

# PERFORM Operating Document

## Clearance for Physical Activity at PERFORM

### PC-POD-CF-001-v02

#### Revision History

Version	Reason for Revision	Date
02	Created a more consolidated version	May 5, 2020

## I. Introduction

The content of this PERFORM Operating Document (POD) provides guidelines for screening and clearing individuals before they partake in exercise testing or physical activity/exercise training at the PERFORM Centre.

## 2. Overview of Screening and Clearance Procedures

Individuals come to PERFORM for various reasons that involve physical activity, which can include participation in an internship or educational activity, professional development, exercise testing, and exercise training. PERFORM has adopted screening tools to:

1. Aid in determining the recommended intensity of physical activity for an individual wishing to engage in physical activity opportunities and
2. Identify individuals who may be recommended for additional screening and/or medical clearance from a physician before engaging in moderate or vigorous physical activity.

The overall goal is to ensure that individuals who visit PERFORM for educational or community programs will safely engage in physical activity. This POD is also available to researchers who may benefit from the clearance protocol established at PERFORM.

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### 3. Description of Screening and Clearance Forms

This section describes the screening and clearance forms for participants at PERFORM.

#### 3.1 Waiver, Release and Indemnity Agreement, PERFORM Activities

The PERFORM Waiver, Release and Indemnity agreement is a legal document reviewed and accepted by Concordia Legal Council that will be completed by an individual prior to participating in any education or community program/project that involve(s) physical activity at PERFORM. This includes exercise programs designed by PERFORM that can be used outside of PERFORM.

Expiration date: None

#### 3.2 Get Active Questionnaire

Although there are other screening forms available such as the PAR-Q+ 2019, the majority of the qualified fitness professionals at PERFORM are certified by the Canadian Society for Exercise Physiology and therefore their clearance forms will be those that are used at PERFORM. These include the Get Active Questionnaire and its reference document. This document is available online at <https://store.csep.ca/pages/getactivequestionnaire>

All users engaging in educational or community physical activity programs at PERFORM including staff, students, and contractors, shall complete the Get Active Questionnaire. Researchers will be encouraged to use the Get active Questionnaire, but are welcome to use their own screening forms. If there are any “Yes” responses on the first page, users are referred to the Get Active Questionnaire—Reference Document for more information.

Expiration date: This form will be valid for 12 months. A change in medical status prior to 12 months will require a new form to be completed.

#### 3.3 Adult Medical History Form

The adult medical history form will further screen participants for physical activity. It includes questions that are not addressed on the Get Active Questionnaire such as reason for visit, conditions (past or present), musculoskeletal injuries, medications, and surgical history that will affect their ability to participate in physical activity.

Expiration date: This form, once completed, will be valid for 6 months prior to seeing a qualified fitness professional. It is no longer valid when there is a change in medical status.

#### 3.4 Risk Stratification Form

The risk stratification form is an internal document used to clear individuals for physical activity. The form lists known modifiable and non-modifiable risk factors associated with chronic disease such as smoking, blood pressure, age, family history, etc. The number of risk factors could help identify individuals who are at higher risk of developing disease and becoming symptomatic during a session of physical activity.

**PERFORM Centre****3.5 Clearance for Physical Activity: Testing**

Once a participant has been risk stratified according to the Risk Stratification Form, PERFORM uses the ACSM Pre-participation Screening Guidelines to determine if physician clearance is recommended prior to engaging in light to vigorous physical activity (see Figure 1).

As per the ACSM guidelines (see Figure 1) the risk of an exercise-related event such as sudden cardiac death or acute myocardial infarction will be greatest in those individuals performing unaccustomed physical activity (i.e., are not participating in regular activity) and will be greatest during vigorous intensity physical activity (i.e.,  $\geq 60\%$   $\text{VO}_2\text{R}$ ,  $\geq 6$  METs) (ACSM, 2018).

