



# Ontario Fire Administration Inc. Pre-Assessment Guide Swim Test

Thank you for registering your assessment with Ontario Fire Administration Inc. This guide has been provided to you to help prepare you for the OFAI Swim Test.

## Contents

About the Swim Test.....	1
Location .....	2
Swim Test Validity .....	2
Candidate ID.....	3
What to Bring on your Swim Test Day.....	3
Check-In .....	3
What to Expect when you arrive for the Swim Test.....	3
Important Notes and Information .....	4
Certificates .....	4
Re-Test Policy .....	4
Grievances.....	4
Questions.....	4
Forms.....	4

## About the Swim Test

The Swim Test consists of the following:

1. Tread water, unassisted, for ten (10) consecutive minutes. Candidates must remain vertical and keep their heads completely above water.

Failure for Tread Water: If the candidate cannot tread water for 10 consecutive minutes, touches the pool wall, ropes, or anyone around them, floats on their back, submerges underwater or starts swimming

2. Swim 100 meter (4 lengths of the pool) using any combination of strokes. Candidates must keep making progress toward the end(s) of the pool.

Failure for 100 meter swim: Candidate will fail if they tread water, stand up in the pool or grab (a push-off is OK) the end or side of the pool, the first time you will receive a warning and the second time you will receive a failure.

**Important. Avoid eating or drinking (other than a small amount of water) for at least 2-3 hours prior to this test. DO NOT drink coffee (no caffeine) or alcoholic beverages 12 hours prior to your evaluation. Avoid any exercise 4 hours prior to this evaluation or intense exercise for 24 hours prior to testing. Ensure you use the restroom before participating in this test.**

### Pre-appraisal screening

All candidates will participate in the pre-appraisal screening before continuing with the Swim Test. A series of questions will be asked by a medical staff member. In addition, the ParQPlus form, and if required, Physician Physical Activity Readiness Clearance form must be completed to identify those candidates for whom certain

physical activities might be inappropriate. If you are pregnant, clearance from your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-X for Pregnancy before engaging in physical testing.

Candidate's heart rate and blood pressure are measured prior to proceeding. Candidates will not be permitted to participate in the Swim Test if their resting heart rate exceeds 100 beats per minute. The last component of the pre-appraisal screening involves measuring the candidates resting blood pressure. Resting blood pressure will be measured using a sphygmomanometer and stethoscope. Candidates will not be permitted to participate in the Swim Test if their resting systolic blood pressure measurement is greater than 140 mm Hg and/or their resting diastolic blood pressure is greater than 90 mm Hg. Candidates are given three blood pressure readings. If after the first measurement, you may be asked to rest and come back in a specific time. If after the third reading and your blood pressure is still high, you will not be able to participate in the Swim Test that day. Please contact the OFAI Administration office to re-schedule your Swim Test at 905-426-9865. If you do not pass your pre-appraisal screening, this is not considered a fail, it is just not safe to proceed with the Swim Test and alternative arrangements can be made.

