

Fitness Screening Worksheet

This worksheet comprises a questionnaire and suggested list of physical tests to evaluate a patient's ability to become involved in the Fit-in 15 program. The primary purpose of the evaluation is to identify any red flags that might affect the individual's ability to undertake 15 minutes of moderate, focused, physical activity a day.

Basics

- 1. Height _____
- 2. Weight _____
- 3. BMI _____
- 4. Blood pressure _____
- 5. Heart rate _____

Visit http://www.smartspot.ca/smart_t_bmi_tool.aspx for a BMI calculator

Questionnaire¹

1. Have you ever experienced a heart attack, stroke or other heart related condition and been told that you should consult a health professional before participating in an exercise program?
2. Do you feel pain, tightness, irregular heart beat, squeezing or heaviness in your chest when you do physical activity?
3. In the last month, have you experienced chest pain when you are not doing physical activity?
4. Are you currently a smoker or have you quit within the last six months?
5. Do you lose your balance because of dizziness or have you ever lost consciousness?
6. Do you suffer from: asthma, bronchitis, emphysema, diabetes, hypoglycemia, epilepsy, high blood pressure, high cholesterol or cancer?
7. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
8. Have you had any surgeries that affect your ability to be physically active?
9. Are you currently taking medication for blood pressure or a heart condition?
10. Have you had your blood pressure tested within the last year to confirm that your reading is below 140/90?
11. Do you know of any other reason why you should not do physical activity?

If the patient answered **NO** to all questions then it is reasonable to expect that the individual can safely start a gradually increasing exercise program.

¹ Adapted from the AARP Physical Activity Readiness Questionnaire

Physical Tests²

The following physical tests are recommended to establish a baseline for the patient from which to measure improvement, and to determine if there are any serious restrictions that would affect the individual's ability to engage in Fit-in 15 activities.

Muscle Strength

Test muscle strength by asking the patient to move actively against your resistance or to resist your movement.

Upper extremities

1. Flexion (bicep) and Extension (tricep): Have the patient pull and push against your hand.
2. Grip: Ask the patient to squeeze two of your fingers as hard as possible and not let them go. You should normally have difficulty in removing your fingers from the patient's grip.

Lower extremities

1. Flexion of the hip (iliopsoas): Test by placing your hand on the patient's thigh and asking the patient to raise the leg against your hand.
2. Adduction (adductor muscles): Place both hands firmly on the table between the patient's knees. Ask the patient to bring both legs together.
3. Abduction (gluteus medius and minimus): Place both hands firmly on the table outside of the patient's knees. Ask the patient to stretch both legs against your hands.
4. Extension of the hips (gluteus maximus): Have the patient push the posterior thigh down against your hand.

² Bates,B: A Guide to Physical Examination and History Taking, 6th ed. Philadelphia, JB Lippincott,1995.

Range of Motion/Flexibility

Cervical	Degrees	Level of Restriction (None/Mild/Moderate/Severe)
Flexion	0-50 _____	_____
Extension	0-70 _____	_____
Right lateral flexion	0-45 _____	_____
Left lateral flexion	0-45 _____	_____
Right rotation	0-85 _____	_____
Left rotation	0-85 _____	_____
Lumbar		
Flexion	0-60 _____	_____
Extension	0-25 _____	_____
Right lateral flexion	0-25 _____	_____
Left lateral flexion	0-25 _____	_____
Right rotation	0-30 _____	_____
Left rotation	0-30 _____	_____
Shoulder		
Flexion	0-180 _____	_____
Extension	0-60 _____	_____
Abduction	0-180 _____	_____
External rotation:	0-90 _____	_____
Internal rotation:	0-90 _____	_____
Adduction: buttock, belt line, mid-lumbar, thoracolumbar		
Hamstring/Quad		
Straight leg raise	0-90 _____	_____
Prone heel to buttock stretch	0-90 _____	_____

Balance

1. Standing on one leg:

Record the number of seconds the patient can balance on one leg both with eyes open and with eyes closed. Test both legs.

How many seconds can the patient balance on each leg:

Eyes Open	Initial Evaluation	2nd Evaluation	Eyes Closed	Initial Evaluation	2nd Evaluation
Left leg	_____	_____	Left leg	_____	_____

Right leg	_____	_____	Right leg	_____	_____

2. Heel and toe walking:

Can the patient take 3-4 steps walking on their toes? Walking on their heels?

Walking on toes: _____

Walking on heels: _____