PERFORM requires all exercise testing in community programs be performed by qualified fitness professionals who are adequately trained and demonstrate the cognitive skills required for supervising an exercise test. PERFORM qualified fitness professionals are required to be certified at a level of basic life support cardiopulmonary resuscitation (CPR) and have automated external defibrillator (AED) training. The decision to test is based on a number of factors such as the experience of the qualified fitness professional, the ACSM Pre-participation Screening Guidelines, number of risk factors in the participant (see Figure 2), the state of the health of the participant on the day of testing, available resources such as access to equipment, space and staff, etc. It is important to recognize that professional judgement plays an important role in determining an individual's risk for physical activity. The following sections provide guidance for clearing a participant for physical activity.

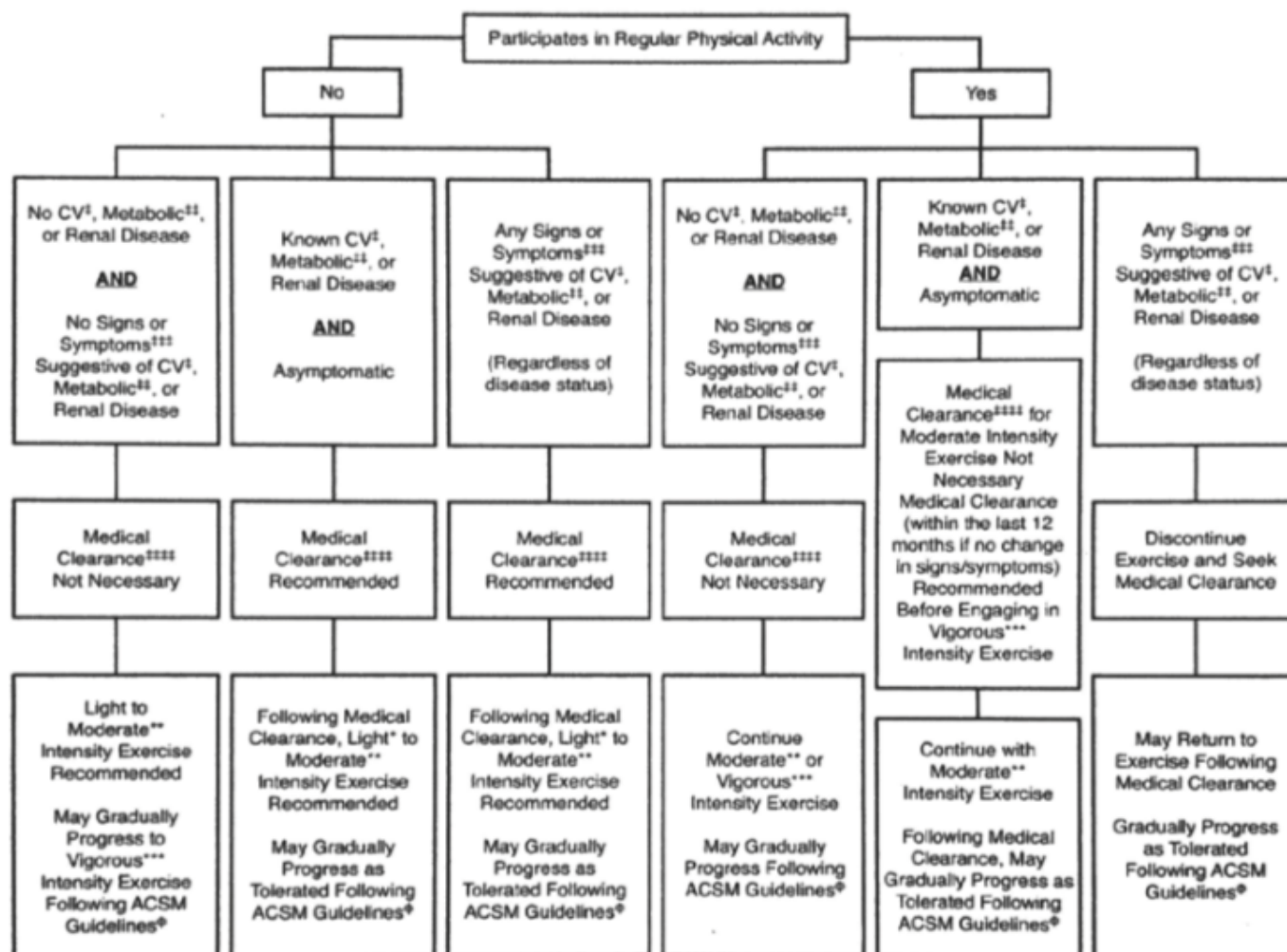
**Clearance for low intensity physical activity**

