

# Exercise Testing Checklist

The application should/must:

□ describe the study sample in sufficient detail (i.e., inclusion/exclusion criteria) in order to justify the appropriate level of exercise test supervision. The application should refer to the American College of Sports Medicine Guidelines for Exercise Testing and Prescription. *Note: The ACSM Exercise Pre-participation Health Screening Recommendations, state that CVD risk factor assessment and risk classification are no longer part of the exercise pre-participation health screening. Instead, the ACSM exercise pre-participation health screening process focuses on 1) individual's current level of physical activity, 2) presence of signs or symptoms of known cardiovascular, metabolic, or renal disease, and 3) desired exercise intensity. Please see below.*

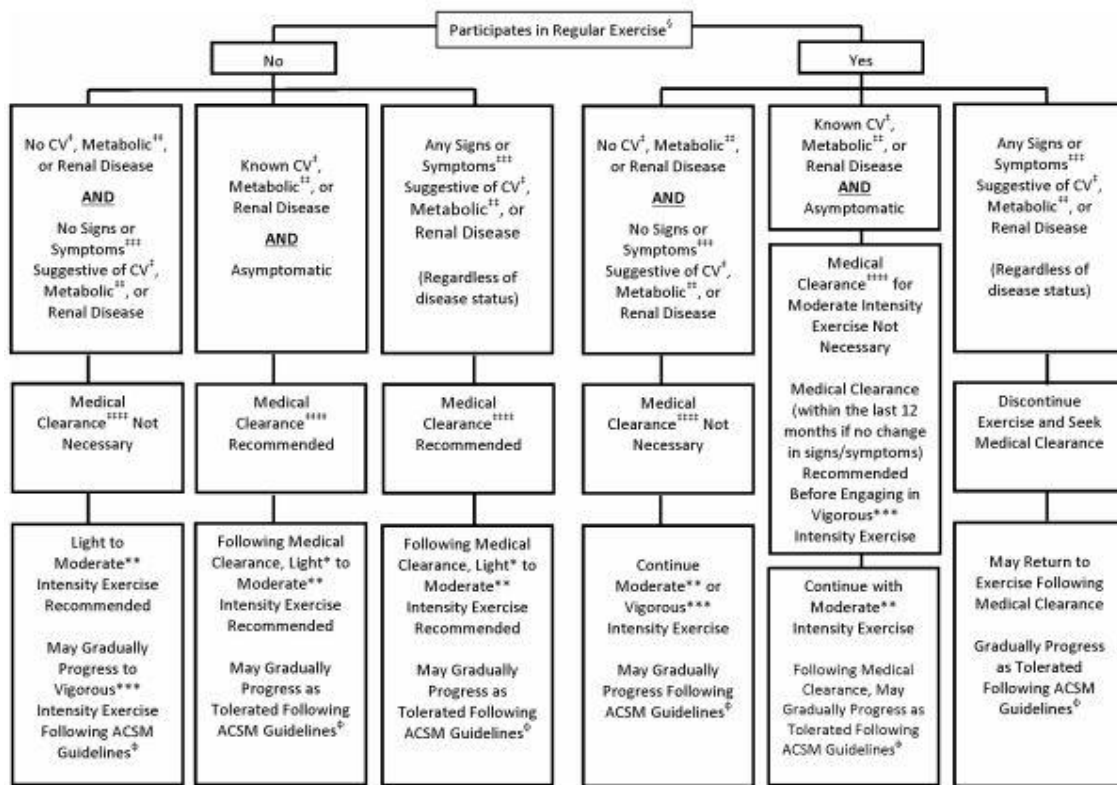


FIGURE 2—Exercise preparticipation health screening logic model for aerobic exercise participation.

§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.

\*Light-intensity exercise, 30% to <40% HRR or  $\dot{V}O_{2R}$ , 2 to <3 METs, 9–11 RPE, an intensity that causes slight increases in HR and breathing.

\*\*Moderate-intensity exercise, 40% to <60% HRR or  $\dot{V}O_{2R}$ , 3 to <6 METs, 12–13 RPE, an intensity that causes noticeable increases in HR and breathing.

\*\*\*Vigorous-intensity exercise  $\geq 60\%$  HRR or  $\dot{V}O_{2R}$ ,  $\geq 6$  METs,  $\geq 14$  RPE, an intensity that causes substantial increases in HR and breathing.

‡CVD, cardiac, peripheral vascular, or cerebrovascular disease.

‡‡Metabolic disease, type 1 and 2 diabetes mellitus.

‡‡‡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; or unusual fatigue or shortness of breath with usual activities.

‡‡‡‡Medical clearance, approval from a health care professional to engage in exercise.

ⓄACSM Guidelines, see *ACSM's Guidelines for Exercise Testing and Prescription, 9th edition, 2014.*

From:

Riebe, D., Franklin, B. A., Thompson, P. D., Ewing Garber, C., Whitfield, G. P., Magal, M. & Pescatello, L. S. (2015). Updating ACSM's recommendations for exercise preparticipation health screening. *Medicine & Science in Sports & Exercise*, 47, pp. 2473 – 2479, doi: 10.1249/MSS.0000000000000664

identify an appropriate physical activity readiness questionnaire (e.g., PAR-Q) that will be used to guide the pre-participation health screening process. The **application** should clearly state the inclusion/exclusion criterion based on the anticipated health status of participants and ACSM guidelines.

For participants requiring medical clearance, based on the flow chart above, the **application** should specify the format by which that clearance will be obtained (e.g., letter form a doctor)

include specific instructions that will be provided to research participants on how to prepare for the exercise test.

should clearly state that the decision to end an exercise test will be based on “applicable”<sup>1</sup> termination criteria as outlined by the ACSM Guidelines for Exercise Testing and Prescription.

address the testing environment. Namely, it must be clear that an AED is immediately accessible and that an emergency action plan is in place. A description of the emergency action plan should be provided.

indicate the test will be overseen by a faculty/staff member who is CPR certified. *NOTE: CPR training also includes training to use an AED.* A copy of the CPR certification card must be provided with the application and at every renewal.

The **consent form** must include IRB approved language for the following sections: “What is involved in Aerobic Testing?”, “What are the risks?”, “How will these risks be managed?” and “What are my responsibilities?”. Please refer to the document *Aerobic Testing Required Language for Consent Forms*.

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<sup>1</sup> Applicable refers to those measures that are available at the clinic as well as that which would be required based on the risk level of the participants.