



Description of baseline testing.

The purpose of your fitness baseline is to estimate cardio-respiratory fitness, body composition, core muscular strength and endurance and flexibility. The cardio respiratory fitness assessment will be the Rock Port Walk Test. The Rockport Walk Test is a sub-maximal exercise test that can be done on a treadmill or on a track. Body composition is analyzed by bioelectrical impedance (BI). BI actually determines the electrical impedance, or opposition to the flow of an electric current through body tissues which can then be used to calculate an estimate of total body water (TBW). TBW can be used to estimate fat-free body mass and, by difference with body weight, body fat. Muscular strength will be measured by grip strength (hand grip dynamometer) and push-ups (strength and endurance). The subjects will attempt as many consecutive push-ups as they can without stopping to rest (men will do pushups from toe, women from the knee). Abdominal fitness will be tested with the curl-up test. Flexibility will be tested with the sit-and-reach test. These tests are all important to carrying out activities of daily living.

In the fitness baseline, the reaction of the cardio-respiratory system cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the measurements. These changes might include abnormalities of blood pressure and/or heart rate. TRVCC exercise instructors are certified in CPR and trained in emergency procedures.

In addition to your medical approval and recommendations, the participant will be asked to sign an informed consent form that explains the risks of fitness testing before the baseline is initiated.



PREPARING FOR YOUR FITNESS BASELINE

In order to assure that the results of your fitness baseline are as accurate as possible, please review the following guidelines. Your baseline will be given on the assumption that you have followed these recommendations:

- Wear comfortable workout clothing. The following should be worn:
- Men: t-shirt, shorts, socks, athletic shoes.
- Women: sports bra, t-shirt, shorts/workout leggings, socks, athletic shoes.

Avoid eating or drinking for 2 hours before your baseline. Water is okay to drink anytime.

Avoid alcohol, tobacco and coffee for at least **3 hours before** your baseline.

Avoid exercising on the same day as your baseline. Exercise will elevate your blood pressure and resting heart rate-invalidating these measurements.

Try to get a good night's sleep the night before your baseline.

Please inform the Specialist if you are suffering from any acute respiratory infection or related condition.

You **MUST get your doctor's medical release if** you answered **YES to any** of the **questions** on the **PAR-Q & You**. The Specialists reserve the right to refuse giving a baseline to anyone whom they feel is at risk due to health screening.

Your fitness baseline will consist of measuring one or more aspects of your health and fitness. It may include your height, weight, resting heart rate, resting blood pressure, cardiovascular condition (exercise heart rate and performance), BMI, flexibility and core musculo-skeletal condition. The objective of your first baseline is to give you a starting point from which to measure your performance. Subsequent baseline measurements will provide milestones to help you evaluate your progress and we encourage you to do this.



INFORMED CONSENT

Baseline Objectives. The assessment you are about to undergo is designed to give a reasonable measure of your current level of fitness, and will include the following (mark where appropriate):

- ☐ Resting Heart Rate
- ☐ Resting Blood Pressure
- ☐ BMI or Body Composition
- ☐ Aerobic Capacity
- ☐ Flexibility
- ☐ Muscular Strength and Endurance

Explanation of Procedures: Your Specialist will explain the tests and she will be pleased to answer any questions you may have. Certain pieces of specialized equipment will be used to perform the assessment, and you can stop the test at any point if you feel uncomfortable or unwell.

Potential Risks. Because of the nature of the assessment, a level of exertion is required. This exertion will cause temporary changes that will increase the heart rate and raise the blood pressure, and you may experience some stiffness in the muscles in the next few days. Our staff is trained to perform assessments and first aid and will respond quickly to any problems.

Potential Benefits. Your baseline results will help to determine your present level of fitness, and highlight any areas of specific need. This will be particularly useful in setting realistic goals and deciding how those goals can be accomplished in a safe and effective manner.

Consent. I have read the information on this page and I understand it. Any questions concerning the information and procedures have been answered to my satisfaction. I also understand that I am free to stop the assessments at any time and seek professional medical advice or opinion.

Any information derived from the baseline is confidential and will not be disclosed to anyone other than my Doctor or person responsible for this baseline, without my permission. However, I agree that information from the baseline may be used for research purposes, and stored on an electronic database if my name and any other identifying information are removed.

Participant's Signature: _____ **Date:** _____

Signature of witness: _____



Medical Clearance Form

This form only needs to be completed if you have checked “YES” on the PAR-Q form.

Dear Dr. _____;

_____ is interested in taking part in a fitness assessment program that we currently offer. The program involves sub-maximal measurements of cardio-respiratory fitness through a bicycle ergometer test, BMI or body composition with skin calipers, flexibility through a sit and reach test, and muscular strength and endurance through a free-weight bench press and 1/2 sit up test. Personnel who are qualified in assessment techniques and CPR will administer all assessment protocols.

The participant has completed a medical screening questionnaire that has highlighted the need for medical clearance. By completing this form, you are not assuming any responsibility for our assessment program. If, however, you know of any reason why the participant should not undertake any part of the basic assessment of fitness, we would be most grateful if you could indicate the reason below.

Thank you for your cooperation in this matter.

Name of patient: _____

_____ I know of no reason why the applicant may not participate in the assessment.

_____ I believe the applicant can participate, but I urge caution because:

_____ The applicant can participate but should **not** engage in the following tests:

(Please check all that apply.)

_____ Rockport Walk Test – cardiovascular endurance

_____ Sit n Reach for flexibility

_____ Push-up Test -

_____ Curl-up test for core strength and endurance

(30-degree crunch on floor with bent knees)

_____ I recommend that the applicant NOT participate.

This patient's B/P reading is ____/____.

Signature: _____ Date: _____



Baseline & Individualized Workout Interview

For _____
Name of applicant

Are you presently exercising? _____yes _____no

If you , what is your current exercise program? _____

What goals do you have for your program? _____

Do you think your diet is healthy? _____yes _____no _____somewhat

Are you on a calorie restrictive diet? _____yes _____no

How much water do you drink daily? _____

Have you had a blood profile done? _____yes _____no

Anything out of the normal range in your blood profile?

Do you have any of the following C.R.F. (Cardiac Risk Factors?)

_____Immediate Family History _____Uncontrolled Stress

_____Smoker _____Hypertension _____High Cholesterol

Are you pregnant? _____yes _____no

How far along? _____

Do you have diabetes? _____yes _____no

Do you have any orthopedic problems? Back? Joints? Soft tissue?

Are you on any medications? Be specific.

Regarding the exercise program we will recommend for you, answer the following:

_____Number of days you can reasonably allocate for exercise.

_____Amount of time you have for each workout.

To what type of equipment do you have access?



If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you feel a pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs (i.e., water pills) for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity?

YES to one or more questions

**If
you
answered**

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or BEFORE you have a fitness test (need medical release). Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to all questions

⇒

DELAY BECOMING MUCH MORE ACTIVE:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

- if you are not feeling well because of a temporary illness such as cold or fever - wait until you feel better; or
- if you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Note: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed the questionnaire. Any questions I had were answered to my full satisfaction.

Print Name _____ Doctor Name: _____

Signature: _____ Date: _____