Unless a physician has specifically told a participant they cannot engage in an exercise program, most people can perform low intensity activity or less than 3 METs (30-39% HRR, BORG RPE 9-11 of physical activity (see Figure 1; ACSM, 2018, p. 33)). Users who will be working with individuals participating in education and/or community programs that involve low intensity physical activity such as a slow walk on the treadmill or executing proper positioning on exercise equipment will be required to complete the Waiver, Release and Indemnity Agreement.

**Clearance for moderate and/or vigorous intensity physical activity**

Participants with or showing signs or symptoms of cardiovascular, metabolic or renal disease will be recommended to seek medical clearance before engaging in a moderate ( $\geq 3$  METs) to vigorous ( $>6$  METs) exercise program (see Figure 1). Any participant, who previously had no signs or symptoms, but develops new signs and symptoms during physical activity will be required to immediately discontinue physical activity and follow up with a medical professional. Medical clearance will be required to resume physical activity at PERFORM.

## ACSM Preparticipation Screening Guidelines



<sup>§</sup>Exercise Participation

Performing planned, structured physical activity at least 30 min at moderate intensity on at least 3 d · wk<sup>-1</sup> for at least the last 3 months

<sup>\*</sup>Light Intensity Exercise

30–<40% HRR or  $\dot{V}O_2R$ , 2–<3 METS, RPE 9–11, an intensity that causes slight increases in HR and breathing

<sup>\*\*</sup>Moderate Intensity Exercise

40–<60% HRR or  $\dot{V}O_2R$ , 3–<6 METS, RPE 12–13, an intensity that causes noticeable increases in HR and breathing

<sup>\*\*\*</sup>Vigorous Intensity Exercise

≥60% HRR or  $\dot{V}O_2R$ , ≥6 METS, RPE ≥14, an intensity that causes substantial increases in HR and breathing

<sup>†</sup>Cardiovascular (CV) Disease

Cardiac, peripheral vascular, or cerebrovascular disease

<sup>‡</sup>Metabolic Disease

Type 1 and 2 diabetes mellitus

<sup>‡‡</sup>Signs and Symptoms

At rest or during activity. Includes pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia; shortness of breath at rest or with mild exertion; dizziness or syncope; orthopnea or paroxysmal nocturnal dyspnea; ankle edema; palpitations or tachycardia; intermittent claudication; known heart murmur; unusual fatigue or shortness of breath with usual activities.

<sup>‡‡‡</sup>Medical Clearance

Approval from a healthcare professional to engage in exercise

<sup>§</sup>ACSM Guidelines

See ACSM's Guidelines for Exercise Testing and Prescription, 10th edition, 2018

Figure 1: Source: ACSM (2018). ACSM's guidelines for exercise testing and prescription (10<sup>th</sup> Ed., p. 33-34). Wolters Kluwer and Lippincott Williams & Wilkins: PA,USA.