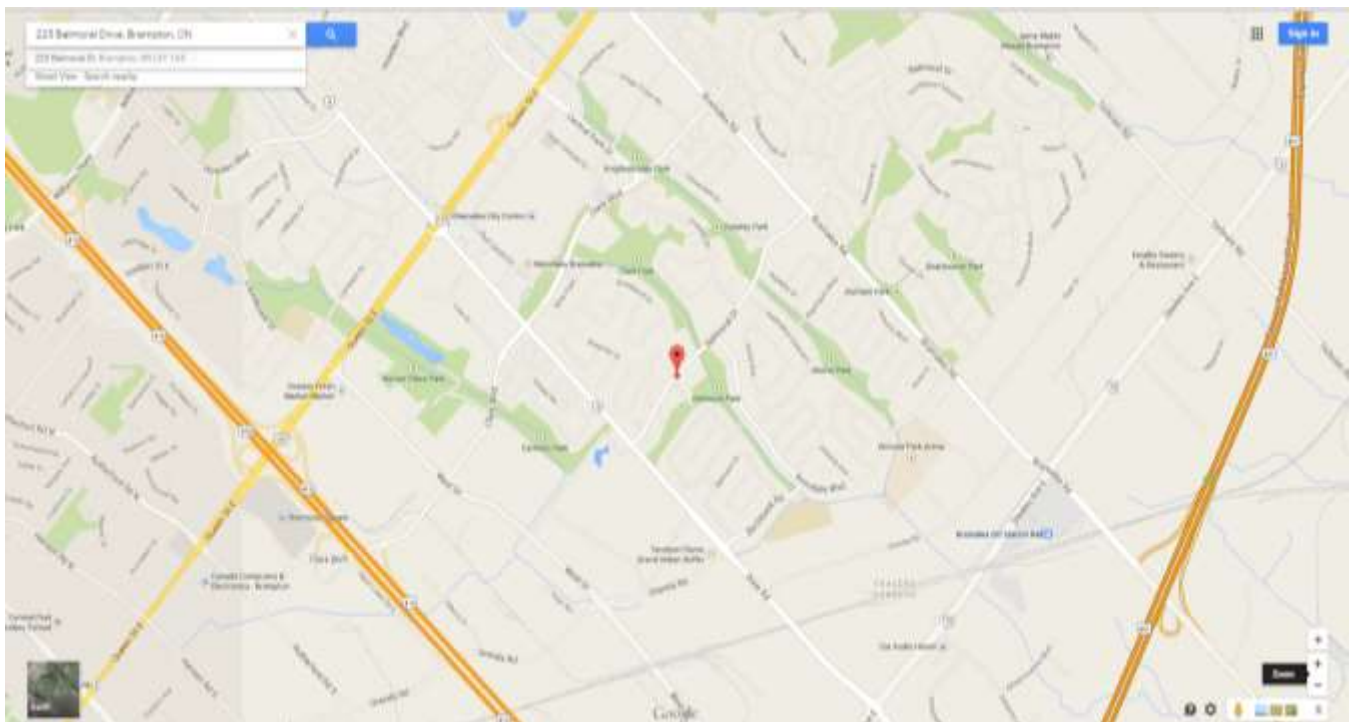
## Location

This assessment will be proctored by OFAI staff at:

### **Balmoral Recreation Centre**

225 Balmoral Drive  
Brampton, ON L6T 1V4

**ALL QUESTIONS REGARDING YOUR ASSESSMENT SHOULD BE FACILITATED THROUGH THE ONTARIO FIRE ADMINISTRATION INC OFFICE.**



## Swim Test Validity

The Swim Test is valid for 12 months.

## Candidate ID

All candidates are given a unique ID when registering for an assessment. This unique number will not change and will remain as your personal identifier. Do not share this number with anyone. The OFAI refers to this identification number when reviewing results, for generation of certificates and to provide municipalities with verification of validity.

## What to Bring on your Swim Test Day

- Government issued identification
- Confirmation of registration
- Water and a light snack (for after the assessment)
- Swim Suit and Towel
- All completed Forms including the ParQPlus Form and, if required, the Physician Physical Activity Readiness Clearance Form

## Check-In

Please ensure you arrive at least 15 minutes prior to your assessment start time. This will allow you enough time to check-in, hand in your required forms and use the restrooms.

Once you arrive at Balmoral Recreation Centre, you will be required to check-in. You will be required to show your identification and/or registration confirmation and sign your name on the class list.

It is the responsibility of the candidate to ensure they have registered for the correct date/time. If you are not on the check-in list, you must contact the OFAI administration office immediately.

**It is recommended that you confirm your appointment 24 hours in advance of your assessment.**

**Any questions should be facilitated through the OFAI Administration Office.**

**If you are late, you may be denied entry into this test. This is at the discretion of the OFAI staff.**

## What to expect when you arrive for the Swim Test

1. You will be **required** to hand in two forms:
  - a. **OFAI Assumption, Waiver, Release and Indemnity Agreement** – This form has been provided in this guide (see forms at the end of this document). **Please READ, PRINT and SIGN the OFAI Assumption, Waiver, Release and Indemnity Agreement in full before you arrive for your assessment.** If you have any questions in regards to the OFAI Assumption, Waiver, Release and Indemnity Agreement, please contact the OFAI administration office at 905-426-6756 or email us at [info@ofai.ca](mailto:info@ofai.ca).
  - b. **PAR-Q+ Form** – This form and the Physician Physical Activity Readiness Clearance Form has been provided in this guide (see forms at the end of this document). The PAR-Q+ is used to determine your readiness for increased physical activity participation or a fitness appraisal. To minimize health risks in regards to physical testing, candidates are required to complete a PAR-Q+ Form and produce this form on their testing day. Candidates are required to consult with their physician if they answer “**Yes**” to any questions on the Physical Activity Readiness Questionnaire (PAR-Q+ Form). Candidates will be required to have their physician complete the **Physician Physical Activity Readiness Clearance Form BEFORE** you are allowed to participate in the Swim Test.

