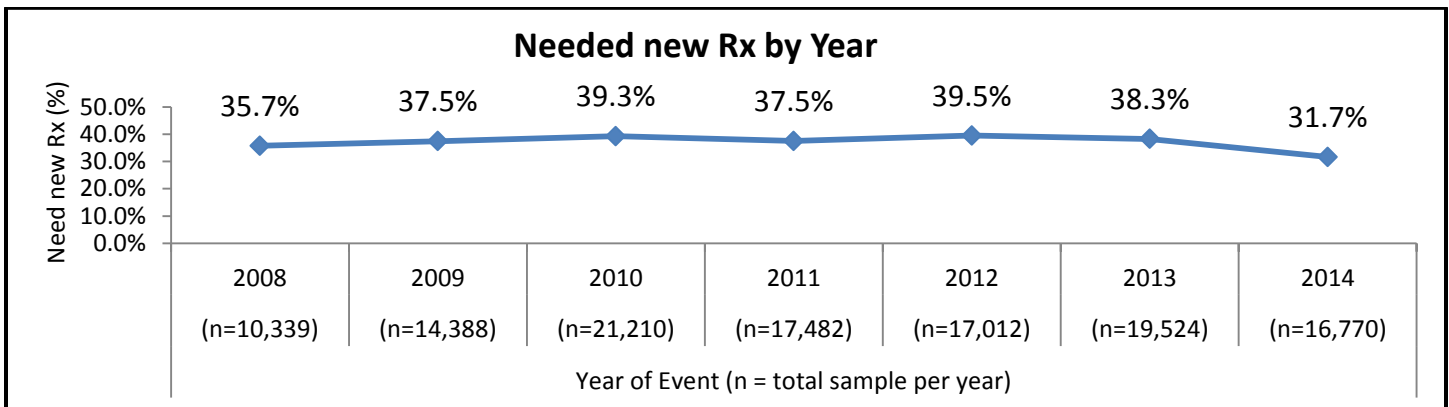
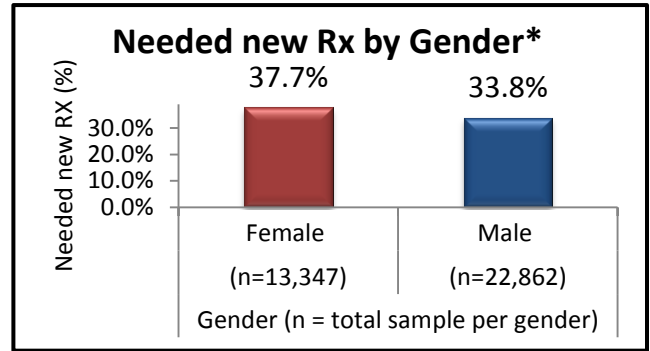
In 2014, 17.8% of Special Olympics athlete exams identified eye disease. Based on year trends, eye disease prevalence trended upward from 2012 to 2014. Combined 2013 and 2014 data show females had slightly lower rates of eye disease than males (16.5% vs. 17.9%). Prevalence of eye disease was highest in the 60+ age group (59.2%). Asia Pacific had the highest rates of eye disease (22.0%) and East Asia had the lowest (13.6%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the Opening Eyes exam.

Needed New Rx

In 2014, 31.7% of Special Olympics athlete exams identified a need for a new eye prescription. Based on year trends, new prescription need prevalence trended downward from 2012 to 2014. Combined 2013 and 2014 data show females had higher rates of new prescription need than males (37.7% vs. 33.8%). Prevalence of needing new eye prescriptions was highest in the 60+ age group (53.5%). North America had the highest rates of new prescription need (46.3%) and Africa had the lowest (10.6%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who completed the Opening Eyes exam.



Special Smiles

Introduction

Special Smiles offers dental exams, health education and prevention services, and refers athletes to potential sources of treatment and follow-up care. In 1997, Healthy Athletes, in cooperation with the Division of Oral Health at the Centers for Disease Control and Prevention (CDC) developed the Special

Smiles protocol to evaluate oral health. Special Smiles provides SO athletes with an oral health exam, education about the importance of good oral hygiene habits, and instructions in correct tooth brushing and flossing methods.

Goals

1. Increase access to dental care for Special Olympics athletes, as well as all people with intellectual disabilities.
2. Raise dental professionals' awareness of the oral health concerns of people with special needs, including difficulties involved in accessing care.
3. Develop a body of knowledge about the oral health care needs of children and adults with intellectual disabilities.
4. Provide a list of regional dental professionals who care for people with special needs to all athletes who participate in Special Smiles.

Global Importance and Impact

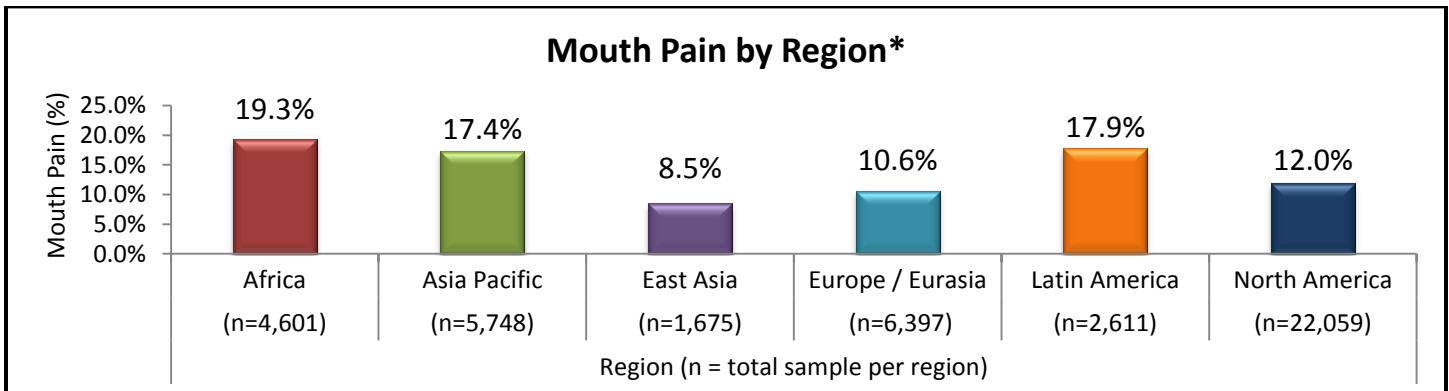
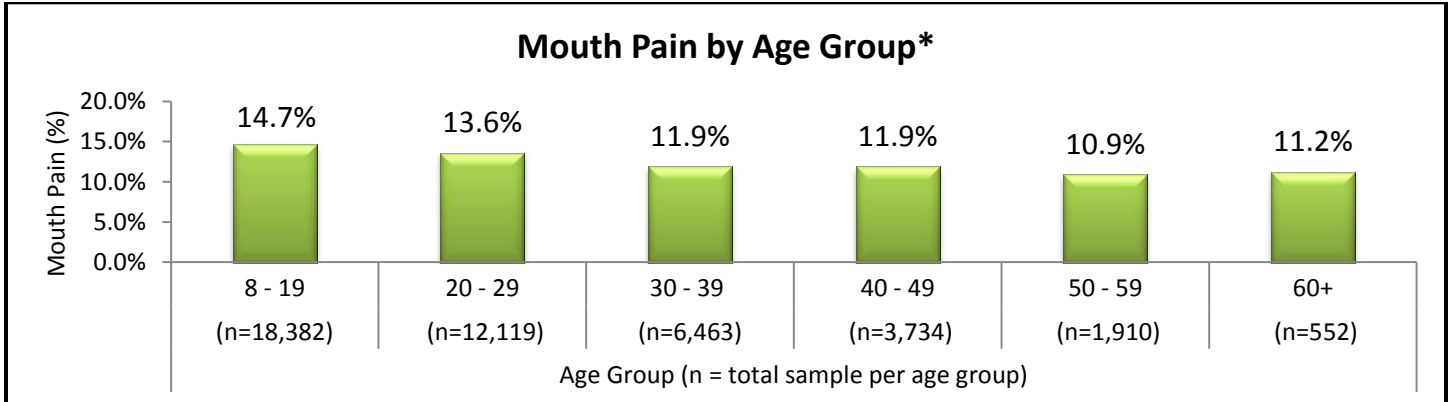
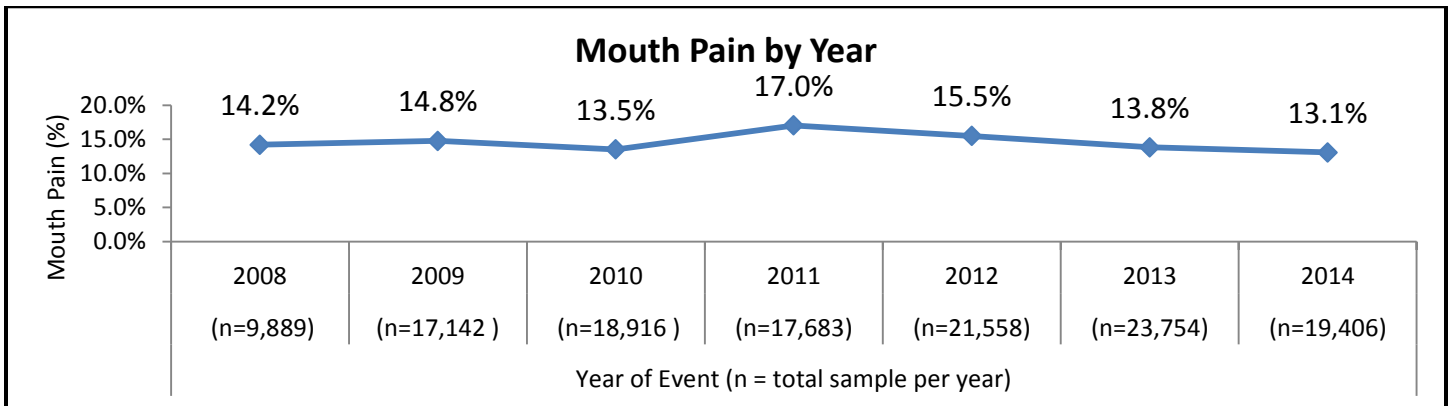
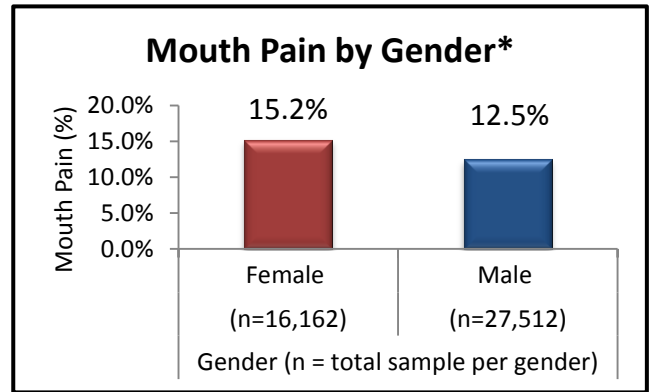
- 13% have mouth pain
- 34% have untreated tooth decay
- 29% are missing teeth
- 48% have gingival signs
- 12% are in need of urgent care

Data

The measures from the examination can be found on the Special Smiles form in Appendix IV. In 2014, over 31,165 Special Smiles exams were conducted with athletes from 32 countries at 183 events, and 64% of these exams were entered into the Healthy Athletes System (HAS). The data analysis on the following pages is based on the 133,521 Special Smile exams in HAS from 2008 – 2014.

Mouth Pain: Self-Reported by Special Olympics athletes

In 2014, 13.1% of Special Olympics athlete exams found athletes self-reported mouth pain. Based on year trends, mouth pain prevalence trended downward from 2011 to 2014. Combined 2013 and 2014 data show females reported mouth pain at a higher rate than males (15.2% vs. 12.5%). Prevalence of mouth pain was higher in younger age groups (8 -19 and 20 - 29) than in older age groups. Rates of mouth pain were highest in Africa (19.3%), Latin America (17.9%), and Asia Pacific (17.4%) and lowest in East Asia (8.5%).