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Positive Risk Factors	Defining Criteria
1. <b>Age</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	M ≥ 45 yr, W ≥ 55 yr
2. <b>Family History</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Myocardial infarction, coronary revascularization, or sudden death before 55 years of age in father or other male first-degree relative, or before 65 years of age in mother or other female first-degree relative
3. <b>Cigarette Smoking</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Current cigarette smoker or those who quit within the previous 6 months or exposure to environmental tobacco smoke
4. <b>Hypertension</b> VALUE: <input type="checkbox"/> YES <input type="checkbox"/> NO	Systolic blood pressure ≥ 140 mmHg or diastolic ≥ 90 mmHg, confirmed by measurements on at least two separate occasions, or on antihypertensive medication (may consider thresholds of ≥ 135/85 mmHg) ref: CHEP (1)
5. <b>Dyslipidemia</b> VALUE: <input type="checkbox"/> YES <input type="checkbox"/> NO	TC ≥ 200 mg·dL <sup>-1</sup> (5.18 mmol·L <sup>-1</sup> ); or; HDL-C < 40 mg·dL <sup>-1</sup> (1.04 mmol·L <sup>-1</sup> ); or LDL-C ≥ 130 mg·dL <sup>-1</sup> (3.37 mmol·L <sup>-1</sup> ); or On lipid-lowering medication (2)
6. <b>Prediabetes</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Impaired fasting glucose (IFG) = fasting plasma glucose ≥ 100 mg·dL <sup>-1</sup> (5.50 mmol·L <sup>-1</sup> ) but < 126 mg·dL <sup>-1</sup> (6.93 mmol·L <sup>-1</sup> ) or impaired glucose tolerance (IGT) = 2-hour values in oral glucose tolerance test (OGTT) ≥ 140 mg·dL <sup>-1</sup> (7.70 mmol·L <sup>-1</sup> ) but < 200 mg·dL <sup>-1</sup> (11.00 mmol·L <sup>-1</sup> ) confirmed by measurements on at least two separate occasions. (3)
7. <b>Obesity</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	BMI ≥ 30 kg·m <sup>-2</sup> Or    Waist girth Male: > 102 cm (40 in) Female: > 88 cm (35 in) (4)
8. <b>Sedentary Lifestyle</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Not participating in at least 30 min of moderate intensity (40% - 60% VO <sub>2</sub> R) physical activity on at least three days of the week for at least three months (5,6)
Sum of Positive CVD Risk Factors = _____	

Figure 2: Source: ACSM (2018). ACSM's guidelines for exercise testing and prescription (10<sup>th</sup> Ed., p. 48). Wolters Kluwer and Lippincott Williams & Wilkins: PA, USA.

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### 3.6 Medical Clearance for Physical Activity

This form will be completed by a physician and clears an individual for cardiovascular, resistance, and stretching/flexibility training activities that will increase the heart rate above resting levels. If medical clearance is recommended (see Figure 1) and requested for the participant by the qualified fitness professional, low to vigorous physical activity will begin once the medical clearance form is received. On a case by case basis, the participant may be permitted to begin exercise at a low intensity while waiting for medical clearance, The physician or participant can send the completed medical clearance form by fax to: 514-848-3092 Attn: Clinical Exercise Physiologist.

Expiration date: This form, once signed by a physician, will be valid for 6 months prior to participating in physical activity. A new form will be required if a participant has a change in medical status prior to consulting with a qualified fitness professional.

### 3.7 Informed Consent Form

All participants who will engage in low to vigorous physical activity as part of an education and/or community program supervised by a qualified fitness professional, excluding memberships and group fitness classes, must complete an informed consent form. An informed consent form must include enough information to ensure that a participant knows and understands the purpose and the potential risks and benefits associated with engaging in a physical assessment or exercise program (ACSM, 2018 p.45). This form will allow a participant to ask questions, agree/consent to the selected activities, and stop the activities at any time. The consent form will first be explained verbally, then read aloud to the participant, and then signed by the participant and the qualified fitness professional during the appointment.

Expiration date: This form will be valid for the duration of an appointment or series of appointments for exercise testing, program delivery, and/or program follow up. A new form shall be completed prior to a new set of testing or program delivery including a follow-up fitness assessment or a program revision. A “new set” refers to an activity or activities that were not included in the originally plan of activities discussed during the consultation when informed consent was signed.

## 4. Document Maintenance of Screening and Clearance Forms

Screening and clearance procedures and/or guidelines for pre-physical activity participation are continuously reviewed and modified. Up-to-date forms are stored in the PERFORM P-drive and managed by Supervisor of the platform or his/her designate.

### 4.1 Document Confidentiality

All clearance and screening forms at PERFORM contain individuals' private information and should never be left unattended. Additionally, these forms shall be stored in a locked storage system for at least 7 years. The keys for the locked storage system will be placed in a secure place that is not

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readily available to the public and will be monitored closely by using a sign-out system. Lost keys will be reported immediately to the Supervisor or his/her designate.

## 5. References:

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