## Important Notes and Information

This document is a guide to assist and prepare you for your Swim Test. Some of the information contained in this guide may change once on-site. Please ensure you follow your evaluator's/lifeguards instructions. In the case of a technical problem, the evaluator/lifeguard will handle each situation on a case-by-case basis. If there is a wide-spread error your test may be required to be re-scheduled. This will be determined at the discretion of the evaluators/lifeguards.

## Certificates

Upon successful completion of the Swim Test, your certificate will be uploaded to your online account within two to four business days.

## Re-Test Policy

If you are not successful and fail the Swim Test, you may book a re-test on the next available Swim Test date.

## Grievances

All grievances are handled through the OFAI administration office. Please do not approach a pool staff member, evaluator or lifeguard with your grievance. You can retrieve a grievance form from the OFAI administration office or download it from the OFAI website <https://www.ofai.ca>. All grievances are handled in a timely manner by management.

## Questions

If you have any additional questions not covered in this guide, please contact the OFAI office.

**Phone:** 905-426-6756 **Fax:** 905-426-3032 **Email:** [info@ofai.ca](mailto:info@ofai.ca)

## Forms

Continued on next page.



**ONTARIO FIRE ADMINISTRATION INC.**  
**ASSUMPTION, WAIVER, RELEASE AND INDEMNITY AGREEMENT**

In consideration of Ontario Fire Administration Inc. ("OFAI") permitting me, \_\_\_\_\_, to enroll and  
(Printed Name of Participant)

participate in a firefighter candidate testing services Swim Test, I, for myself, my personal representatives, heirs and next of kin, hereby acknowledge and agree to as follows:

**Assumption of Risk:** I acknowledge that participation in the Swim Test involves the risk of bodily injury, death and property damage together with other risks either not known to me or not readily foreseeable at this time ("**Risks**"). I represent that I understand the nature of the Swim Test and the Risks and that I am in good health and in the proper physical and mental condition to participate in the Swim Test. I am willing and able to participate in the Swim Test. I acknowledge that the Risks may be caused by my own actions, the actions of the Releasees named below or the conditions in which the Swim Test takes place. I agree that if, at any time, I believe my participation in the Swim Test to be unsafe, I will immediately discontinue my participation. I fully accept and assume all of the Risks and all responsibility for any injury, loss, damage, cost or harm of any nature or kind that I may suffer or incur, now or in the future, arising out of or related to my participation in the Swim Test, whether caused by the negligence of the Releasees or otherwise.

**Waiver:** I waive any and all claims that I have or may have against OFAI, its officers, directors, employees, shareholders, agents, representatives and independent contractors ("**Releasees**"), now or in the future, arising out of or related to my participation in the Swim Test including any claims on account of injury, loss, damage, cost or harm of any nature or kind, whether caused by the negligence of the Releasees or otherwise.

**RELEASE: I RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY INJURY, LOSS, DAMAGE, COST OR HARM OF ANY NATURE OR KIND THAT I MAY SUFFER OR INCUR, NOW OR IN THE FUTURE, ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE SWIM TEST, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**Indemnity:** I agree to indemnify and save and hold harmless the Releasees from any and all liability for any loss, damage, cost or harm of any nature or kind that any third party may suffer or incur, now or in the future, arising out of or related to my participation in the Swim Test, whether caused by the negligence of the Releasees or otherwise.

**Severability:** I agree that this Assumption, Waiver, Release and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the Province of Ontario and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**Confidentiality:** The OFAI Swim Test and accompanying materials belong to and are the confidential information of OFAI (the "**Confidential Information**") and are used for the sole purpose of determining whether or not to issue an OFAI Certificate to the Candidate as well as for internal quality assurance and procedure validation.

By selecting this box, I choose to opt out of my data being used for internal quality assurance and procedure validation.

OFAI retains all right, title and interest in and to all of the Confidential Information and all copyrights, trademark rights and other proprietary rights thereto.