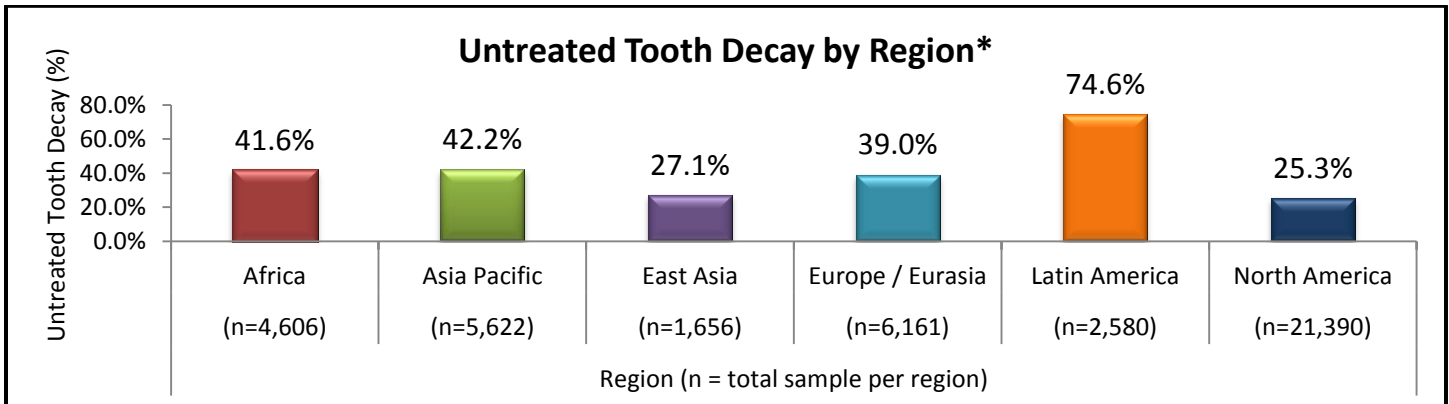
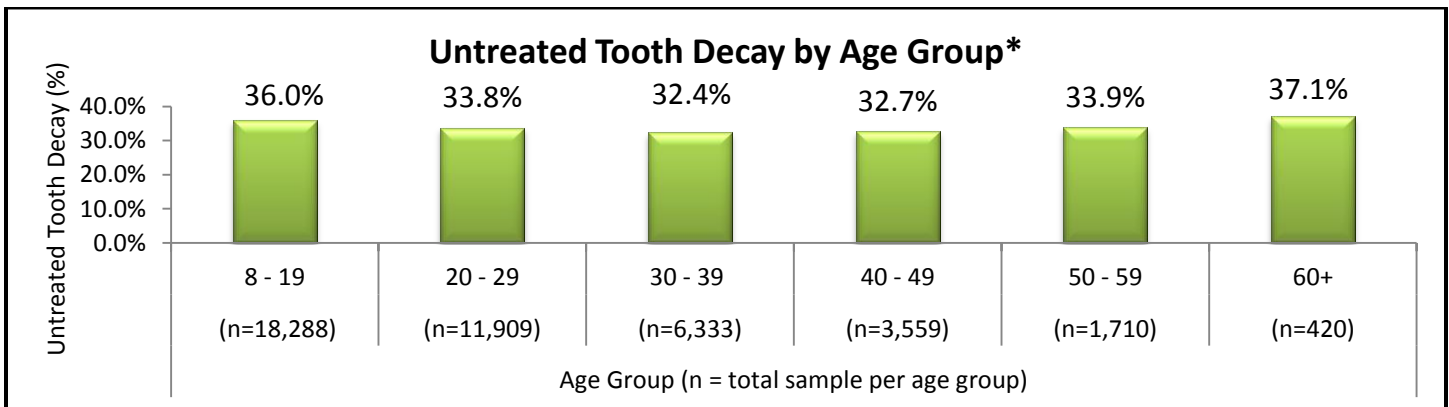
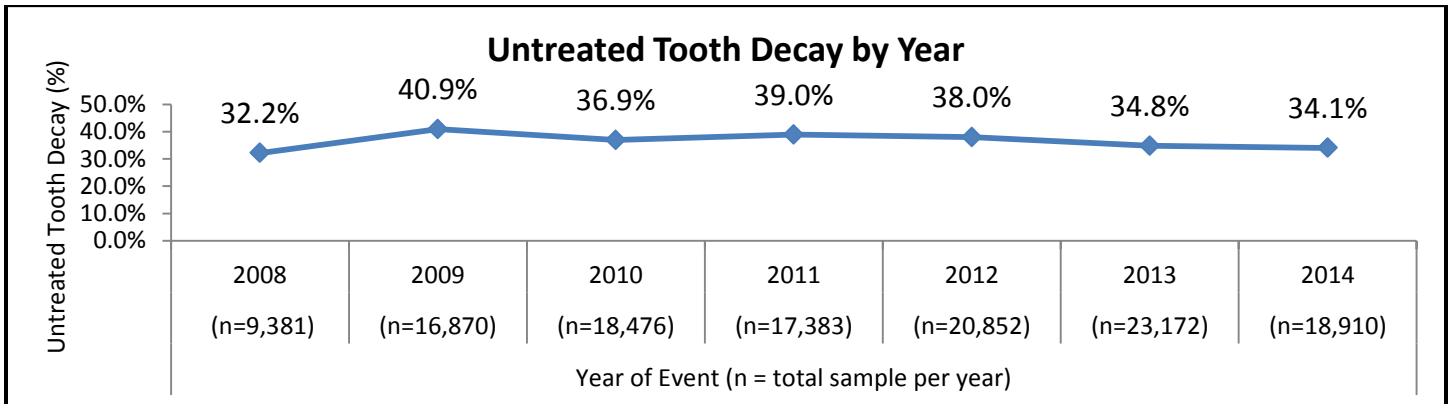
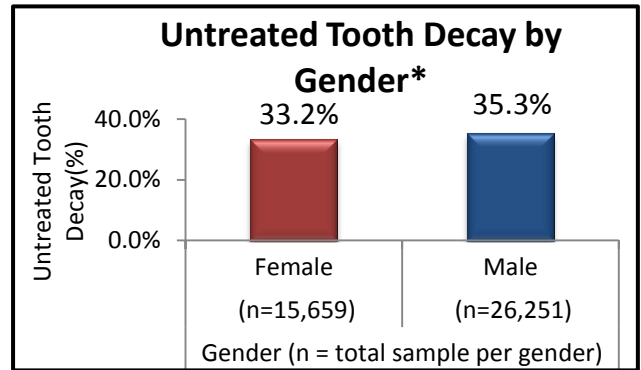


*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on number of the athletes who responded to the question about mouth pain.

Untreated Tooth Decay

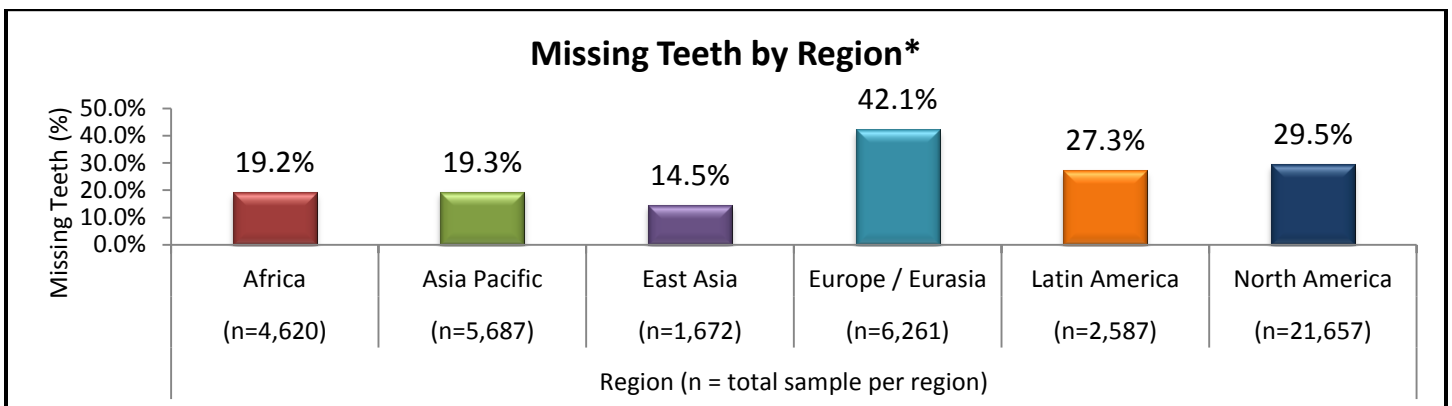
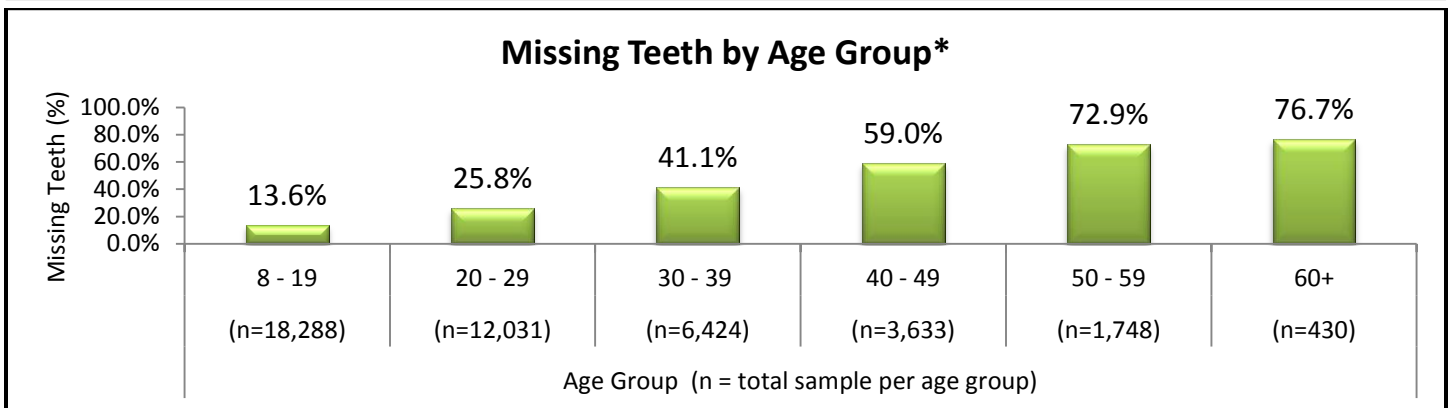
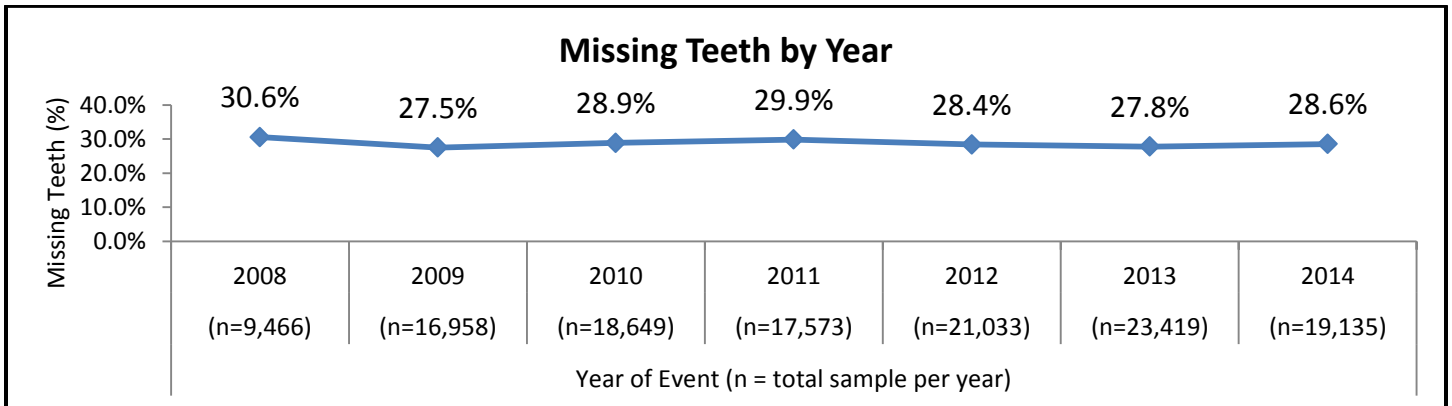
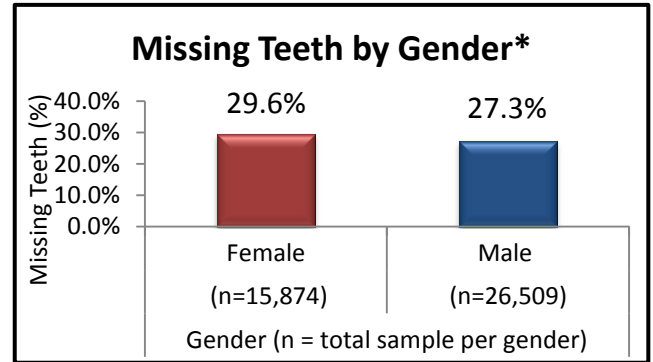
In 2014, 34.1% of Special Olympics athlete exams identified untreated tooth decay. Based on year trends, untreated tooth decay prevalence trended downward from 2011 to 2014. Combined 2013 and 2014 data show females had lower rates of untreated tooth decay than males (33.2% vs. 35.3%). Prevalence of untreated tooth decay were highest among the youngest and oldest age groups (8 -19 and 60+). Latin America had the highest rates of untreated tooth decay (74.6%) and North America had the lowest (25.3%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on number of the athletes who were examined for tooth decay.

Missing Teeth

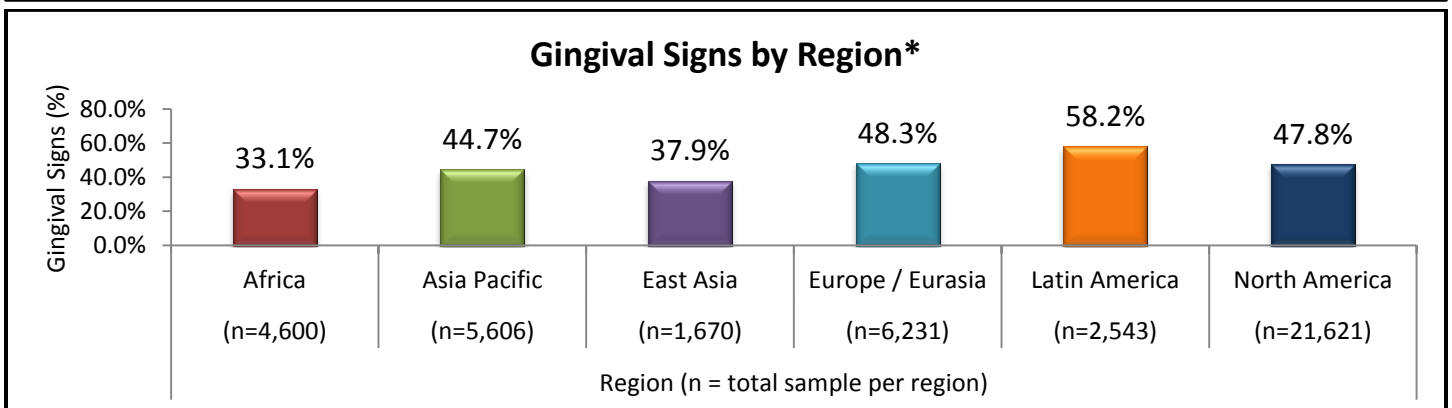
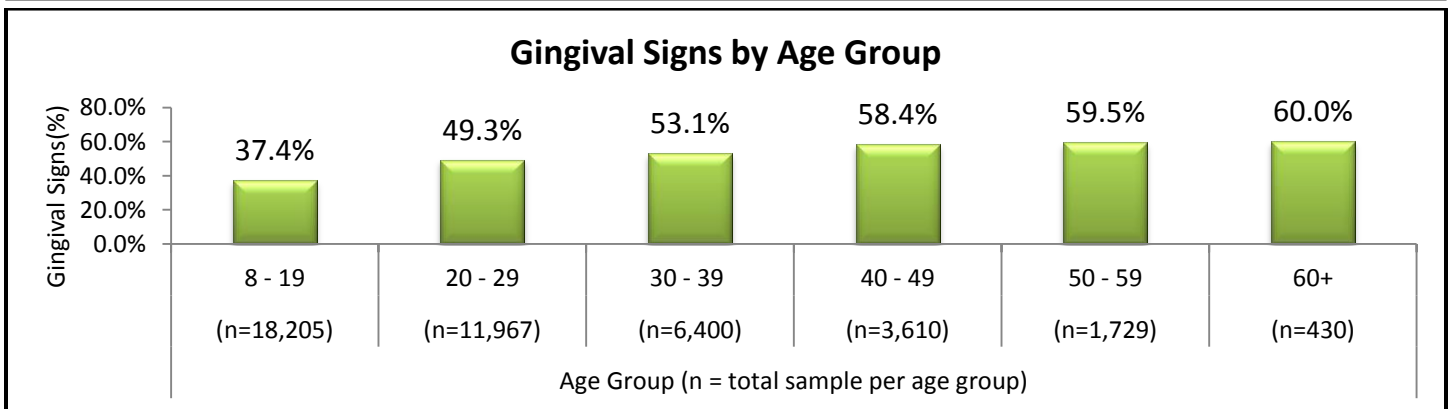
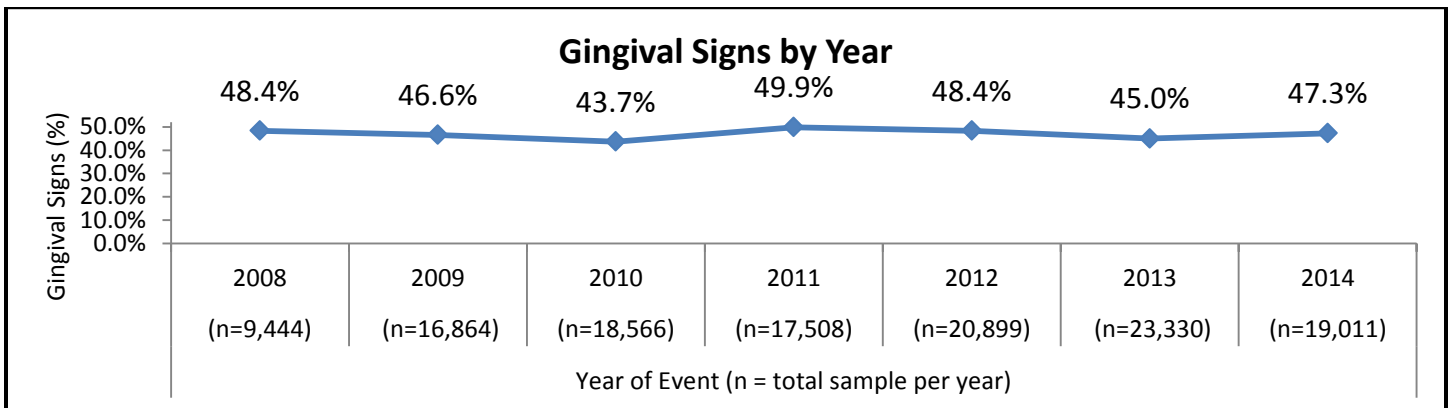
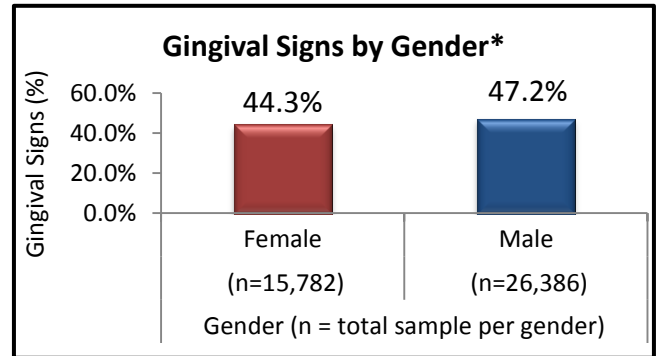
In 2014, 28.6% of Special Olympics athlete exams identified missing teeth. There was little change in prevalence of missing teeth from 2008 to 2014. Combined 2013 and 2014 data show females had slightly higher rates of missing teeth than males (29.6% vs. 27.3%). Prevalence of missing teeth was higher in older age groups. Europe / Eurasia had the highest rates of missing teeth (42.1%) and East Asia had the lowest (14.5%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on number of the athletes who were examined for missing teeth.

