

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically supervised exercise program.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant's evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Certified Fitness Appraiser). To assist in this, the following instructions are provided:

- PAGE 1:** • Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.
- PAGES 2 & 3:** • A checklist of medical conditions requiring special consideration and management.
- PAGE 4:** • Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.
• Physical Activity Readiness Conveyance/Referral Form – an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically supervised exercise program.

This section to be completed by the participant

<p>A PERSONAL INFORMATION:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE _____</p> <p>BIRTHDATE _____ GENDER _____</p> <p>MEDICAL No. _____</p>	<p>B PAR-Q: Please indicate the PAR-Q questions to which you answered YES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Q1 Heart condition <input type="checkbox"/> Q2 Chest pain during activity <input type="checkbox"/> Q3 Chest pain at rest <input type="checkbox"/> Q4 Loss of balance, dizziness <input type="checkbox"/> Q5 Bone or joint problem <input type="checkbox"/> Q6 Blood pressure or heart drugs <input type="checkbox"/> Q7 Other reason: _____ 		
<p>C RISK FACTORS FOR CARDIOVASCULAR DISEASE: Check all that apply</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 30 minutes of moderate physical activity most days of the week. <input type="checkbox"/> Currently smoker (tobacco smoking 1 or more times per week). <input type="checkbox"/> High blood pressure reported by physician after related measurements. <input type="checkbox"/> High cholesterol level reported by physician. </td> <td style="width:50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Excessive accumulation of fat around waist. <input type="checkbox"/> Family history of heart disease. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.</p> </div> </td> </tr> </table>	<ul style="list-style-type: none"> <input type="checkbox"/> Less than 30 minutes of moderate physical activity most days of the week. <input type="checkbox"/> Currently smoker (tobacco smoking 1 or more times per week). <input type="checkbox"/> High blood pressure reported by physician after related measurements. <input type="checkbox"/> High cholesterol level reported by physician. 	<ul style="list-style-type: none"> <input type="checkbox"/> Excessive accumulation of fat around waist. <input type="checkbox"/> Family history of heart disease. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.</p> </div>	<p>D PHYSICAL ACTIVITY INTENTIONS:</p> <p>What physical activity do you intend to do?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This section to be completed by the examining physician

<p>Physical Exam:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Ht</td> <td style="width:15%;">Wt</td> <td style="width:15%;">BP i) /</td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td></td> <td>BP ii) /</td> <td></td> </tr> </table> <p>Conditions limiting physical activity:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Musculoskeletal</td> <td><input type="checkbox"/> Abdominal</td> <td></td> </tr> </table> <p>Tests required:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> ECG</td> <td><input type="checkbox"/> Exercise Test</td> <td><input type="checkbox"/> X-Ray</td> </tr> <tr> <td><input type="checkbox"/> Blood</td> <td><input type="checkbox"/> Urinalysis</td> <td><input type="checkbox"/> Other</td> </tr> </table>	Ht	Wt	BP i) /				BP ii) /		<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Abdominal		<input type="checkbox"/> ECG	<input type="checkbox"/> Exercise Test	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Blood	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Other	<p>Physical Activity Readiness Conveyance/Referral:</p> <p>Based upon a current review of health status I recommend:</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> No physical activity <input type="checkbox"/> Progressive physical activity <ul style="list-style-type: none"> <input type="checkbox"/> with avoidance of: _____ <input type="checkbox"/> with inclusion of: _____ <input type="checkbox"/> with Physical Therapy: _____ <input type="checkbox"/> Unrestricted physical activity – start slowly and build up gradually </td> <td style="width:50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Only a medically-supervised exercise program until further medical clearance <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Further Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attached <input type="checkbox"/> To be forwarded <input type="checkbox"/> Available on request </div> </td> </tr> </table>	<ul style="list-style-type: none"> <input type="checkbox"/> No physical activity <input type="checkbox"/> Progressive physical activity <ul style="list-style-type: none"> <input type="checkbox"/> with avoidance of: _____ <input type="checkbox"/> with inclusion of: _____ <input type="checkbox"/> with Physical Therapy: _____ <input type="checkbox"/> Unrestricted physical activity – start slowly and build up gradually 	<ul style="list-style-type: none"> <input type="checkbox"/> Only a medically-supervised exercise program until further medical clearance <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Further Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attached <input type="checkbox"/> To be forwarded <input type="checkbox"/> Available on request </div>
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Supported by:



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PARmed-X

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

Following is a checklist of medical conditions for which a degree of precaution and/or special advice should be considered for those who answered "YES" to one or more questions on the PAR-Q, and people over the age of 69. Conditions are grouped by system. Three categories of precautions are provided. Comments under Advice are general, since details and alternatives require clinical judgement in each individual instance.

	Absolute Contraindications	Relative Contraindications	Special Prescriptive Conditions	ADVICE
	Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase.	Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted. Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable.	Individualized prescriptive advice generally appropriate: • limitations imposed; and/or • special exercises prescribed. May require medical monitoring and/or initial supervision in exercise program.	
Cardiovascular	<input type="checkbox"/> aortic aneurysm (dissecting) <input type="checkbox"/> aortic stenosis (severe) <input type="checkbox"/> congestive heart failure <input type="checkbox"/> crescendo angina <input type="checkbox"/> myocardial infarction (acute) <input type="checkbox"/> myocarditis (active or recent) <input type="checkbox"/> pulmonary or systemic embolism – acute <input type="checkbox"/> thrombophlebitis <input type="checkbox"/> ventricular tachycardia and other dangerous dysrhythmias (e.g., multi-focal ventricular activity)	<input type="checkbox"/> aortic stenosis (moderate) <input type="checkbox"/> subaortic stenosis (severe) <input type="checkbox"/> marked cardiac enlargement <input type="checkbox"/> supraventricular dysrhythmias (uncontrolled or high rate) <input type="checkbox"/> ventricular ectopic activity (repetitive or frequent) <input type="checkbox"/> ventricular aneurysm <input type="checkbox"/> hypertension – untreated or uncontrolled severe (systemic or pulmonary) <input type="checkbox"/> hypertrophic cardiomyopathy <input type="checkbox"/> compensated congestive heart failure	<input type="checkbox"/> aortic (or pulmonary) stenosis – mild angina pectoris and other manifestations of coronary insufficiency (e.g., post-acute infarct) <input type="checkbox"/> cyanotic heart disease <input type="checkbox"/> shunts (intermittent or fixed) <input type="checkbox"/> conduction disturbances <ul style="list-style-type: none"> • complete AV block • left BBB • Wolff-Parkinson-White syndrome <input type="checkbox"/> dysrhythmias – controlled <input type="checkbox"/> fixed rate pacemakers <input type="checkbox"/> intermittent claudication <input type="checkbox"/> hypertension; systolic 160-180; diastolic 105+	<ul style="list-style-type: none"> • clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any). • slow progression of exercise to levels based on test performance and individual tolerance. • consider individual need for initial conditioning program under medical supervision (indirect or direct).
Infections	<input type="checkbox"/> acute infectious disease (regardless of etiology)	<input type="checkbox"/> subacute/chronic/recurrent infectious diseases (e.g., malaria, others)	<input type="checkbox"/> chronic infections <input type="checkbox"/> HIV	variable as to condition
Metabolic		<input type="checkbox"/> uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)	<input type="checkbox"/> renal, hepatic & other metabolic insufficiency <input type="checkbox"/> obesity <input type="checkbox"/> single kidney	variable as to status dietary moderation, and initial light exercises with slow progression (walking, swimming, cycling)
Pregnancy		<input type="checkbox"/> complicated pregnancy (e.g., toxemia, hemorrhage, incompetent cervix, etc.)	<input type="checkbox"/> advanced pregnancy (late 3rd trimester)	Refer to the "PARmed-X for PREGNANCY"

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy, In: A. Quinney, L. Gauvin, T. Wall (eds.), **Towards Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health.** Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J., (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee assembled by the Canadian Society for Exercise Physiology and the Fitness Program, Health Canada (1995).