The Candidate agrees that the OFAI (i) shall hold the Confidential Information in confidence and take all reasonable precautions to protect it; (ii) shall not use any of the Confidential Information at any time; and (iii) shall not disclose, publish, reproduce or transmit any of the Confidential Information to any third party, in any form, including without limitation, verbal, written, electronic or any other means for any purpose.

OFAI shall pursue all available legal remedies to protect the Confidential Information.

THE CANDIDATE HEREBY AUTHORIZES OFAI TO DISCLOSE THE CANDIDATE'S NAME AND STATUS AS HAVING OR NOT HAVING A THEN CURRENT AND VALID OFAI CERTIFICATE TO ANY MUNICIPALITY THAT MAKES A WRITTEN REQUEST TO OFAI FOR SUCH INFORMATION.

**ACKNOWLEDGEMENT OF UNDERSTANDING: I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE READ THIS ASSUMPTION, WAIVER, RELEASE AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN LEGAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW.**

**PRINTED NAME OF PARTICIPANT:**

\_\_\_\_\_

**SIGNATURE OF PARTICIPANT:**

\_\_\_\_\_

**PRINTED NAME OF WITNESS:**

\_\_\_\_\_

**SIGNATURE OF WITNESS:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

# PAR-Q+

## The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

### SECTION 1 - GENERAL HEALTH

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all of the questions above, you are cleared for physical activity.



Go to Section 3 to sign the form. You do not need to complete Section 2.

- › Start becoming much more physically active – start slowly and build up gradually.
- › Follow the Canadian Physical Activity Guidelines for your age ([www.csep.ca/guidelines](http://www.csep.ca/guidelines)).
- › You may take part in a health and fitness appraisal.
- › If you have any further questions, contact a qualified exercise professional such as a CSEP Certified Exercise Physiologist® (CSEP-CEP) or CSEP Certified Personal Trainer® (CSEP-CPT).
- › If you are over the age of 45 yrs. and NOT accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.



If you answered YES to one or more of the questions above, please GO TO SECTION 2.



Delay becoming more active if:

- › You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- › You are pregnant – talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-X for Pregnancy before becoming more physically active OR
- › Your health changes – please answer the questions on Section 2 of this document and/or talk to your doctor or qualified exercise professional (CSEP-CEP or CSEP-CPT) before continuing with any physical activity programme.

## SECTION 2 - CHRONIC MEDICAL CONDITIONS

Please read the questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Do you have Arthritis, Osteoporosis, or Back Problems?	<input type="checkbox"/> If yes, answer questions 1a-1c	<input type="checkbox"/> If no, go to question 2
1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
1b.	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?	<input type="checkbox"/>	<input type="checkbox"/>
1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have Cancer of any kind?	<input type="checkbox"/> If yes, answer questions 2a-2b	<input type="checkbox"/> If no, go to question 3
2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck?	<input type="checkbox"/>	<input type="checkbox"/>
2b.	Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have Heart Disease or Cardiovascular Disease? This includes Coronary Artery Disease, High Blood Pressure, Heart Failure, Diagnosed Abnormality of Heart Rhythm	<input type="checkbox"/> If yes, answer questions 3a-3e	<input type="checkbox"/> If no, go to question 4
3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
3b.	Do you have an irregular heart beat that requires medical management? (e.g. atrial brillation, premature ventricular contraction)	<input type="checkbox"/>	<input type="checkbox"/>
3c.	Do you have chronic heart failure?	<input type="checkbox"/>	<input type="checkbox"/>
3d.	Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
3e.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes	<input type="checkbox"/> If yes, answer questions 4a-4c	<input type="checkbox"/> If no, go to question 5
4a.	Is your blood sugar often above 13.0 mmol/L? (Answer YES if you are not sure)	<input type="checkbox"/>	<input type="checkbox"/>
4b.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, and the sensation in your toes and feet?	<input type="checkbox"/>	<input type="checkbox"/>
4c.	Do you have other metabolic conditions (such as thyroid disorders, pregnancy-related diabetes, chronic kidney disease, liver problems)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome)	<input type="checkbox"/> If yes, answer questions 5a-5b	<input type="checkbox"/> If no, go to question 6
5a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
5b.	Do you also have back problems affecting nerves or muscles?	<input type="checkbox"/>	<input type="checkbox"/>