Gingival Signs

In 2014, 47.3% of Special Olympics athlete exams identified gingival signs. There was little change in prevalence of gingival signs from 2008 to 2014. Combined 2013 and 2014 data show females had slightly lower rate of gingival signs than males (44.3% vs. 47.2%). Prevalence of gingival signs was higher in older age groups. Latin America had the highest rates of gingival signs (58.2%) and Africa had the lowest (33.1%).

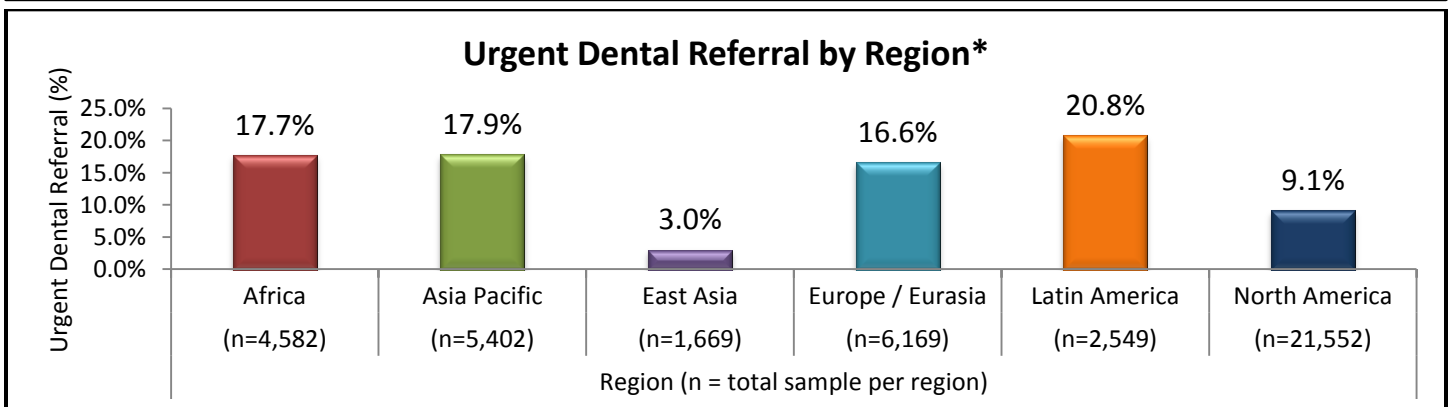
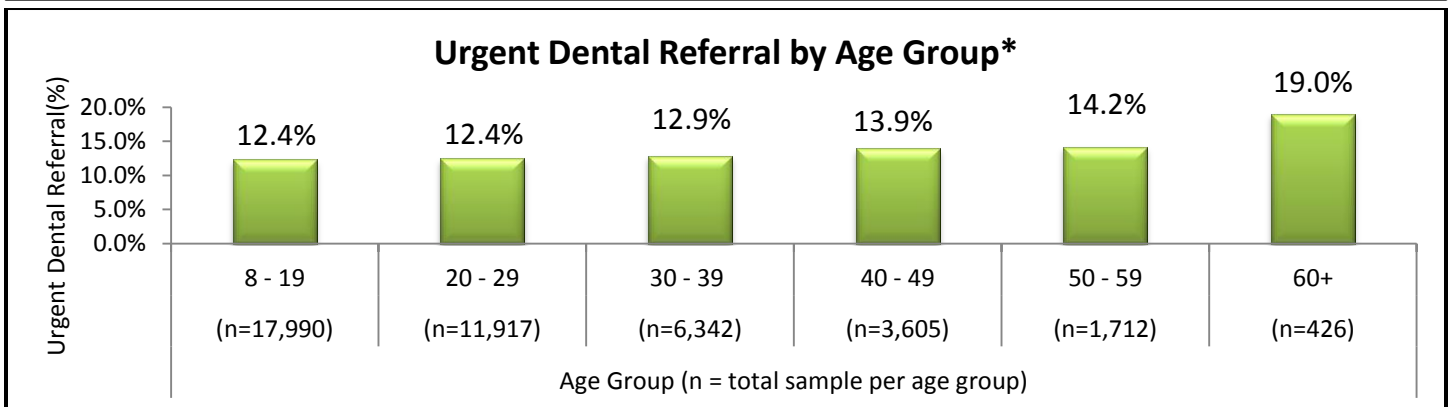
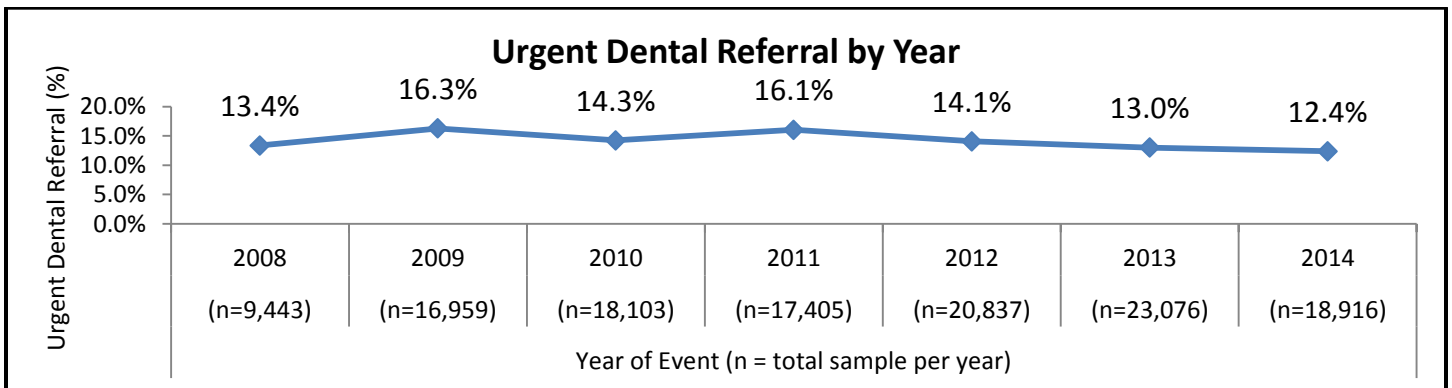
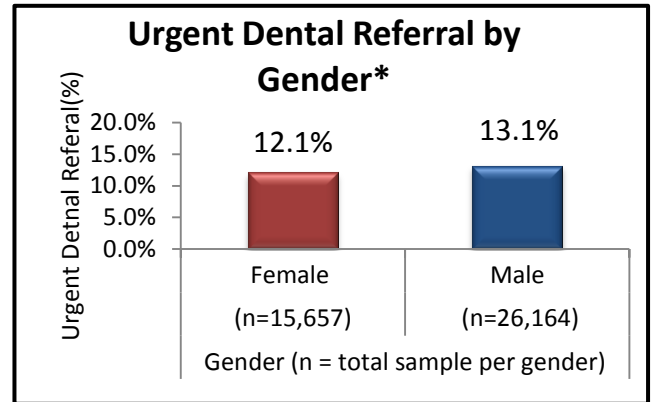


*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on number of the athletes who were examined for gingival signs.

Urgent Dental Referral

In 2014, 12.4% of Special Olympics athlete exams identified an urgent dental referral. Based on year trends, urgent dental referral prevalence trended downward from 2011 to 2014. Combined 2013 and 2014 data show males and females had about the same rate of urgent dental referrals (13.1% vs. 12.1%). Prevalence of urgent dental referrals was highest in the 60+ age group (19.0%). Rates of urgent dental referrals were highest in Latin America (20.8%), and lowest in East Asia (3.0%), though this is likely due to differences in how referrals were classified in East Asia.



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.

Note: Percentages are based on the number of the athletes who received a referral after completing the Special Smiles exam.



Healthy Hearing is designed to assess and report the prevalence of hearing loss among Special Olympics athletes as a means of focusing attention on the hearing health care needs of people with intellectual disabilities. It was developed in 1998, following a public health examination model. Additionally,

Healthy Hearing identifies athletes with hearing loss and ear health problems through hearing exams and testing; notifies/counsels them about needed follow-up care; and whenever possible, provides follow-up care on site at Special Olympics events. Healthy Hearing also informs athletes, coaches and caregivers about the prevention of hearing loss by providing informative brochures to them at events and through a website.

Goals

1. Increase access to hearing care for Special Olympics athletes, as well as all people with intellectual disabilities.
2. Raise audiologists' awareness of the hearing concerns of people with special needs, including difficulties involved in accessing care.
3. Provide a list of regional audiologists who care for people with special needs to all athletes who participate in Healthy Hearing.
4. Develop a body of knowledge about the ear canal hygiene of children and adults with disabilities.

