

## **FITNESS ASSESSMENT INSTRUCTIONS**

### **SUNY UPSTATE MEDICAL UNIVERSITY DEPARTMENT OF PHYSICAL THERAPY EDUCATION**

Complete the Par-Q form found at the end of these instructions. Bring the completed form with you to your appointment. If you answered **YES** to any of the questions, please consult with your health care provider and ask that a note stating you are **CLEARED** for the fitness assessment testing will be faxed to us [ Fax Number: (315) 464-6887] **PRIOR** to showing up to your scheduled fitness assessment meeting.

The fitness assessment will take about 30 minutes. Tests include:

- Heart rate, respirations and blood pressure measurements
- Body composition measurements: bioelectrical impedance, body mass index (BMI), waist circumference & waist-to-hip ratio
- Aerobic fitness: submaximal testing of treadmill or stationary bike
- Overall muscle strength: grip strength

For the most accurate results:

- Be well rested
- Don't exercise 12 hours before your appointment
- Don't eat 2-3 hours before your appointment. You may only have water 2-3 hours before being tested. Start hydrating 24 hours before testing.
- Don't drink any alcohol 24 hours before the appointment
- Take your normal medications

Bring or wear:

- Completed health questionnaire
- Athletic footwear
- Loose, comfortable clothing
- Towel
- Water bottle

If you have any questions or concerns, please contact:

Department of Physical Therapy Education at 315-464-6881

Name \_\_\_\_\_

## PAR-Q

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?