Please read the questions below carefully and answer each one honestly: check YES or NO.		YES	NO
6.	Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure	<input type="checkbox"/> If yes, answer questions 6a-6d	<input type="checkbox"/> If no, go to question 7
	6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
	6b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	<input type="checkbox"/>	<input type="checkbox"/>
	6c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	<input type="checkbox"/>	<input type="checkbox"/>
	6d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia	<input type="checkbox"/> If yes, answer questions 7a-7c	<input type="checkbox"/> If no, go to question 8
	7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
	7b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	<input type="checkbox"/>	<input type="checkbox"/>
	7c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event	<input type="checkbox"/> If yes, answer questions 8a-c	<input type="checkbox"/> If no, go to question 9
	8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
	8b. Do you have any impairment in walking or mobility?	<input type="checkbox"/>	<input type="checkbox"/>
	8c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have any other medical condition not listed above or do you live with two chronic conditions?	<input type="checkbox"/> If yes, answer questions 9a-c	<input type="checkbox"/> If no, read the advice on page 4
	9a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
	9b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	<input type="checkbox"/>	<input type="checkbox"/>
	9c. Do you currently live with two chronic conditions?	<input type="checkbox"/>	<input type="checkbox"/>

Please proceed to Page 4 for recommendations for your current medical condition and sign this document.



# PAR-Q+



**If you answered NO to all of the follow-up questions about your medical condition, you are ready to become more physically active:**

- › It is advised that you consult a qualified exercise professional (e.g., a CSEP-CEP or CSEP-CPT) to help you develop a safe and effective physical activity plan to meet your health needs.
- › You are encouraged to start slowly and build up gradually – 20-60 min. of low- to moderate-intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- › As you progress, you should aim to accumulate 150 minutes or more of moderate-intensity physical activity per week.
- › If you are over the age of 45 yrs. and NOT accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.



**If you answered YES to one or more of the follow-up questions about your medical condition:**

- › You should seek further information from a licensed health care professional before becoming more physically active or engaging in a fitness appraisal and/or visit a qualified exercise professional (CSEP-CEP) for further information.



**Delay becoming more active if:**

- › You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- › You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-X for Pregnancy before becoming more physically active OR
- › Your health changes - please talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity programme.

## SECTION 3 - DECLARATION

- › You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- › The Canadian Society for Exercise Physiology, the PAR-Q+ Collaboration, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.
- › If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.
- › Please read and sign the declaration below:

*I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

**For more information, please contact:  
Canadian Society for Exercise Physiology  
[www.csep.ca](http://www.csep.ca)**

### KEY REFERENCES

1. Jamnik VJ, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.

# CSEP-PATH: PHYSICIAN PHYSICAL ACTIVITY READINESS CLEARANCE

Dear Physician, \_\_\_\_\_

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

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

Your patient has consulted a Canadian Society for Exercise Physiology - Certified Personal Trainer® (CSEP-CPT) for a physical activity, fitness and lifestyle assessment and/or personal training services.

Although evidence demonstrates that becoming more active is very safe for most people and yields many health benefits, it is important to identify clients who may need a more thorough evaluation before doing a fitness assessment or becoming much more physically active.

During our standardized screening procedures we became aware that your patient:

Answered "Yes" to one or more questions on the Physical Activity Readiness Questionnaire (PAR-Q+) – see copy attached. Specific concern:

\_\_\_\_\_

Had a Resting Heart Rate of \_\_\_\_ (above the safety cut-off of 99 bpm)

Had a Resting Blood Pressure of \_\_\_\_/\_\_\_\_ (above the safety cut-off of 144/94 mmHg)

To ensure that your patient proceeds in the safest way possible, they were advised to consult with you about becoming more physically active. Please complete and sign this form, indicating any necessary physical activity restrictions, and have your patient return the form to their CSEP-CPT.

Based upon my review of the health status of \_\_\_\_\_, I recommend:

Unrestricted physical activity based on the *Canadian Physical Activity Guidelines* - start slowly and build up gradually

Progressive physical activity:

With avoidance of: \_\_\_\_\_

With inclusion of: \_\_\_\_\_

Only a medically-supervised exercise program until further medical clearance

No physical activity

Physician Name (please print):

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

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

Physician/Clinic Stamp:

If you have any questions regarding the physical activity, fitness and lifestyle assessment, the PAR-Q+, or the services provided by the CSEP-CPT, please contact:

CSEP-CPT: \_\_\_\_\_

Email and Phone: \_\_\_\_\_

NOTE: This Physician Physical Activity Readiness Clearance is valid for a maximum of one year from the date it is completed, and becomes invalid if your patient's medical condition worsens.