Global Importance and Impact

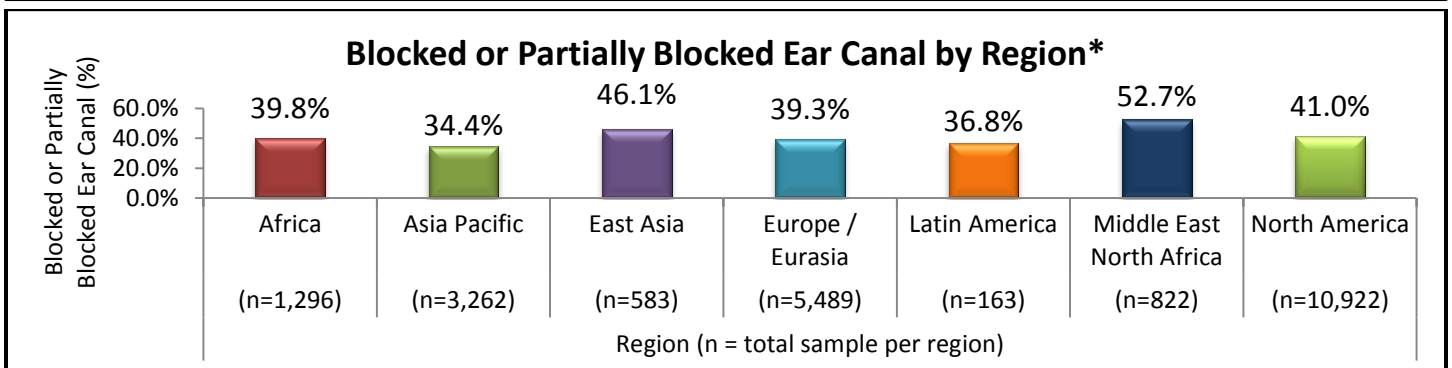
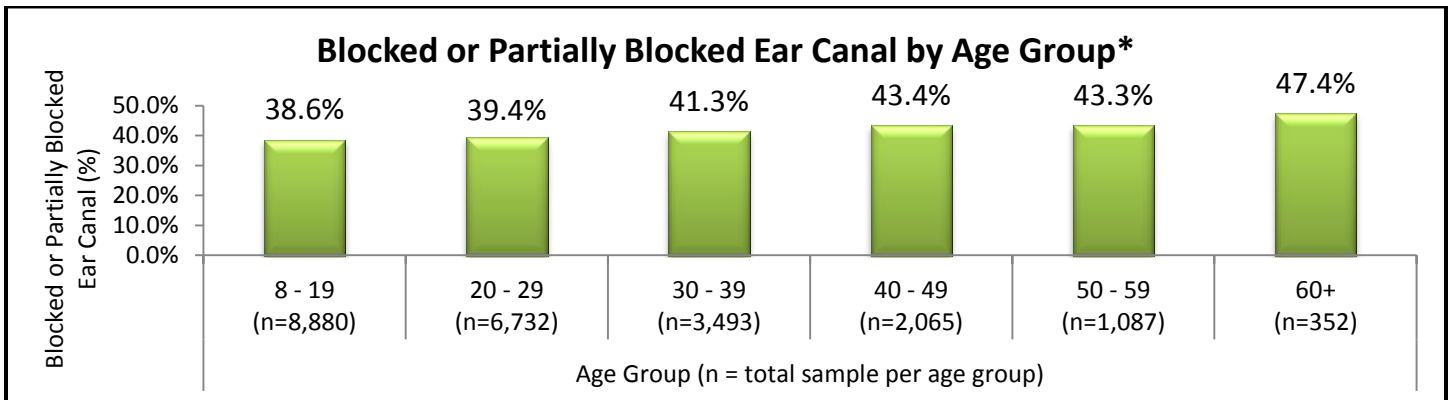
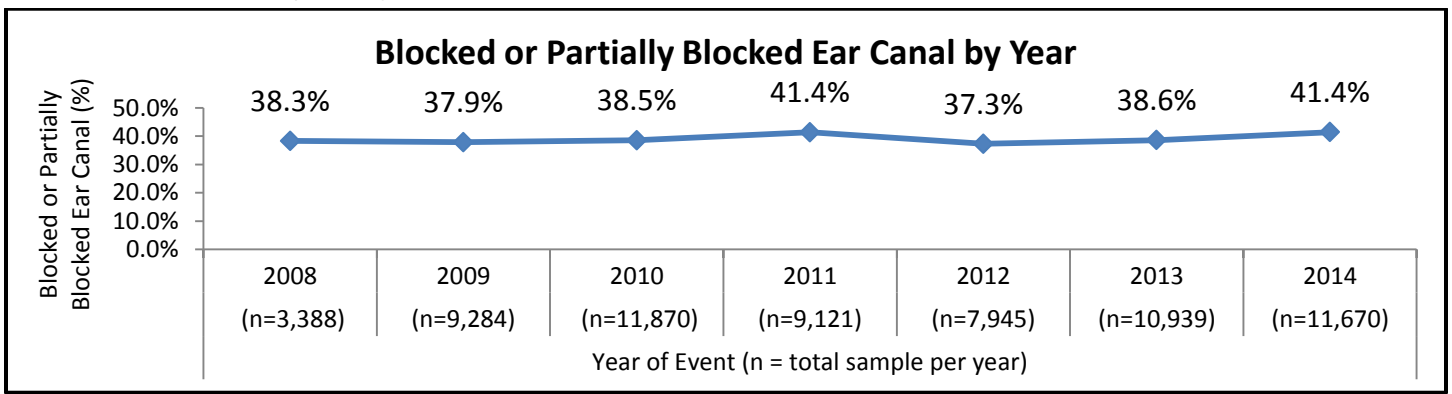
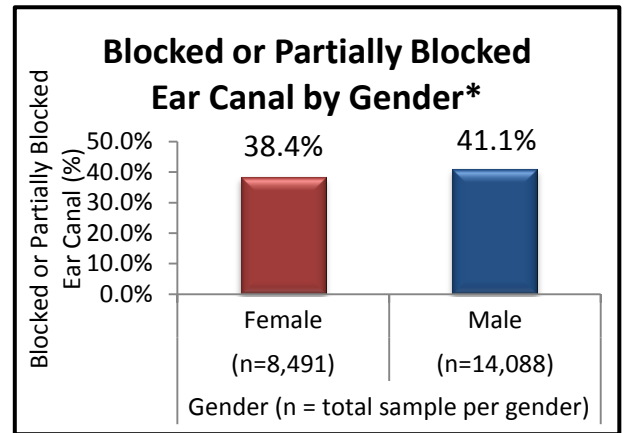
- 41% have blocked or partially blocked ear canals
- 25% failed Puretone hearing exam
- 7% have permanent hearing loss

Data

The measures from the examination can be found on the Healthy Athletes Healthy Hearing form in Appendix IV. In 2014, over 18,398 Healthy Hearing exams were conducted, with athletes from 62 countries at 108 events, and 63% of these exams were entered into the Healthy Athletes System (HAS). The data analysis on the following pages is based on the 64,217 Healthy Hearing exams in HAS from 2008 – 2014.

Blocked or Partially Blocked Ear Canal

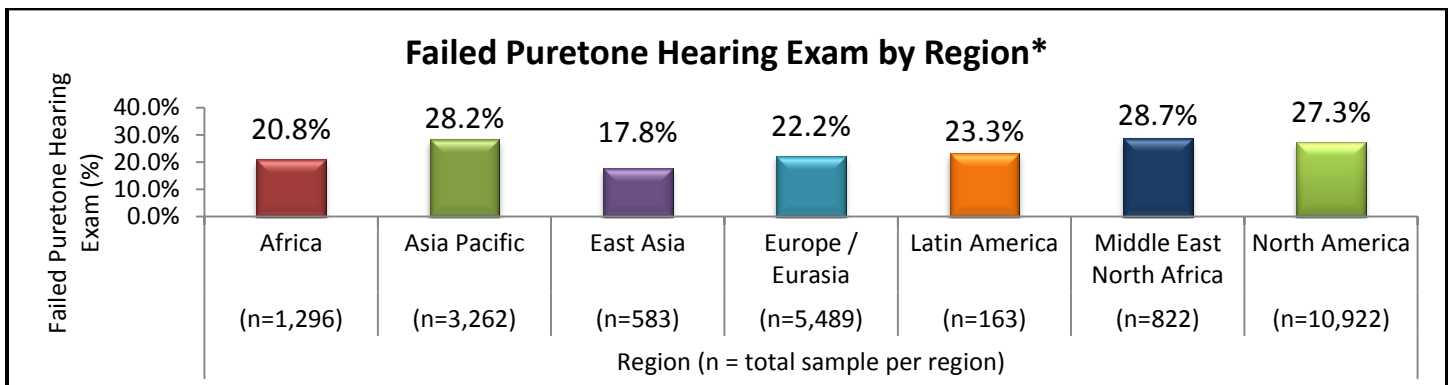
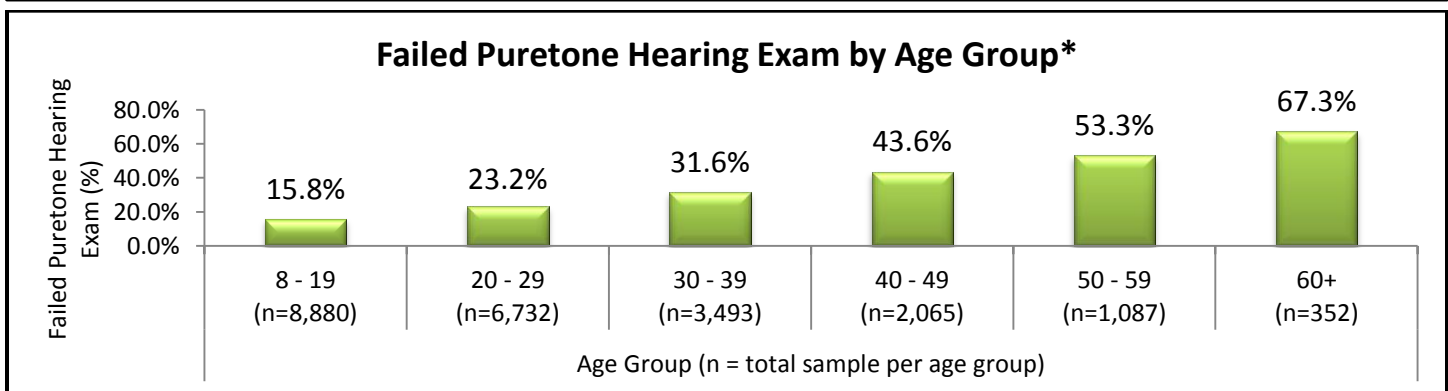
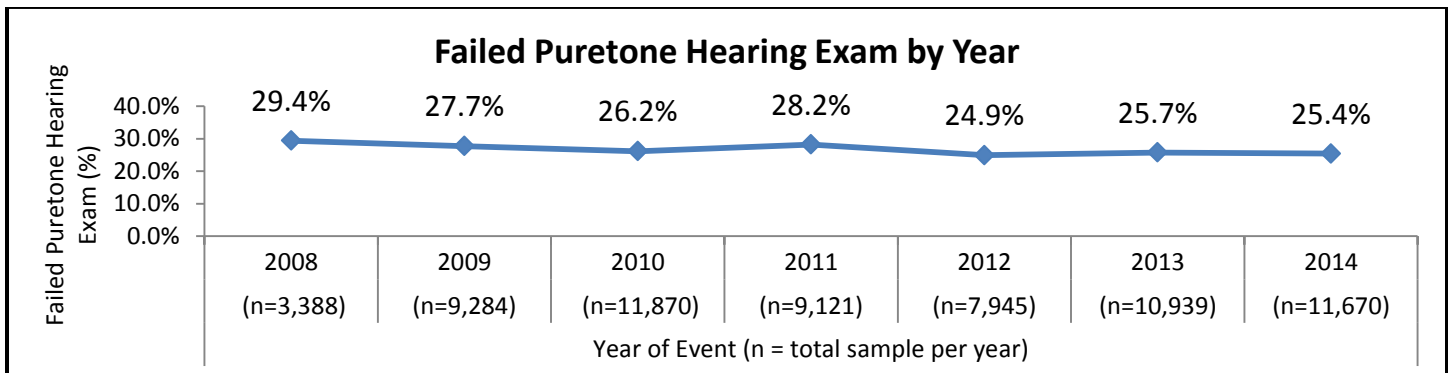
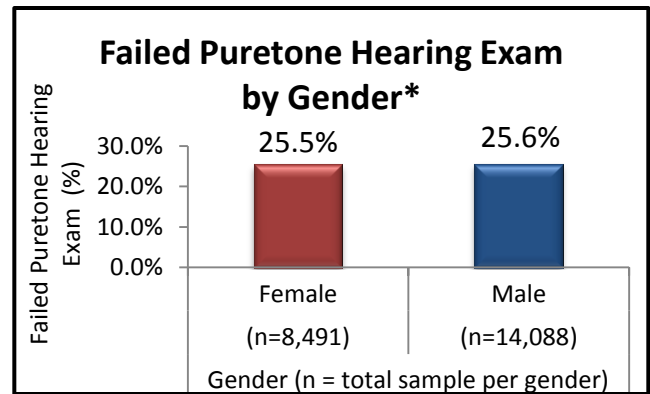
In 2014, 41.4% of Special Olympics athlete examinations identified a blocked or partially blocked ear canal. Based on year trends, prevalence of blocked or partially blocked ear canals trended upward from 2012 to 2014 to return to the 2011 prevalence. Combined 2013 and 2014 data show females had a slightly lower rate of blocked or partially blocked ear canals (38.4% vs. 41.1%). Prevalence of blocked or partially blocked ear canals was highest in the 60+ age group (47.4%). Rates of blocked or partially blocked ear canals were highest in Middle East North Africa (52.7%) and lowest in Asia Pacific (34.4%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the Healthy Hearing exam.

Failed Puretone Hearing Exam

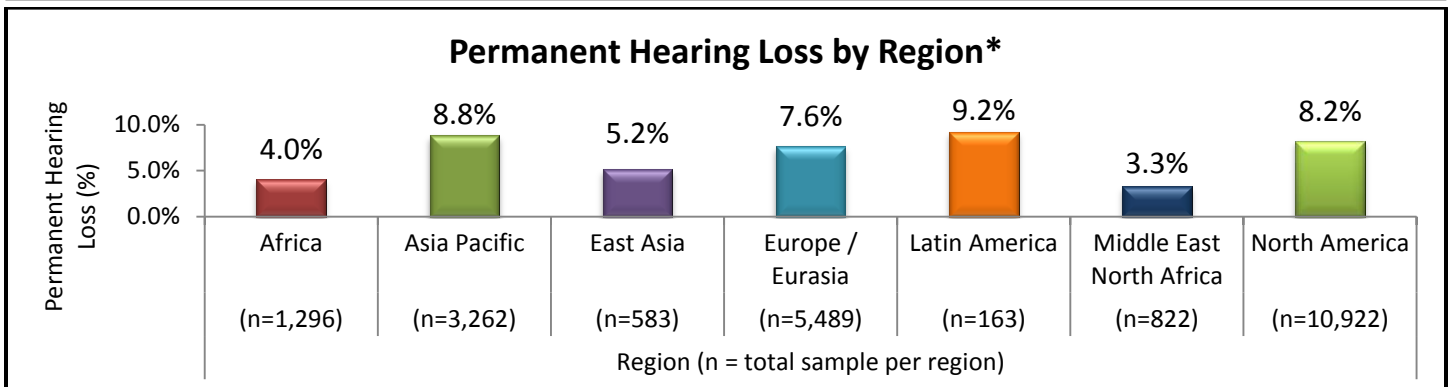
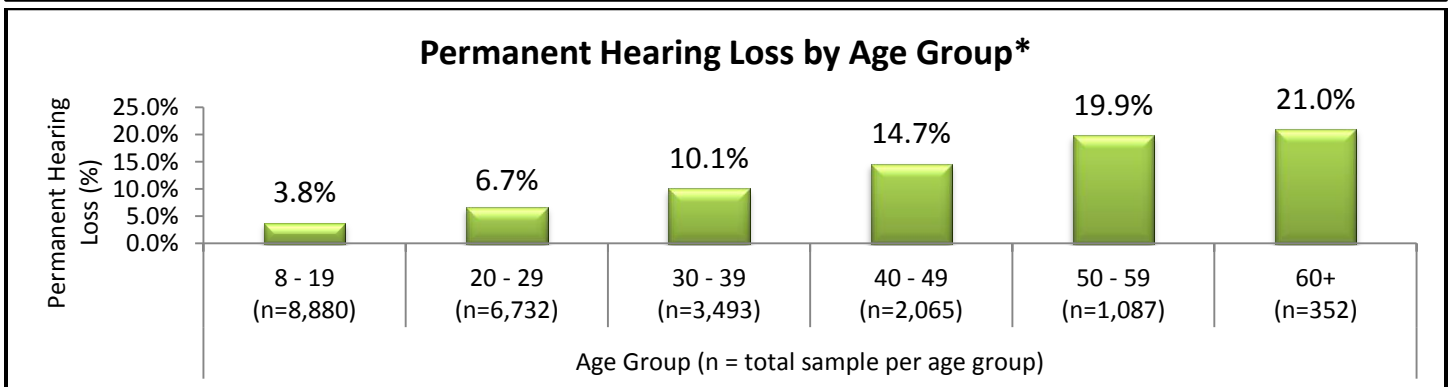
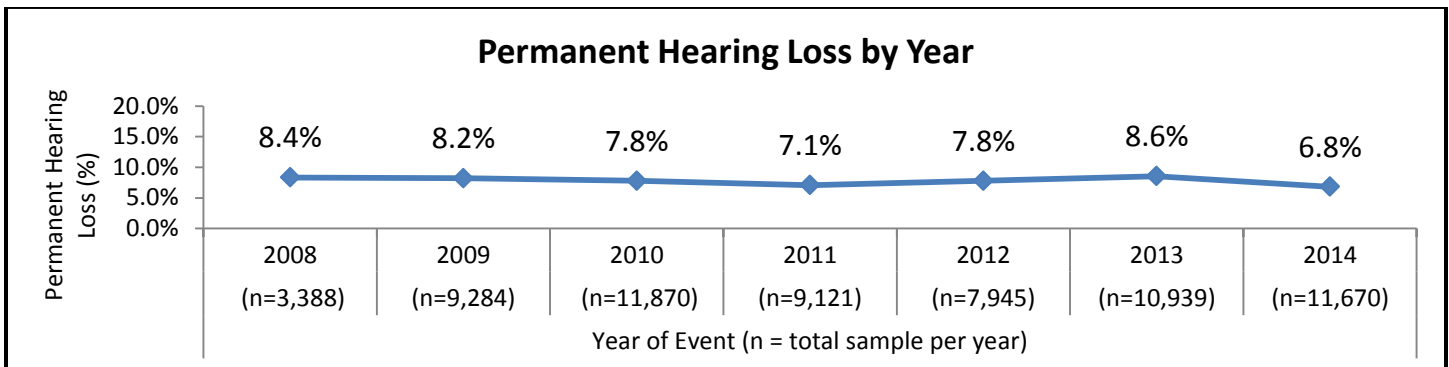
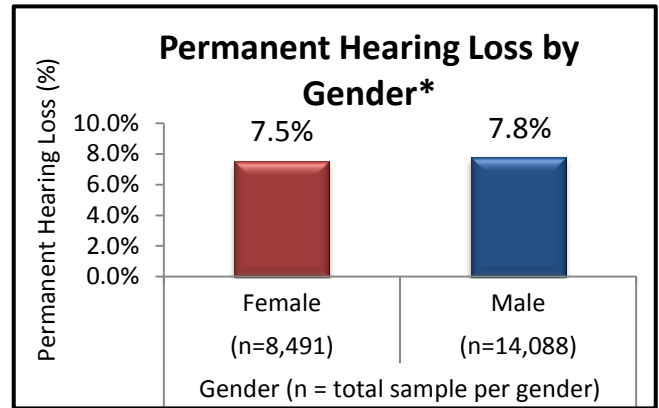
In 2014, 25.6% of Special Olympics athlete exams identified a failed the puretone hearing exam. Based on year trends, failed puretone exam prevalence remained relatively stable from 2012 to 2014. Combined 2013 and 2014 data show males and females had about the same rate of failed puretone hearing exams (25.5% vs. 25.6%). Prevalence of failed puretone hearing exams was highest in the 60+ age group (67.3%). Rates of failed puretone hearing exams were highest in Middle East North Africa (28.7%) and lowest in East Asia (17.8%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
Note: Percentages are based on the number of the athletes who completed the Healthy Hearing exam.

