



CLINICAL EXERCISE SPECIALIST MANUAL

A Fitness Professional's Guide
to Training People with
CHRONIC DISEASE

J. DANIEL MIKESKA DHSc

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**A FITNESS PROFESSIONAL'S GUIDE TO
EXERCISE AND CHRONIC DISEASE**

BY J. DANIEL MIKESKA, DHSC

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APPENDICES

Appendix A—Sample Physical Activity Risk Stratification form

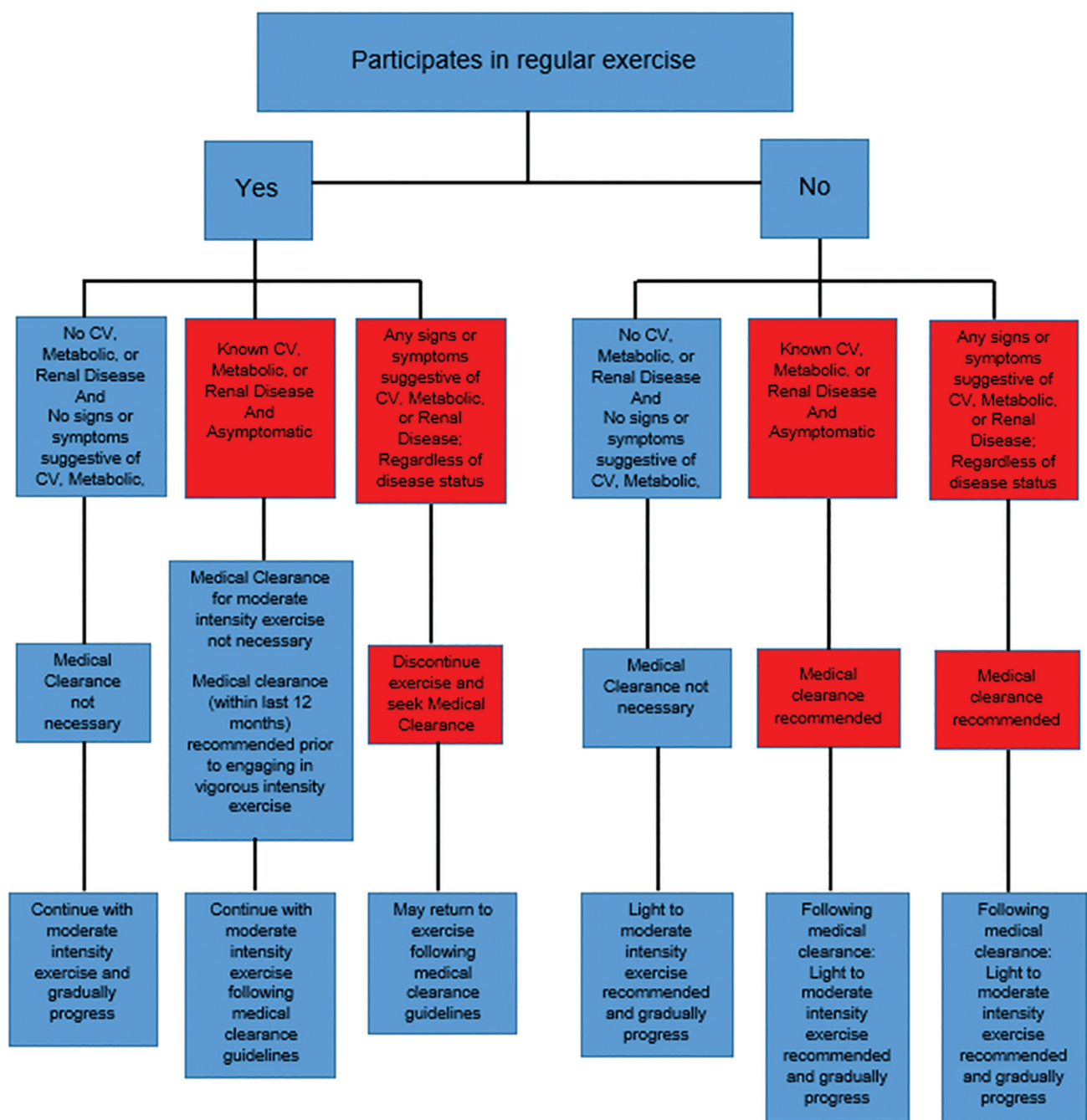
Name _____ Date _____

Name of physician _____ Number _____

Based on the information below does the client need to obtain a medical clearance prior to exercise? YES NO