### CSEP-CPT Certification and the CSEP-PATH Assessment

The Canadian Society for Exercise Physiology (CSEP) is the Gold Standard for physical activity, health and fitness research and personal training in Canada. Our qualified exercise professionals strive to help Canadians achieve the well-documented health and fitness benefits of regular physical activity in a safe and effective manner. We provide the highest quality specialized and customized physical activity guidance and advice based on scientific evidence and extensive training, building on the foundation of the Canadian Physical Activity Guidelines (CSEP, 2011 - see <http://www.csep.ca/english/view.asp?x=804> for more information).

The CSEP-CPT is certified and sanctioned to administer the assessment, including appropriate submaximal fitness assessment protocols, to apparently healthy individuals, interpret results, develop a client-centred physical activity action plan, and act as a personal trainer (see <http://www.csep.ca/english/view.asp?x=741> for more information). [The CSEP Certified Exercise Physiologist® (CSEP-CEP) is an advanced certification that includes a broader repertoire of clients, and assessment and prescription services.]

### CSEP-CPT Certification

To be certified as a CSEP-CPT, candidates must meet the following requirements:

- Academic pre-requisites: A minimum of 2 years of College Diploma or University Degree coursework addressing the CPT core competencies (e.g., Anatomy and Physiology; Psychological Characteristics and Motivational Strategies; Theory and Methods of Health-Related Physical Fitness; Physical Activity/Exercise Prescription and Design; Safety and Emergency Procedures; Documentation, Administration and Professionalism);
- Hold current emergency/standard first aid and CPR Level C;
- Successfully complete 25 hours of in-service training and a national theory and practical exam;
- Participate in continuing education/professional development; and
- Carry annual CSEP membership including mandatory insurance policy (\$3M professional and commercial liability).

### CSEP-PATH Assessment

The physical activity, fitness and lifestyle assessment administered by the CSEP-CPT is exclusively that outlined in the CSEP Physical Activity Training for Health (CSEP-PATH) resource manual. The assessment provides information to help clients safely and effectively build regular physical activity into their daily lives to improve their health and well-being.

The CSEP-PATH evaluates physical activity, sedentary behaviour and other lifestyle factors (e.g., healthy eating, tobacco and alcohol use) using simple questionnaires. The fitness assessment involves a series of physical tests and

measurements. Some of these (e.g., height, body weight, waist circumference) require no physical exertion. Those that evaluate aerobic and musculoskeletal fitness require physical exertion and are briefly outlined below. All clients sign an Informed Consent Form prior to proceeding.

#### Aerobic Fitness Assessment Measures

Aerobic fitness is estimated based on heart rate response to one of four sub-maximal protocols, depending on the client's interests and capabilities: a multi-stage step test, single-stage treadmill walking, one-mile walk, or a multi-stage cycle test. Post-exercise heart rate and blood pressure are monitored after the respective protocol before proceeding to other measures to ensure an appropriate recovery.

#### Musculoskeletal Fitness Assessment Measures

Six simple tests are performed to evaluate musculoskeletal fitness: grip strength (strength of hands, forearms); push-up (endurance of chest, shoulders, arms); sit and reach (flexibility of hips); vertical jump (power of legs); back extension (endurance of back); one leg stance (balance and leg strength/endurance).

#### Physical Activity Prescription

CSEP-PATH assessment results are used to develop a client-centred physical activity action plan, building on the foundation of the Canadian Physical Activity Guidelines (CSEP, 2011), outlined below. The CSEP-CPT employs evidence-based methods to prescribe client-tailored physical activity intensity, duration and frequency. (This does not include maximal effort aerobic physical activity or muscle and bone strengthening exercise.)

#### Canadian Physical Activity Guidelines

Adults aged 18-64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week. More daily physical activity provides greater health benefits.

Adults aged 65 years and older should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week. Those with poor mobility should perform physical activities to enhance balance and prevent falls. More daily physical activity provides greater health benefits.

Children aged 5-11 years and youth aged 12-17 years should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. This should include: vigorous-intensity activities at least 3 days per week; and activities that strengthen muscle and bone at least 3 days per week. More daily physical activity provides greater health benefits.