Permanent Hearing Loss

In 2014, 6.8% of Special Olympics athlete exams showed permanent hearing loss. 2014 had the lowest prevalence of permanent hearing loss among Special Olympics athletes of the last 7 years. Combined 2013 and 2014 data show males and females had about the same rate of permanent hearing loss (7.8% vs. 7.5%). Prevalence of permanent hearing loss was highest in the 60+ age group (21.0%). Rates of permanent hearing loss were highest in Latin America (9.2%) and lowest in Middle East North Africa (3.3%).



*Gender, Age group, and Regional data shown above are based on 2013 – 2014 combined data.
 Note: Percentages are based on the number of the athletes who completed the Healthy Hearing exam.

Other Analyses with Healthy Athletes data

U.S. General Population Comparison of Health Indicators

When comparing the prevalence rates of a number of health indicators in SO athletes to those in the general population we see a number of discrepancies between these two populations. One of the largest discrepancies exists in missing teeth. In Special Olympics athletes 32.7% of the adult population in the United States had missing teeth compared to 16.9% of the U.S. general population. Prevalence of hearing problems and exposure to second hand smoke were also high when compared to the general population. The prevalence of being obese or overweight is higher in adult SO athletes (73.7% vs. 69.1%), however a higher percent are sufficiently active than in the general population (64.2% vs. 49.6%) (Table 3).

Table 3. Comparative health indicators between Special Olympics athletes and the general population in the United States (2007-2014)

Indicator (Age)	Special Olympics athletes (%)	General population (%)
Mouth pain in Special Olympics athletes and general population (pain in face and jaw) (18+)	11.7	4.8 ¹
Untreated Tooth Decay in Special Olympics athletes and general population (18-64)	25.6	23.7 ¹
Missing teeth in Special Olympics athletes (missing teeth) and general population (broken or missing teeth) (18+)	32.7	16.9 ²
Hearing problems in Special Olympics athletes (Failed puretone hearing exam) and general population (any hearing problems) (12+)	29.6	16 ³
Exposure to second hand smoke in Special Olympics athletes (self-reported) and general population (serum cotinine levels 0.05-10 ng/ml) (12+)	36.2	25.3 ⁴
Obesity in Special Olympics athletes and general population – (BMI≥30) (20+)	42.3	35.5 ³
Overweight or Obese in Special Olympics athletes and general population – (BMI≥25) (20+)	73.7	69.1 ³
Sufficient Aerobic activity in Special Olympics athletes and general population. (3 or more days per week) (18+)	64.2	49.6 ¹
Insufficient Aerobic activity in Special Olympics athletes and general population (1-2 days per week) (18+)	31.1	20.2 ¹
Inactive - Aerobic activity in Special Olympics athletes and general population (No days per week) (18+)	4.7	30.2 ¹

1. Blackwell, Debra L., Jacqueline W. Lucas, and Tainya C. Clarke. "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012." Vital and Health Statistics. Series 10, Data from the National Health Survey, no. 260 (February 2014): 1–161.
2. Bloom, Barbara, Catherine M. Simile, Patricia F. Adams, and Robin A. Cohen. "Oral Health Status and Access to Oral Health Care for U.S. Adults Aged 18-64: National Health Interview Survey, 2008." Vital and Health Statistics. Series 10, Data from the National Health Survey, no. 253 (July 2012): 1–22.
3. National Center for Health Statistics (US). Health, United States, 2013: With Special Feature on Prescription Drugs. Health, United States. Hyattsville (MD): National Center for Health Statistics (US), 2014. <http://www.ncbi.nlm.nih.gov/books/NBK209224/>.
4. Homa, David M., Linda J. Neff, Brian A. King, Ralph S. Caraballo, Rebecca E. Bunnell, Stephen D. Babb, Bridgette E. Garrett, Connie S. Sosnoff, Lanqing Wang, and Centers for Disease Control and Prevention (CDC). "Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke--United States, 1999-2012." MMWR. Morbidity and Mortality Weekly Report 64, no. 4 (February 6, 2015): 103–8.

Longitudinal Analysis

Healthy Athletes (HA) has several years of useful data for those interested in the health of people with ID. Though the majority of HA data does not have unique identifiers, there is a small sample of U.S. data with unique identifiers. It is also possible to track athletes over time that have been to multiple events using other information, such as first name, last name, date of birth, and gender. This allows researchers to determine the longitudinal effect of treatment, referrals, and education that take place at HA examinations. For example, an analysis done by Special Olympics utilized Special Smiles data to estimate rates of follow-up care after examinations in the U.S. It was found that among all examinations with an urgent referral, 498 (59%) had a subsequent Special Smiles examination at a later time point. Of the 498 follow-up examinations, 329 (66%) did not need an urgent referral. This result showed approximately 66% of athletes had their issue resolved with follow-up care but 34% of athletes still had an urgent dental referral at their second examination. There was a similar finding for mouth pain, in that 65% of athletes with mouth pain at one examination no longer had it at their subsequent examination.

Cross-Disciplinary Analysis

Linking athletes across HA disciplines is a similar process to linking athletes across time. For example, a study conducted by Bainbridge, DB, Arnold, TJ, Lannon, B, et al. in 2015 sought to determine the relationship of impairments in balance to vision and hearing deficiency in Special Olympics athletes. Data from three disciplines (Healthy Hearing, FUNfitness, and Opening Eyes) were used to research this relationship. Findings from the study show that vision deficiency (visual acuity and nystagmus) both had significant effects on an athlete's balance. The same finding was true for hearing deficiency, tympanometry and pure tone hearing which all had a significant positive impact on balance issues. The study also found that having both vision and hearing deficiency was significantly more debilitating for balance compared to having just one of the deficiencies. Studies such as this allow for the possibility of making important clinical recommendations. This study in particular suggested that physical therapists need to broaden their focus when working with patients who have balance impairments to rule out the impact of other systems.

Conclusion

Special Olympics welcomes working with external partners, including students, to analyze Healthy Athletes data for research purposes. Data can be attained by filling out the data access and compliance form and the project proposal form, which is included in Appendixes II and III. Appendix I also contains frequently asked questions related to HA data. Special Olympics is also open to collaboration on research projects and has the ability to provide some statistical support. Questions outside the scope of the FAQ document should be directed to healthdata@specialolympics.org or **Thaddeus Arnold** (202-824-0233).



Appendices

Appendix I: HAS Data Sharing Frequently Asked Questions

What is Special Olympics?

Special Olympics is a global movement that unleashes the human spirit every day around the world through the transformative power and joy of sport. Through programming in sports, health, education and community building, Special Olympics is tackling the inactivity, stigma, isolation, and injustice that people with intellectual disabilities (ID) face. Our work goes far beyond sports events, driving social change and building inclusive communities that enable full social participation and life-long fitness for people with ID throughout the world. With 220 country or State “Programs,” Special Olympics is providing opportunities for more than 4.5 million athletes, one million volunteers and millions more people including family members, supporters, and fans.

What is Healthy Athletes?

People with intellectual disabilities have poorer health, more specialized health care needs, and greater difficulty accessing health care services compared to the general population. To address these problems, Special Olympics International (SOI) implemented the Healthy Athletes® program to:

- Provide athletes with health exams and referrals for follow-up care when needed
- Provide training for healthcare providers in working with patients with intellectual disabilities
- Provide the basis for improved programs & policies.

Since 1997, more than 1.6 million Healthy Athletes exams have occurred in 107 countries, and data from these exams make up the world’s largest database on the health of people with intellectual disabilities. The mission of the Special Olympics (SO) Healthy Athletes (HA) program is to improve the ability of athletes with intellectual disabilities to train and compete in Special Olympics. Healthy Athletes enables athletes to improve their health and well-being on and off the field by providing health exams, services, and education directly to athletes; training healthcare professionals to better treat people with intellectual disabilities; and analyzing and disseminating findings from health exams to raise awareness among policy makers and the media about the health needs within this population.

What health topics are included in Healthy Athletes?

Currently, Special Olympics (SO) conducts seven disciplines of health exams free of charge for SO athletes. Fit Feet is a podiatric exam evaluating ankles, feet, lower extremity biomechanics, and proper shoe and sock gear. FUNfitness, developed in collaboration with American Physical Therapy Association, is a fitness exam program designed to assess and improve all components of fitness (strength, flexibility, balance, and aerobic conditioning), and to educate on the importance of and methods for becoming and staying physically fit. Health Promotion provides clinical exam in bone density, blood pressure, and BMI and offers health information and education in the areas of nutrition, sun safety, bone density, tobacco cessation, and physical fitness. Health Promotion is designed to convey and reinforce key concepts on healthy living, healthy lifestyle choices, and locally-specific health issues. Healthy Hearing is a hearing exam designed to ensure proper audiological care and to assess ear hygiene, as well as fit athletes with hearing aids where appropriate. MedFest facilitates the acquisition of the standard sports physical required under the General Rules of SOI. The exam consists of medical history, height and weight, blood pressure, cardiology test, musculoskeletal test, orthopedic tests, and

abdominal evaluation. Special Olympics-Lions Clubs International Opening Eyes program is a vision and eye health exam. Opening Eyes offers prescription eyewear, sunglasses, and sports goggles to SO athletes. Special Smiles offers oral exam, oral health information, and instructions on brushing and flossing properly, as well as preventative supplies such as toothpaste, toothbrushes, and floss.

How are Healthy Athletes data collected?

Each of these disciplines has specific written, scientifically validated protocols that must be followed when conducting HA events. Athletes attending HA receive a report card describing any health problems detected that require follow-up care.

All of the Healthy Athletes disciplines use a standardized form to collect data during athlete exams (Appendix IV). During or after each event, data from the exam forms are entered into the Healthy Athletes Software (HAS) system.

How is consent obtained from athletes?

When registering for an event, athletes and/or legal guardians provide the following consent:

“I understand that information gathered as part of the screening process may be used anonymously to assess and communicate overall health and needs of athletes and to develop programs to address those needs.”

What demographic data is available from Healthy Athletes data?

Each discipline provides a comprehensive exam, which includes numerous variables depending on the number of tests offered at each event. Available demographic data includes: gender, date of birth, and home country. Medfest has a small sample of additional demographic data, which includes diagnosis. For some of the frequently used indicators from the dataset(s) see the Data Results by Discipline section of this document.

What is the sample size of the dataset(s)?

There are over 500,000 records in the HAS system. Each discipline contains a varying number of records with 50,000 - 100,000+ records.

How often are the datasets updated?

Healthy Athletes clinics take place nearly every day, around the world. SOI updates and cleans data from these exams every quarter. Data are currently available from as far back as 2007.

Do athlete records have unique identifiers?

Unfortunately, Special Olympics does not have unique identifiers for all data. However, there are event-based identifiers and there is a sample of 20 states with unique identifiers. In addition, SOI is currently working on creating unique record identifiers for each individual in the HAS system. The process is expected to be completed in 2015. Without a unique identifier, data can sometimes be linked across time or disciplines with other information, such as the combination of first name, last name, date of birth, and gender. However, athlete's information is not always entered into the system consistently or accurately which causes challenges with these linkages.

Each dataset is updated and cleaned quarterly to ensure that there are no duplicate records. However, there may be multiple records for one individual in each discipline.

How do you gain access to the dataset(s)?

Special Olympics is happy to share summary statistics when requested, but access to raw data files for research purposes must comply with the data sharing procedures of Special Olympics (outlined below).

