



To the Physician of \_\_\_\_\_ (D.O.B.: \_\_\_\_\_),

Your patient has expressed interest in participating in the UNCG HOPE (Helping Others Participate in Exercise) program. As an initial preventive measure, we are carefully screening each applicant. We ask for your assistance in this procedure. Detailed below are the main demands that will be placed on your patient. Please read through these and then complete the approval form if, in your medical judgment, this individual shows no contraindications to participation in a supervised exercise program. If you have any questions or concerns, please contact Paul Davis, PhD, RCEP, Program Coordinator at (336) 334-3030 or via email at pgdavis@uncg.edu. Thank you for your help.

### **PHYSICAL FITNESS TESTING**

Before any exercising begins, participants will undergo a battery of resting and submaximal exercise tests. Whereas most are not strenuous, each does require a certain degree of exertion. These tests will be conducted prior to the first exercise session, and typically at 6-month to 1-year intervals thereafter.

These tests **may** include:

1. Resting heart rate and blood pressure
2. Body composition analysis (height, weight, circumference measures, skinfold calipers, sagittal diameter)
3. Chair Stand Test - (muscular endurance)  
Each participant will sit in a chair, which is placed against a wall to prevent slipping. The participant will cross arms over chest, then rise to a full stand and lower to a fully seated position as many times as possible in a 30-second time period. Participants will be allowed 1-2 practice stands to familiarize them with the test.
4. Arm Curl Test- (muscular endurance)  
Each participant will sit in an armless chair with his/her back straight and feet flat on the floor. The test will begin with the arm in a fully extended position holding a dumbbell (women will use a 5-lb. weight, men will use an 8-lb. weight). The participant will then flex the elbow completely, bringing the weight up to the shoulder, then lower the weight. After 1-2 practice movements with no weight, the participant will lift and lower the weight as many times as possible in a 30-second time period.
5. 2-minute step test - (aerobic endurance)  
Testers will determine the minimum knee-stepping height for each participant, which is at a level even with the midway point between the kneecap and the iliac crest. This level will be marked on the wall with a piece of tape. Participants will step in place as many times as possible in a 2-minute period. Testers will count the number of times the participant's right knee reaches the level marked on the wall. Running in place is not allowed.
6. Chair Sit & Reach Test - (flexibility)  
Participants will sit on the front edge of a folding chair with arms straight and shoulders flexed. With 1 leg bent and the other straight, the participant will bend at the hips and reach slowly

towards the toes. Participants will be allowed to practice on both legs to see which they prefer to test.

7. Back Scratch Test - (upper body flexibility)

Participants will stand and place the preferred hand over the same shoulder, palm down and fingers extended, reaching down the middle of the back as far as possible. Participants will move the other arm behind the waist with palm facing outward in an attempt to touch the fingers of the other hand. Investigators will measure the distance between the fingers of the hands. Participants will be allowed to practice with arms in both positions.

8. 8-foot Up & Go - (agility/dynamic balance)

Participants will begin seated in a chair, and on command, will rise and walk briskly around a large cone placed 8 feet away, then return to sit in the chair.

All physical testing will be conducted with an ACSM Certified Exercise Specialist present.

Exercise Program:

- All exercise sessions will begin with a low-intensity warm-up of at least 5 minutes and will conclude with stretching, flexibility, and balance exercises. Each participant will be assigned a student personal trainer who will design and implement a program based on the participant's goals.
- Individual strength training programs will be designed with regard to health status, results of fitness testing, and participant goals. Minimum amounts of resistance will be used for the first 8 weeks of weight training. As the participants adapt to their programs, increases in workload will be suggested.
- Participants will perform at least 20 minutes of cardiorespiratory endurance exercise either prior to or after the strength training. Examples include walking, stationary cycling, and use of other cardiovascular exercise equipment. Intensity will be set at 40-85% of  $VO_2$  reserve and/or heart rate reserve, according to current ACSM guidelines.

All exercises will be done under the guidance of faculty in the Kinesiology Department at UNCG and will follow current ACSM (American College of Sports Medicine) guidelines. The exercise program is of low to moderate intensity and suitable to the needs of an older group.

If you believe that it is safe for your patient to participate in this program, please complete the attached form, sign, and return it to me at your earliest convenience. If you have any questions, please contact me at (336) 334-3030 or via e-mail at [pgdavis@uncg.edu](mailto:pgdavis@uncg.edu). Thank you for taking the time to read this information and consider your patient for participation.

Sincerely,



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**UNCG HOPE**

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Does this patient have or have a history of any of the following medical conditions? Please explain any "yes" answer.**

**Risk Factors:**

- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Hyperlipidemia: \_\_\_ HDL \_\_\_ LDL \_\_\_ total \_\_\_ triglycerides
- \_\_\_\_\_ Diabetes or impaired fasting glucose
- \_\_\_\_\_ Current Tobacco Use
- \_\_\_\_\_ Obesity
- \_\_\_\_\_ Inactive/Sedentary Lifestyle
- \_\_\_\_\_ Family history

**Pulmonary Conditions:**

- \_\_\_\_\_ Chronic Lung Disease
- \_\_\_\_\_ Asthma

**Mental/Emotional Disorders:**

- \_\_\_\_\_ Depression
- \_\_\_\_\_ Anxiety/panic attacks
- \_\_\_\_\_ Other (please explain)

**Cardiovascular Conditions:**

- \_\_\_\_\_ CAD
- \_\_\_\_\_ MI
- \_\_\_\_\_ Ventricular arrhythmia
- \_\_\_\_\_ Atrial fibrillation/flutter
- \_\_\_\_\_ Other dysrhythmia
- \_\_\_\_\_ PTCA/Stent/Athrectomy
- \_\_\_\_\_ CABG
- \_\_\_\_\_ Congestive Heart Failure
- \_\_\_\_\_ Other cardiac procedures:
- \_\_\_\_\_ Stroke or TIA
- \_\_\_\_\_ Peripheral Vascular Disease

**Other Medical Conditions:**

- \_\_\_\_\_ History of falls
- \_\_\_\_\_ Use of cane/wheelchair/walker
- \_\_\_\_\_ Joint replacement
- \_\_\_\_\_ Osteoporosis or osteopenia
- \_\_\_\_\_ Cancer
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Surgical Procedures: \_\_\_\_\_
- \_\_\_\_\_ Other chronic conditions: \_\_\_\_\_
- \_\_\_\_\_ Anemia
- \_\_\_\_\_ Hearing loss
- \_\_\_\_\_ Uncorrected vision problems
- \_\_\_\_\_ Phlebitis or emboli
- \_\_\_\_\_ Infectious disease:

**Current Medications:** (please list medication and reason for taking)

_____	_____
_____	_____
_____	_____
_____	_____

Do you know of any reason that this person should not perform exercise? Yes\_\_\_\_ No\_\_\_\_  
If yes, please explain.

Additional comments or explanations of above conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that it is safe for \_\_\_\_\_ to participate in the UNCG HOPE program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_