Do you participate in regular exercise (structured physical activity for at least 30 minutes 3x/week for the last 3 months)	Yes	No	Unknown
If yes at what level:			
• Light – Slight increase in HR and breathing (30-40HRR; 2-3 METS; RPE 9-11)			
• Moderate – Noticeable increase in HR and breathing (40-60 HRR; 3-6 METS; RPE 12-13)			
• Vigorous – Substantial increase in HR and breathing (60-90 HRR; 6-8 METS; RPE 14-17)			
Do you have cardiovascular disease including, but not limited to coronary heart disease, hypertension, arrhythmia, or peripheral artery disease?			
Do you currently have, or have you ever had a heart attack (myocardial infarction), stroke, congestive heart failure, or congenital heart disease?			
Do you have any type of diabetes?			
Do you have any of the following? (Three or more indicate metabolic syndrome, and an increased risk for metabolic or cardiovascular disease)			
• Abdominal obesity as indicated by a waist circumference of ≥ 40 " for men or ≥ 35 " for women			
• Triglyceride levels of ≥ 150 mg/dl			
• HDL levels of < 40 mg/dl for men and < 50 mg/dl for women			
• Blood pressure $\geq 130/85$ mm/Hg			
• Fasting glucose level of ≥ 100 mg/dl			
At rest, or during activity do you, or have you in the past 12 months, experienced any of the following:			
• Pain or discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia			
• Shortness of breath at rest or during mild exertion, or orthopnea or paroxysmal nocturnal dyspnea			
• Dizziness or syncope			
• Ankle edema			
• Palpitations or tachycardia, or a racing, pounding, or fluttering heart			
• Intermittent claudication or leg pain			
• Heart murmur			
• Unusual fatigue or shortness of breath while performing usual activity			
Has your doctor ever said that you should only do medically supervised physical activity?			
Have you had a physical in the last 12 months?			

Use the answers from the questionnaire, and follow the chart below to determine the need for a medical clearance to begin exercise, and at what intensity.



Appendix B—Sample Medical Clearance form

Date _____

Dear Dr: _____

Your patient, _____, wishes to start a personalized training program. However, your patient must first obtain a medical clearance prior to initiating exercise due to the following risk factors or conditions:

The activity will involve the following type, frequency, duration, and intensity of activities:

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: _____

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect:

Thank you.

Sincerely,

NOVA Medical Exercise

Clinician Approval:

_____ has my approval to begin an exercise program with the recommendations stated above.

Signature

Date

Appendix C—YMCA Bench Step Assessment for Cardiovascular Fitness

Testing for cardiovascular fitness can be costly, time consuming, and also require elaborate equipment. The YMCA Step Test is easy to implement in almost any setting. The YMCA 3-minute Bench Step Test is based on how quickly your heart rate recovers following a short bout of exercise.

Below are the essentials to perform the test on your own

- 12-inch tall step, bench, or box (as close to 12 inches as you can find)
- Stopwatch, timer, or clock with a secondhand
- Metronome (there are a number of free apps available for Android and IOS)
- Heart rate monitor (optional)
- Partner to assist with cadence and form (optional)

Procedures

1. Set the metronome to 96 beats per minute and turn the volume up loud enough that you can hear each beat.
2. Stand facing your step.
3. When ready to begin start the stopwatch or timer and begin stepping on and off the step to the metronome beat following a cadence of up, up, down, down.
4. Continue for 3 minutes.
5. As soon as you reach 3 minutes, stop immediately and sit down on your step.
6. Perform a manual pulse reading and count the number of beats for an entire 60 seconds. If wearing a heart rate monitor record your heart rate 1 minute from when you sit down.
7. Record your pulse when you have reached 1 minute and then locate your score on the rating scale below.

YMCA Step Test Ratings						
Age	18-25	26-35	36-45	46-55	56-65	65+
Women						
Excellent	52-81	58-80	51-84	63-91	60-92	70-92
Good	85-93	85-92	89-96	95-101	97-103	96-101
Above Average	96-102	95-101	100-104	104-110	106-111	104-111
Average	104-110	104-110	107-112	113-118	113-118	116-121
Below Average	113-120	113-119	115-120	120-124	119-127	123-126
Poor	122-131	122-129	124-132	126-132	129-135	128-133
Very Poor	135-169	134-171	137-169	137-171	141-174	135-155
Men						
Excellent	50-76	51-76	49-76	56-82	60-77	59-81
Good	79-84	79-85	80-88	87-93	86-94	87-92
Above Average	88-93	88-94	92-88	95-101	97-100	94-102
Average	95-100	96-102	100-105	103-111	103-109	104-110
Below Average	102-107	104-110	108-113	113-119	111-117	114-118
Poor	111-119	114-121	116-124	121-126	119-128	121-126
Very Poor	124-157	126-161	130-163	131-159	131-154	130-151

Appendix D—Sample SOAP Notes form



NOVA Medical Exercise

Connecting education, medicine, and fitness

SOAP Notes for:

Client Name _____ DOB _____

Address _____ Phone _____

Physician _____ Phone _____

Subjective:

Objective:

Assessment:

Plan:

Additional Notes:

1. _____
2. _____
3. _____
4. _____
5. _____

Completed By _____ Date of contact _____