Special Olympics Data Sharing Procedures:

- All projects must be approved or exempted by the Institutional Review Board (IRB) or ethical committee with whom the researcher is affiliated, prior to data sharing.
- Individuals requesting data must have sufficient credentials/background for data analysis, or have a mentor who has proper credentials/background to do so.
- Data is de-identified and/or encrypted prior to sharing, per the nature of the project and the requirements of the University IRB unless there is a specific, approved reason why identifying information is necessary
- The Special Olympics Project Proposal Form must be completed prior to receiving data.
- The Special Olympics Data Access and Compliance Form must be signed and returned to SOI prior to receiving data.

How has Healthy Athletes data been used in the past?

Healthy Athletes data are aggregated and analyzed for both administrative and research purposes. Administratively, these data can help, for instance, identify common co-morbidities in order to help guide triage of athletes to the Healthy Athletes disciplines where they may most benefit from an exam and services. Additionally, health data from athlete exams is provided to country or State “Programs” upon request on a continuous basis. These reports often include comparisons of various health indicators of the Program to other Programs in the region. They are also used to influence policy and raise awareness among key decision makers. SOI often collaborates with academic partners at universities around the world to analyze and disseminate data through conference presentations and peer-reviewed publications.

Who can I contact for more information on Healthy Athletes data?

Thaddeus Arnold

Manager, Research and Evaluation

healthdata@specialolympics.org

202-824-0233

Appendix II: Special Olympics Data Access and Compliance Form

Special Olympics



Special Olympics

Thaddeus Arnold

Manager, Research & Evaluation

1133 19th Street NW, Washington, DC
20036-3604, USA

Tel +1 202 628 0233

Email healthdata@specialolympics.org

Purpose

By signing this form you acknowledge that you have requested confidential health data on Special Olympics athletes in electronic format. Furthermore, you agree that if Special Olympics approves your request and shares such information with you, you will adhere to the data sharing procedures outlined in the data sharing manual and listed below. Special Olympics reserves the right in its sole discretion to approve all or a portion of your request.

Special Olympics Data Sharing Procedures

- All projects must be approved by the Institutional Review Board (IRB) or ethical committee with whom the researcher is affiliated prior to data sharing. The IRB approval must be shown to Special Olympics before any data is shared.
- Individuals requesting data must have sufficient credentials/background for data analysis, or have a mentor who has proper credentials/background to do so. A resume/CV of the researcher and/or mentor must be included with the Data Access and Compliance Form.
- Data is de-identified and/or encrypted prior to sharing, per the nature of the project and the requirements of the University IRB unless there is a specific, approved reason why identifying information is necessary
- The Special Olympics Project Proposal Form must be completed and approved by Special Olympics prior to receiving data.
- The Special Olympics Data Access and Compliance Form must be signed and returned to Special Olympics prior to receiving data.

Responsibilities

This is a **one-time request** for the **single purpose** as noted in the attached proposal form. These data may not be released to third parties without the prior written approval of Special Olympics. As a user of Special Olympics data, you agree to:

- Securely store all data that you obtain
- Make every reasonable effort to interpret data accurately
- Use the data only for the purpose indicated in the request
- Submit a new proposal to Special Olympics for approval if you decide to change your research question, topic, or any other information outlined in this proposal
- Notify Special Olympics of your intent to publish or present any findings from the use of these data, submit draft manuscripts/posters/presentations for review, and allow Special Olympics two weeks for review and approval of drafts.
- Acknowledge Special Olympics in publications or presentations (specific language will be provided based on the method of sharing results). If statistical assistance is provided, you agree to list the Special Olympics employee as a co-author.
- Destroy all copies of these data files, including backups -- electronic and/or hardcopy -- within six months after use
- Not use this data for commercial purposes
- Not report this data in a way that is derogatory to Special Olympics or Special Olympics athletes

Certification

By signing below, I understand and agree to my obligations as a responsible user of the data to which I have been granted access.

Name (print): _____

Signature: _____

Date: _____

Resume/CV(s) attached: Personal

Appendix III: Special Olympics Project Proposal Form

Special Olympics



Special Olympics

Thaddeus Arnold
Manager, Research & Evaluation
1133 19th Street NW, Washington, DC
20036-3604, USA
Tel +1 202 628 0233
Email healthdata@specialolympics.org

Project Proposal: To be completed by requestor.

Name: _____ Contact Number: _____

University/Institution: _____ Email Address: _____

Disciplines Requested (Check one or multiple):

- Fit Feet
- Health Promotion
- Medfest
- Special Smiles
- FUNfitness
- Healthy Hearing
- Opening Eyes

Data Specifications Requested (Please include any dates, timeframes, geographic regions or other specifications that will be a focus of the analysis)

Data Identifiers (Are you requesting data with identifiers or de-identified data?)

- Data with identifiers
- De-identified data

Research Question(s) to be Answered (What question(s) will be answered by analysis?)

Presentation of Findings (How will findings be presented?)

- Journal Publication (name of journal, if known) _____
- Conference Presentation (name of conference, if known) _____
- Conference Poster (name of conference, if known) _____
- Other (please specify) _____

Request Date (mm/dd/yyyy): _____

*Note: Data requests will be responded to within two weeks of receiving all forms and IRB approval.)

Appendix IV: Healthy Athletes Exam Form Links and Form Copies

Links to Healthy Athletes Exam Forms

Health Promotion

<http://media.specialolympics.org/soi/files/healthy-athletes/2014-Health-Promotion-HAS-Form.pdf>

Fit Feet

<http://media.specialolympics.org/soi/files/healthy-athletes/2014-Fit-Feet-HAS-Form.pdf>

FUNfitness

<http://media.specialolympics.org/soi/files/healthy-athletes/2014-FUNfitness-HAS-Form.pdf>

Healthy Hearing

<http://media.specialolympics.org/soi/files/healthy-athletes/2014-HealthyHearingHASFormCellPhone.pdf>

Opening Eyes:

<http://media.specialolympics.org/soi/files/healthy-athletes/2014-Opening-Eyes-HAS-Form.pdf>

Special Smiles

<http://media.specialolympics.org/soi/files/healthy-athletes/2014-Special-Smiles-HAS-Form.pdf>

MedFest

<http://media.specialolympics.org/soi/files/healthy-athletes/Athlete-Registration/SOI-MedicalForm-For-Print.pdf>

Note: MedFest data will begin to be collected with this new form starting in 2014

First Name	Lastname	HAS ID _____
-------------------	-----------------	---------------------

Date	O Male <input type="checkbox"/> Female <input type="checkbox"/>	DoB	Age (years) <input type="checkbox"/> Not sure <input type="checkbox"/>
Event	Location	<input type="checkbox"/> Athlete <input type="checkbox"/> Unified partner	Sport
Delegation		SO Program	
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.			

Body Composition

Height ____ • ____ cm
Measure up to 0.1 cm

Height ____ inches
Measure up to 1/8 inch



Weight ____ • ____ kg
Measure up 0.1 kg

Weight ____ lbs. ____ oz.
Measure up to 1/2 oz



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

_____ **BMI** Percentile (under 20 years of age)

Referral made for BMI follow Up? Yes No Urgent Not Urgent

Bone Mineral Density Test (Athletes MUST be at least 20 years old to screen)

T-score Left heel ____ • ____ -4.0 to + 5.0
Right heel ____ • ____ -4.0 to + 5.0

- Unable to test
- Age under 20
- Athlete refused
- Athlete unable to cooperate
- Unusual heel shape

Referral made for BMD follow Up? Yes No Urgent Not Urgent

Blood Pressure

Right arm _____/_____

Left Arm _____/_____

Referral made for BP follow Up? Yes No Urgent Not Urgent

Nutrition – Food and Beverage Habits

Do you take vitamin D supplements? Yes No Don't know

What do you usually drink when you are thirsty? (select all that apply)

- Water
- Fruit juice
- Soft drink diet non-diet
- Sports drink
- Milk product (includes soy)
- Energy drink
- Other

<p>Calcium Foods and Beverages</p> <p><input type="radio"/> less than 1 serving per day</p> <p><input type="radio"/> 1-2 servings per day</p> <p><input type="radio"/> 3-5 servings per day</p> <p><input type="radio"/> more than 5 servings per day</p> <p><input type="radio"/> never</p>	<p>Sweetened Beverages</p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>	<p>Fast food</p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>
<p>Fruits and Vegetables</p> <p><input type="radio"/> less than 1 serving per day</p> <p><input type="radio"/> 1-2 servings per day</p> <p><input type="radio"/> 3-5 servings per day</p> <p><input type="radio"/> more than 5 servings per day</p> <p><input type="radio"/> never</p>	<p>Snack Foods</p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>	

First Name	Lastname	HAS ID _____
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Physical Activity

How many days each week do you exercise for at least 30 minutes?

- no days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

Do you exercise outside of your Special Olympics training? Yes No

If yes, what do you do? (Select all that apply)

- Weights Run/Jog Walk Dance Sports Exercise DVD, Wii Job Other

If no, what is the reason? (Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> No interest | <input type="checkbox"/> No money | <input type="checkbox"/> No time |
| <input type="checkbox"/> Do not know how | <input type="checkbox"/> Physically unable | <input type="checkbox"/> No place to exercise |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> No one to do it with | <input type="checkbox"/> Other |

How many hours a day do you watch television or play computer/video games?

- 0 hours 1–2 hours 3-4 hours 5-6 hours Over 6 hours

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

Did you use soap when last washing your hands? Yes No **Do you have soap at home?** Yes No

Sun Safety

Do you do anything to protect your skin in the sun? Yes No

If yes, what do you do to protect your skin in the sun? (select all that apply)

- use sunscreen wear a hat wear long sleeves seek shade wear sunglasses I do nothing

If no, what is the reason? (select all that apply)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Did not know it was important | <input type="checkbox"/> No money to buy protection | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't get sunburned | <input type="checkbox"/> Like to be tan | |

Tobacco Use

Do you use tobacco? Yes No **If yes, how frequently?** daily weekly monthly

Do any of your friends or family members smoke near you? Yes No

If yes, what do you do when they are smoking near you? (select all that apply)

- Ask them to stop Leave the room Smoke I do not do anything Other

Check out: Follow up care recommended?

- | | | |
|-----|--|---|
| BMI | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Urgent <input type="radio"/> Not Urgent |
| BMD | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Urgent <input type="radio"/> Not Urgent |
| BP | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Urgent <input type="radio"/> Not Urgent |

Firstname	Lastname	HAS ID _____
------------------	-----------------	---------------------

Date	<input type="radio"/> Male <input type="radio"/> Female	DoB	Age (years) <input type="radio"/> Not sure
Event	Location	<input type="radio"/> Athlete <input type="radio"/> Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is <input type="radio"/> Athlete's <input type="radio"/> 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.			

Athlete Concerns/Previous Treatment or Surgery

Insoles:
 Soft Rigid
 Custom Non-Custom
 No Insole



Weight _____ kgs Weight _____ lbs. _____ oz.
 Measure up to .01 kg Measure up to 1/2 oz

Shoe Exam and Shoe Size Measurement

<i>Current Shoe Type</i>	<i>Current Sock Type</i>	Measured foot size? <input type="radio"/> Child <input type="radio"/> Adult	Current Shoe Size <input type="radio"/> USA <input type="radio"/> Euro <input type="radio"/> UK <input type="radio"/> Asia	Left	Right
<input type="radio"/> Sport	<input type="radio"/> Sandal	<input type="radio"/> Acrylic	<input type="radio"/> Wool		
<input type="radio"/> Casual	<input type="radio"/> Custom made	<input type="radio"/> Cotton	<input type="radio"/> Other	Length	
<input type="radio"/> Boots		<input type="radio"/> No Sock		Width	

Left				Right			
USA	Euro	UK	Asia	USA	Euro	UK	Asia

Is the Current shoe size the same as the measured foot size? Yes No

Biomechanics, joint range of motion

Static Biomechanics

Joint range of motion	Left Foot			Right Foot		
	Norm	Rst	Hypermobility	Norm	Rst	Hypermobility
Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First MTP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee	Val	N	Var	Val	N	Var
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Recurvatum		Flexum	Recurvatum		Flexum
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
Foot structure WB	Left Foot			Right Foot		
Pes Cavus		<input type="radio"/>			<input type="radio"/>	
Pes Planus		<input type="radio"/>			<input type="radio"/>	
Metatarsus Adductus		<input type="checkbox"/>			<input type="checkbox"/>	
Tibial varum		<input type="checkbox"/>			<input type="checkbox"/>	
Calcaneus	<input type="radio"/> Val	<input type="radio"/> N	<input type="radio"/> Var	<input type="radio"/> Val	<input type="radio"/> N	<input type="radio"/> Var
Basic Gait Analysis	Left Foot			Right 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"/>	

Firstname	Lastname	HAS ID _____
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Skin, Nail, Toe and Foot Exam (select all that apply)

Nail		Skin			Foot and Bone		
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	Normal
<input type="checkbox"/>	Wrong nail cut	<input type="checkbox"/>	Calluses	<input type="checkbox"/>	Papules	<input type="checkbox"/>	Crossover toe
<input type="checkbox"/>	Hematoma	<input type="checkbox"/>	Warts	<input type="checkbox"/>	Nevus	<input type="checkbox"/>	Clawtoes
<input type="checkbox"/>	Lesion	<input type="checkbox"/>	Blisters	<input type="checkbox"/>	Rash	<input type="checkbox"/>	Brachymetatarsia (Short toe)
<input type="checkbox"/>	Discoloration	<input type="checkbox"/>	Maceration	<input type="checkbox"/>	Soft tissue mass	<input type="checkbox"/>	Bunions
<input type="checkbox"/>	Split and laceration	<input type="checkbox"/>	Split/cracks	<input type="checkbox"/>	Corns -	<input type="checkbox"/>	Tailor's bunions
<input type="checkbox"/>	Thick	<input type="checkbox"/>	Redness			<input type="checkbox"/>	Hallux rigidus/limitus
<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Moist			<input type="checkbox"/>	Neuralgia
<input type="checkbox"/>	Black	<input type="checkbox"/>	Dry			<input type="checkbox"/>	Haglunds
<input type="checkbox"/>	White	<input type="checkbox"/>	Odor			<input type="checkbox"/>	Exostosis
<input type="checkbox"/>	Blister					<input type="checkbox"/>	Hammertoes
<input type="checkbox"/>	Crumbly						
<input type="checkbox"/>	Ingrown						

Education, Review of Findings and Checkout

Follow up care recommended? No Yes Urgent Not Urgent

Professional Non-Professional

Screeener's name

Prescribed and OTC Treatment

Name of Physician Referred

<input type="radio"/> Podiatrist <input type="radio"/> Physician <input type="radio"/> Physiotherapist <input type="radio"/> Pedicure <input type="radio"/> Other

Comments

Firstname	Lastname	HAS ID _____
------------------	-----------------	---------------------

Date	O Male O Female	DOB	Age (yrs) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is O Athlete's O 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.			

Uses Wheelchair	<input type="radio"/> Yes <input type="radio"/> No	Altitude (m) check one <input type="radio"/> 0 to 1,500 <input type="radio"/> 1,501 to 3000 <input type="radio"/> >3,000
Uses Assistive Device	<input type="radio"/> Yes <input type="radio"/> No	
Wears splint or brace	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="checkbox"/> Hand-Wrist <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Hip <input type="checkbox"/> Back <input type="checkbox"/> Foot/Ankle	

Any diseases or injuries that may affect screening results?

<input type="checkbox"/> Problems with breathing or lungs	<input type="checkbox"/> Problems with heart	<input type="checkbox"/> Problems with circulation
<input type="checkbox"/> Pain: <input type="checkbox"/> lower extremity	<input type="checkbox"/> upper extremity	<input type="checkbox"/> back <input type="checkbox"/> neck <input type="checkbox"/> head
<input type="checkbox"/> Joint Injury: <input type="checkbox"/> foot or ankle <input type="checkbox"/> knee <input type="checkbox"/> hip <input type="checkbox"/> hand or wrist	<input type="checkbox"/> elbow	<input type="checkbox"/> shoulder <input type="checkbox"/> back <input type="checkbox"/> neck
<input type="checkbox"/> Muscle Injury: <input type="checkbox"/> foot <input type="checkbox"/> leg <input type="checkbox"/> back or pelvis <input type="checkbox"/> hand	<input type="checkbox"/> arm	<input type="checkbox"/> shoulder or scapula <input type="checkbox"/> neck
<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Fever, illness, or infection	
Have you fallen in your home in the past year? <input type="radio"/> Yes <input type="radio"/> No		

Do you stretch routinely?
<input type="radio"/> Several times each day
<input type="radio"/> Once each day
<input type="radio"/> Occasionally, but not every day
<input type="radio"/> No regular stretching
<input type="radio"/> Could not elicit response

Special Olympics
FUNfitness



FLEXIBILITY

Note Positive (+) or Negative (-) degrees

HAMSTRING - supine (passive) knee extension	
Left _____ degrees	Right _____ degrees
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education Between -16 and -90° or asymmetry
CALF - supine (passive) ankle dorsiflexion	
Left _____ degrees	Right _____ degrees
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education Less than +5° or asymmetry
ANTERIOR HIP - Modified Thomas Test	
Left _____ degrees	Right _____ degrees
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education Between -11 and -90° or asymmetry

Note Positive (+) or Negative (-) cm.

SHOULDER - Apley's Test (Functional Shoulder Rotation)	
Left _____ cm.	Right _____ cm.
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education Between -16 and -90 cm between fingertips or asymmetry

STRENGTH

On average, how many days a week do you do physical activities for muscle strength? (Physical activities for muscle strength include lifting weights, using elastic bands, push ups or situps)
<input type="radio"/> No days <input type="radio"/> 1 day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days <input type="radio"/> 6 days <input type="radio"/> Every day
How much of this strength activity is ONLY related to Special Olympics training, practice, or competition, and not done as part of daily life?
<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> Most <input type="radio"/> All
<input type="radio"/> Could not elicit response:

Firstname	Lastname	HAS ID _____
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LEG MUSCLES - Times Stand Test (Functional Leg Strength)	Time _____ seconds
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education > 20 seconds
ABDOMINAL MUSCLES - Partial Sit-up Test	Number _____
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education < 25 in 1 minute
FOREARM AND HAND MUSCLES - Grip Test	Dominant Hand: <input type="radio"/> Left <input type="radio"/> Right
LEFT Trial 1. _____ kg. 2. _____ kg. 3. _____ kg.	RIGHT Trial 1. _____ kg. 2. _____ kg. 3. _____ kg.
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education see reference sheet
UPPER EXTREMITY MUSCLES - Seated Push-up Test (Functional Strength)	Push-up _____ seconds
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education < 5 seconds

BALANCE

EYES OPEN	Single Leg Stance	Left _____ seconds	Right _____ seconds
<input type="checkbox"/> Unable or refused to perform test		<input type="checkbox"/> Education < 20 seconds	
EYES CLOSED OR COVERED	Single Leg Stance	Left _____ seconds	Right _____ seconds
<input type="checkbox"/> Unable or refused to perform test		<input type="checkbox"/> Education < 10 seconds	
FUNCTIONAL REACH		Left: _____ cm	Right _____ cm
<input type="checkbox"/> Unable or refused to perform test		<input type="checkbox"/> Education < 20 cm	

AEROBIC FITNESS

On AVERAGE, how many days each week do you do some physical activity? <input type="radio"/> No days <input type="radio"/> 1 day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days <input type="radio"/> 6 days <input type="radio"/> Every day
On AVERAGE, how many days a week is your physical activity at a moderate level? (Moderate means working hard enough to make your heart beat faster and possibly begin to sweat. Examples: fast walk, swimming, bicycling <input type="radio"/> No days <input type="radio"/> 1 day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days <input type="radio"/> 6 days <input type="radio"/> Every day
On AVERAGE, how many days a week is your physical activity at a VIGOROUS level? Vigorous means working hard enough to make your heart beat very fast, make you breath hard enough and make you sweat Examples: Bicycling uphill, sprinting, jogging <input type="radio"/> No days <input type="radio"/> 1 day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days <input type="radio"/> 6 days <input type="radio"/> Every day
How much of this physical activity is ONLY related to Special Olympics, and not done as a part of daily life? <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> Most <input type="radio"/> All <input type="radio"/> Could not elicit response

If you have no regular activity program, please tell us why?

<input type="checkbox"/> No available exercise facilities	<input type="checkbox"/> No transportation	<input type="checkbox"/> No money
<input type="checkbox"/> No interest	<input type="checkbox"/> No fitness person to help me	<input type="checkbox"/> Not safe
<input type="checkbox"/> Physically unable	<input type="checkbox"/> No one to exercise with	<input type="checkbox"/> No equipment or clothes

How is HR being Measured

Manual (Pulse) MIO Heart rate monitor Pulse Oximeter

Heart Rate (beats/min):	Pre-Exercise HR _____	End Exercise HR _____	2 Minutes after: HR _____
O₂ Saturation (%)	O₂ Sat _____	O₂ Sat _____	end of test O₂ Sat _____
O Two Minute Step Test	Number of Steps _____ Steps		
O Five-Minute Wheel Test	Distance _____ Meters		
<input type="checkbox"/> Unable or refused to perform test	<input type="checkbox"/> Education		

PHYSICAL THERAPIST REFERRAL RECOMMENDED

Yes No

REASONS FOR RECOMMENDATION

Flexibility Strength Balance Aerobic Fitness

PRIMARY CARE PRACTITIONER REFERRAL RECOMMENDED

Yes No

URGENT CARE NEEDED

Yes No

REASONS FOR RECOMMENDATION: (brief outline of medical issue identified)

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Firstname	Lastname	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is O Athlete's O 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			

Questions for athlete to answer:

- Hearing? Good Not good Not sure
- Pain in ear? Yes: left / right No Not sure
- Hearing aids? Yes: left / right No Not sure
- IF "Yes", wears hearing aids now at event? Yes No

Special Olympics
Healthy Hearing



Station 1: Ear Canal Screen / Otoscopy

Screener's Name (print)

Right Clear Partially Blocked Blocked

Ear wax removed: Yes Yes, partially No Not possible Athlete refused
 Clear Partially Blocked Blocked

Extra otoscopic findings:

- Perforation of ear drum Otitis externa
 Discharge Atretic ear
 Foreign object in ear canal Eczema in ear canal
 Other:
 → Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)

Left Clear Partially Blocked Blocked

Ear wax removed: Yes Yes, partially No Not possible Athlete refused
 Clear Partially Blocked Blocked

Extra otoscopic findings:

- Perforation of ear drum Otitis externa
 Discharge Atretic ear
 Foreign object in ear canal Eczema in ear canal
 Other:
 → Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)

Station 2: Otoacoustic Emissions Screen

Screener's Name (print)

Was hearing screening with otoacoustic emissions POSSIBLE in the RIGHT EAR?" Yes No

Right Pass No Pass **Reason Why Not Possible?** Cannot achieve seal
 Probe blocked by cerumen
 Excessive noise
 Athlete refused testing

Was hearing screening with otoacoustic emissions POSSIBLE in the LEFT EAR?" Yes No

Left Pass No Pass **Reason Why Not Possible?** Cannot achieve seal
 Probe blocked by cerumen
 Excessive noise
 Athlete refused testing

Firstname	Lastname	HAS ID _____
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Station 3: Tympanometry Screen

Screener's Name (print)

Was middle ear screening with tympanometry POSSIBLE in the RIGHT EAR?" Yes No

Right Pass No Pass **Reason Why Not Possible?** (If not possible, do not refer based on Tympanometry) Cannot achieve seal Probe blocked by cerumen Athlete refused testing

Was middle ear screening with tympanometry POSSIBLE in the LEFT EAR?" Yes No

Left Pass No Pass **Reason Why Not Possible?** (If not possible, do not refer based on Tympanometry) Cannot achieve seal Probe blocked by cerumen Athlete refused testing

Station 4: Pure Tone Screen at 25dB Hearing Level

Screener's Name (print)

Was hearing screening with pure tone audiometry POSSIBLE in the RIGHT EAR?" Yes No

Right **2000Hz** Pass No Pass **4000Hz** Pass No Pass **Reason Why Not Possible?** Could not train to respond Excessive noise Athlete refused testing

Was hearing screening with pure tone audiometry POSSIBLE in the LEFT EAR?" Yes No

Left **2000Hz** Pass No Pass **4000Hz** Pass No Pass **Reason Why Not Possible?** Could not train to respond Excessive noise Athlete refused testing

Station 5: Pure Tone Threshold Test

Tester's Name (print)

	1000	2000	3000	4000	6000	
Right AC						<input type="radio"/> masked
Left AC						<input type="radio"/> masked
Unmasked BC			/		/	
Right BC			/		/	<input type="radio"/> masked
Left BC			/		/	<input type="radio"/> masked

Key: NR = No Response at Maximum Level C = Could Not Test

Pure tone threshold test: Could not train to respond Excessive noise Athlete refused testing
 Reliable Unreliable

Extra Services Provided At The Event

Recommended Follow-up Care

- Hearing Aid Repair/Maintenance
- Ear Mold for Hearing Aid
- Hearing Aid
- Hearing Aid Voucher
- Swim Plugs
- Ear protection (Noise Plugs)
- Education Provided
- Other:

- 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	Signature of HH Clinical Director

First Name	Last Name	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone # (optional)		Number is O Athlete's O Parent's / Guardian's	

History

When was your 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)?

- Standard Rx Full time Near only Far only
- Sports Rx
- Contact lenses Soft Hard

Please check what is worn during screening:

- Without Glasses With Glasses With contact lenses

Current prescription

Right Eye				
Left Eye				

Visual Acuity

FAR **Right Eye** 20 / ____ Unable to test **Left Eye** 20 / ____ Unable to test

<input type="checkbox"/> Lea	<input type="checkbox"/> Walk up	<input type="checkbox"/> Light projection/Light perception	<input type="checkbox"/> Walk up	<input type="checkbox"/> Light projection/Light perception
		<input type="checkbox"/> No light perception		<input type="checkbox"/> No light perception
Other:		Other:		

NEAR **Both Eyes** 20 / ____ Unable to test

<input type="checkbox"/> Lea	<input type="checkbox"/> Light projection/Light perception	<input type="checkbox"/> No light perception	Other:
------------------------------	--	--	--------

Cover Test

- FAR orthophoria PHORIA range 02-99 ____ TROPE range 02-99 ____
- Unable to test
- eso exo hyper eso exo hyper hyper/eso hyper/exo
- Constant Intermittent

O Latent Nystagmus

- NEAR orthophoria PHORIA range 02-99 ____ TROPE range 02-99 ____
- Unable to test
- eso exo hyper eso exo hyper hyper/eso hyper/exo
- Constant Intermittent

Color Vision Unable to test CVME: Trial 1_ /9 If less than 8/9 Trial 2_ /9 **Stereopsis** Unable to test ____ / 6 RDE PASS
ColorV: ____/14 symbols (does not include demonstration card)

Autorefraction

<input type="checkbox"/> Unable to test	Right Eye	Sphere	Cylinder	Axis
<input type="checkbox"/> Unable to test	Left Eye			

Eye Health External

- | | |
|--|--|
| Right Eye <input type="checkbox"/> Unable to test | Left Eye <input type="checkbox"/> Unable to test |
| <input type="checkbox"/> Normal <input type="checkbox"/> Lid anomaly <input type="checkbox"/> Pterigium/pinguecula | <input type="checkbox"/> Normal <input type="checkbox"/> Lid anomaly <input type="checkbox"/> Pterigium/pinguecula |
| <input type="checkbox"/> Blepharitis <input type="checkbox"/> Corneal anomaly | <input type="checkbox"/> Blepharitis <input type="checkbox"/> Corneal anomaly |
| <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Iris anomaly | <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Iris anomaly |
| <input type="checkbox"/> Ptosis | <input type="checkbox"/> Ptosis |

O Nystagmus

Abnormality: _____

Internal

- | | |
|---|---|
| Right Eye <input type="checkbox"/> Unable to test | Left Eye <input type="checkbox"/> Unable to test |
| <input type="checkbox"/> Normal <input type="checkbox"/> Cataracts <input type="checkbox"/> Retinal anomaly | <input type="checkbox"/> Normal <input type="checkbox"/> Cataracts <input type="checkbox"/> Retinal anomaly |
| <input type="checkbox"/> Coloboma <input type="checkbox"/> Optic Nerve anomaly | <input type="checkbox"/> Coloboma <input type="checkbox"/> Optic Nerve anomaly |
| <input type="checkbox"/> Glaucoma suspect | <input type="checkbox"/> Glaucoma suspect |

Abnormality: _____

IOP

Right Eye ____ **Left Eye** ____ **Pupils** Normal Abnormal: ____
 Unable to test Icare Noncontact Unable to test

	Right Eye	Left Eye	OU	Add
Retinoscopy	20 / ____	20 / ____	20 / ____	
Refraction	20 / ____	20 / ____	20 / ____	20 / ____

Recommendations:

No new Rx No glasses recommended No change in glasses recommended **Sunglasses (plano)**

New Rx **Full time Rx** **Distance only** **Close work only**

PD ____ / ____	Sphere	Cylinder	Axis	VA Distance	Distance OU	VA Near (OU)	ADD
Right eye				20 / ____	20 / ____	20 / ____	
Left eye				20 / ____			

Sports goggles: Plano Rx

Right eye			20 / ____
Left eye			20 / ____

Referral to: Optometrist Ophthalmologist Primary care physician Neurologist Other: _____

Urgent Referral Yes No

Additional comments: _____

Firstname	Lastname	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	<input type="radio"/> Athlete <input type="radio"/> Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is <input type="radio"/> Athlete's <input type="radio"/> 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's name

Dental History

Fill out this section for each athlete even if edentulous

Special Olympics
Special Smiles[®]



1. Do you have a local dentist?

Yes No

2. If yes, how often do you visit?

- More than twice a year
- Twice a year
- Once a year
- Less than once a year
- Only when I have a toothache

3. How often do you clean your mouth?

- Once or more a day
- 2 to 6 times per week
- Once per week
- Less than once per week
- Not sure

4. Pain inside mouth

- Yes No
- Teeth
- Other

5. Athlete refused/could not screen

Teeth Screening

6. Edentulous

- Yes (->skip to CAMBRA, otherwise end)
- No (answer all questions 7 thru 18)

7. Untreated decay

(All teeth, lesion greater than 0.5 mm)

- Yes No
- Anterior(s)
- Premolar(s)
- Molar(s)

8. Filled teeth

(All teeth, no 3rds, Anterior crowns not consider filled)

- Yes No

9. Missing teeth

(Permanent, Anteriors and Molars Only, no 3rds)

- Yes No
- Molar(s)

10. Sealant(s)

(Permanent 1st, 2nd Molars Only)

- Yes No

11a. Injury

(Permanent Centrals and Incisors Only)

- Yes No

11b. Injury Treated Yes No

12. Fluorosis (Permanent Maxillary Anterior Buccal surface Only)

- Yes No

13. Gingival signs

(Permanent Mandibular Anterior Buccal)

- Yes No

14. Treatment urgency

- Maintenance
- Non-urgent
- Urgent

15. Mouth guard recommended

- Yes No

16. Fluoride Varnish recommended

- Yes No

Mouth Guard

17. Delivered

- Yes No

Fluoride Varnish

18. Applied

- Yes No

Firstname	Lastname	HAS ID _____
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***Note: The following CAMBRA station is meant for World Games**

Caries Risk Assessment (CAMBRA) Station

- 19. Daily Medications Yes No (If NO, skip to *ORAL)
- 20. Medications for Blood Pressure Yes No Not Sure
- 21. Medications for Seizures Yes No Not Sure
- 22. Medications for Mood Control Yes No Not Sure
- 23. Medications for Gastric Reflux (GERD) Yes No Not Sure

ORAL

- 24. Mouth Feel Dry Yes No
- 25. Mouth Breathe at Rest Yes No Not Sure
- 26. Cavity Within 2 Years Yes No Not Sure
- 27. Saliva (thick, ropey , bubbly) Yes No
- 28. Saliva pH (numeric 1 – 9) NA
- 29. ATP (Facial 6 Surface) (numeric 1 – 9999) NA



To be completed by Special Olympics

REGION:

MedFest®

Individual Physical

DELEGATION/TEAM:

Unified Partner
(Medicals Optional)

Healthy Young Athletes

ATHLETE INFORMATION

First Name:

Middle Name:

Last Name:

Date of Birth (dd/mm/yyyy) / /

Female:

Male:

Address:

Phone:

Cell:

E-mail:

Eye Color:

I am my own guardian. Yes No

PARENT GUARDIAN INFORMATION

Name:

Phone: Cell:

E-mail:

Athlete's Primary Care Physician:

Phone:

Address:

Does the athlete have (check any that apply):

Autism

Down syndrome

Fragile X Syndrome

Cerebral Palsy

Fetal Alcohol Syndrome

Other syndrome, please specify:

List any sports the athlete wishes to play:

Is the athlete allergic to any of the following (please list):

Food:

Medications:

Insect Bites or Stings:

Latex

No Known Allergies

Does the athlete use (check any that apply):

Dentures

Communication Device

Wheel Chair

Brace

Removable Prosthetics

Crutches or Walker

Splint

Glasses or Contacts

Hearing Aid

Pacemaker

G-Tube or J-Tube

Implanted Device

Inhaler

Colostomy

C-PAP Machine

List all past surgeries:

List any special dietary needs:

List all ongoing or past medical conditions:

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

Does the athlete have any religious objections to medical treatment?

No Yes *If yes, please complete the religious objections form.*

Has any relative died of a heart problem before age 40?

No Yes

Has any family member or relative died while exercising?

No Yes

Does the athlete currently have any chronic or acute infection?

No Yes *If yes, please describe.*

Has the athlete ever had an abnormal Electrocardiogram (EKG)?

No Yes *If yes, what were the findings?*

Has a doctor ever limited the athlete's participation in sports?

No Yes *If yes, please describe.*

Has the athlete ever had an abnormal Echocardiogram (Echo)?

No Yes *If yes, what were the findings?*

Has the athlete had a Tetanus vaccine within the past 7 years? No Yes

Athlete's Name:



PLEASE INDICATE IF THE ATHLETE HAS EVER HAD ANY OF THE FOLLOWING CONDITIONS

Loss of Consciousness	<input type="checkbox"/> No <input type="checkbox"/> Yes	High Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes	Stroke / TIA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Dizziness during or after exercise	<input type="checkbox"/> No <input type="checkbox"/> Yes	High Cholesterol	<input type="checkbox"/> No <input type="checkbox"/> Yes	Concussions	<input type="checkbox"/> No <input type="checkbox"/> Yes
Headache during or after exercise	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vision Impairment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes
Chest pain during or after exercise	<input type="checkbox"/> No <input type="checkbox"/> Yes	Hearing Impairment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Shortness of breath during or after exercise	<input type="checkbox"/> No <input type="checkbox"/> Yes	Enlarged Spleen	<input type="checkbox"/> No <input type="checkbox"/> Yes	Hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes
Irregular, racing or skipped heart beats	<input type="checkbox"/> No <input type="checkbox"/> Yes	Single Kidney	<input type="checkbox"/> No <input type="checkbox"/> Yes	Urinary Discomfort	<input type="checkbox"/> No <input type="checkbox"/> Yes
Congenital Heart Defect	<input type="checkbox"/> No <input type="checkbox"/> Yes	Osteoporosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	Spina Bifida	<input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Attack	<input type="checkbox"/> No <input type="checkbox"/> Yes	Osteopenia	<input type="checkbox"/> No <input type="checkbox"/> Yes	Arthritis	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cardiomyopathy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Sickle Cell Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Heat Illness	<input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Valve Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Sickle Cell Trait	<input type="checkbox"/> No <input type="checkbox"/> Yes	Broken Bones	<input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Murmur	<input type="checkbox"/> No <input type="checkbox"/> Yes	Easy Bleeding	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Endocarditis	<input type="checkbox"/> No <input type="checkbox"/> Yes	Dislocated Joints	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Any difficulty controlling bowels or bladder No Yes
If Yes, is this new or worse in the past 3 years? No Yes

Numbness or tingling in legs, arms, hands or feet No Yes
If Yes, is this new or worse in the past 3 years? No Yes

Weakness in legs, arms, hands or feet No Yes
If Yes, is this new or worse in the past 3 years? No Yes

Burner, stinger, pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet No Yes
If Yes, is this new or worse in the past 3 years? No Yes

Head Tilt No Yes
If Yes, is this new or worse 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

Please describe any past broken bones or dislocated joints:

Epilepsy or any type of seizure disorder No Yes

If Yes, list seizure type:

Seizure during the past year? No Yes

Self-injurious behavior during the past year No Yes

Aggressive behavior during the past year No Yes

Depression No Yes

Anxiety No Yes

Please describe any additional mental health concerns:

PLEASE LIST ANY MEDICATIONS, VITAMINS OR DIETARY SUPPLEMENTS BELOW (include inhalers, birth control or hormone therapy)

Medication, Vitamin, or Supplement	Dosage	Times Per Day	Medication, Vitamin, or Supplement	Dosage	Times Per Day	Medication, Vitamin, or Supplement	Dosage	Times Per Day

Is the athlete able to administer his or her own medications? No Yes

If female, list the date of the athlete's last menstrual period:
Indicate date here

Athlete Signature **Date**

Legal Guardian Signature **Date**

Athlete's Name:



Form C-1B

MEDICAL PHYSICAL INFORMATION (TO BE COMPLETED BY EXAMINER ONLY)

Height	Weight	Temperature	Pulse	O ₂ Sat	Blood Pressure		Vision			
<input type="text"/> cm	<input type="text"/> kg	<input type="text"/> C	<input type="text"/>	<input type="text"/>	BP Right	<input type="text"/>	BP Left	<input type="text"/>	Right Vision 20/40 or better	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="text"/> in	<input type="text"/> lbs	<input type="text"/> F	<input type="text"/>	<input type="text"/>					Left Vision 20/40 or better	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Right Hearing (Finger Rub)	<input type="checkbox"/> Responds	<input type="checkbox"/> No Response	<input type="checkbox"/> Can't Evaluate	Bowel Sounds	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Left Hearing (Finger Rub)	<input type="checkbox"/> Responds	<input type="checkbox"/> No Response	<input type="checkbox"/> Can't Evaluate	Hepatomegaly	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Right Ear Canal	<input type="checkbox"/> Clear	<input type="checkbox"/> Cerumen	<input type="checkbox"/> Foreign Body	Splenomegaly	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Left Ear Canal	<input type="checkbox"/> Clear	<input type="checkbox"/> Cerumen	<input type="checkbox"/> Foreign Body	Abdominal Tenderness	<input type="checkbox"/> No	<input type="checkbox"/> RUQ <input type="checkbox"/> RLQ <input type="checkbox"/> LUQ <input type="checkbox"/> LLQ
Right Tympanic Membrane	<input type="checkbox"/> Clear	<input type="checkbox"/> Perforation	<input type="checkbox"/> Infection	Kidney Tenderness	<input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left
Left Tympanic Membrane	<input type="checkbox"/> Clear	<input type="checkbox"/> Perforation	<input type="checkbox"/> Infection	Right upper extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Oral Hygiene	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Left upper extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Thyroid Enlargement	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Right lower extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Lymph Node Enlargement	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Left lower extremity reflex	<input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Hyperreflexia
Heart Murmur (supine)	<input type="checkbox"/> No	<input type="checkbox"/> 1/6 or 2/6	<input type="checkbox"/> 3/6 or greater	Abnormal Gait	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe
Heart Murmur (upright)	<input type="checkbox"/> No	<input type="checkbox"/> 1/6 or 2/6	<input type="checkbox"/> 3/6 or greater	Spasticity	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe
Heart Rhythm	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular		Tremor	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe
Lungs	<input type="checkbox"/> Clear	<input type="checkbox"/> Not clear		Neck & Back Mobility	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe
Right Leg Edema	<input type="checkbox"/> No	<input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+		Upper Extremity Mobility	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe
Left Leg Edema	<input type="checkbox"/> No	<input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+		Lower Extremity Mobility	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe
Radial Pulse Symmetry	<input type="checkbox"/> Yes	<input type="checkbox"/> R>L <input type="checkbox"/> L>R		Upper Extremity Strength	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe
Cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe		Lower Extremity Strength	<input type="checkbox"/> Full	<input type="checkbox"/> Not full, describe
Clubbing	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe		Loss of Sensitivity	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe

- Athlete does not have any neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability.
- Athlete has neurological symptoms or physical findings that could be associated with spinal cord compression or atlantoaxial instability and therefore must receive an additional neurological evaluation to rule out additional risk of spinal cord injury prior to clearance for sports participation.

RECOMMENDATIONS (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 is deemed to need further medical evaluation please utilize the Special Olympics Further Medical Evaluation Form, page 4, in order to provide the athlete with medical clearance.

- This athlete is able to participate in Special Olympics sports. (Use Additional Licensed Medical Examiner Notes for any restrictions or limitations).
- This athlete may not participate in Special Olympics sports at this time and must be evaluated by a physician for the following concerns:

- | | | |
|---|---|--|
| <input type="checkbox"/> Concerning Cardiac Exam | <input type="checkbox"/> Acute Infection | <input type="checkbox"/> O ₂ Saturation Less Than 90% on Room Air |
| <input type="checkbox"/> Concerning Neurological Exam | <input type="checkbox"/> Stage II Hypertension or Greater | <input type="checkbox"/> Hepatomegaly or Splenomegaly |

Other, please describe:

Additional Licensed Examiner's Notes:

- | | | |
|---|--|---|
| <input type="checkbox"/> Follow up with a cardiologist | <input type="checkbox"/> Follow up with a neurologist | <input type="checkbox"/> Follow up with a primary care physician |
| <input type="checkbox"/> Follow up with a vision specialist | <input type="checkbox"/> Follow up with a hearing specialist | <input type="checkbox"/> Follow up with a dentist or dental hygienist |
| <input type="checkbox"/> Follow up with a podiatrist | <input type="checkbox"/> Follow up with a physical therapist | <input type="checkbox"/> Follow up with a nutritionist |

Other *If yes, please indicate why.*

Licensed Medical Examiner's Signature	Name:	<input type="text"/>
	E-mail:	<input type="text"/>
	Phone:	<input type="text"/>
	License:	<input type="text"/>
Date of Exam	<input type="text"/>	

Athlete Name's:



FURTHER MEDICAL EVALUATION FORM *(Only to be used if the athlete has previously not been cleared for sports participation above)*

Examiner's Name: Examiner's Name:

Specialty: Specialty:

I have examined this athlete for the following medical concern(s): I have examined this athlete for the following medical concern(s):

Please describe

Please describe

In my professional opinion, this athlete: **In my professional opinion, this athlete:**

Yes No May participate in Special Olympics sports (see below for restrictions or limitations) Yes No May participate in Special Olympics sports (see below for restrictions or limitations)

Additional Examiner Notes: Additional Examiner Notes:

E-mail: E-mail:

Phone: Phone:

License: License:

Examiner's Signature Date

Examiner's Name: Examiner's Name:

Specialty: Specialty:

I have examined this athlete for the following medical concern(s): I have examined this athlete for the following medical concern(s):

Please describe

Please describe

In my professional opinion, this athlete: **In my professional opinion, this athlete:**

Yes No May participate in Special Olympics sports (see below for restrictions or limitations) Yes No May participate in Special Olympics sports (see below for restrictions or limitations)

Additional Examiner Notes: Additional Examiner Notes:

E-mail: E-mail:

Phone: Phone:

License: License:

Examiner's Signature Date



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