**You are encouraged to copy the PARmed-X,
but only if you use the entire form**

Disponible en français sous le titre
«Évaluation médicale de l'aptitude à l'activité physique (X-AAP)»

	Special Prescriptive Conditions	ADVICE
<i>Lung</i>	<input type="checkbox"/> chronic pulmonary disorders	special relaxation and breathing exercises
	<input type="checkbox"/> obstructive lung disease <input type="checkbox"/> asthma	breath control during endurance exercises to tolerance; avoid polluted air
	<input type="checkbox"/> exercise-induced bronchospasm	avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication.
<i>Muskuloskeletal</i>	<input type="checkbox"/> low back conditions (pathological, functional)	avoid or minimize exercise that precipitates or exasperates e.g., forced extreme flexion, extension, and violent twisting; correct posture, proper back exercises
	<input type="checkbox"/> arthritis - acute (infective, rheumatoid; gout)	treatment, plus judicious blend of rest, splinting and gentle movement
	<input type="checkbox"/> arthritis - subacute	progressive increase of active exercise therapy
	<input type="checkbox"/> arthritis – chronic (osteoarthritis and above conditions)	maintenance of mobility and strength; non-weightbearing exercises to minimize joint trauma (e.g., cycling, aquatic activity, etc.)
	<input type="checkbox"/> orthopaedic	highly variable and individualized
	<input type="checkbox"/> hernia	minimize straining and isometrics; strengthen abdominal muscles
<i>CNS</i>	<input type="checkbox"/> convulsive disorder not completely controlled by medication	minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountainclimbing, etc.)
	<input type="checkbox"/> recent concussion	thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage
<i>Blood</i>	<input type="checkbox"/> anemia – severe (<10 Gm/dl) <input type="checkbox"/> electrolyte disturbances	control preferred; exercise as tolerated
<i>Medications</i>	<input type="checkbox"/> antianginal <input type="checkbox"/> antiarrhythmic <input type="checkbox"/> antihypertensive <input type="checkbox"/> anticonvulsant <input type="checkbox"/> beta-blockers <input type="checkbox"/> digitalis preparations <input type="checkbox"/> diuretics <input type="checkbox"/> ganglionic blockers <input type="checkbox"/> others	NOTE: consider underlying condition. Potential for: exertional syncope, electrolyte imbalance, bradycardia, dysrhythmias, impaired coordination and reaction time, heat intolerance. May alter resting and exercise ECG's and exercise test performance.
<i>Other</i>	<input type="checkbox"/> post-exercise syncope	moderate program
	<input type="checkbox"/> heat intolerance	prolong cool-down with light activities; avoid exercise in extreme heat
	<input type="checkbox"/> temporary minor illness	postpone until recovered
	<input type="checkbox"/> cancer	if potential metastases, test by cycle ergometry, consider non-weight bearing exercises; exercise at lower end of prescriptive range (40-65% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercise to strengthen muscles, using machines rather than weights.

*Refer to special publications for elaboration as required

The following companion forms are available by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Questionnaire (PAR-Q)** – a questionnaire for people aged 15-69 to complete before becoming much more physically active.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY)** – to be used by physicians with pregnant patients who wish to become more physically active.

To order multiple printed copies of the PARmed-X and/or any of the companion forms (for a nominal charge), please contact the:

Canadian Society for Exercise Physiology
1600 James Naismith Dr., Suite 311
Gloucester, Ontario CANADA K1B 5N4
Tel. (613) 748-5768 FAX: (613) 748-5763

Note to physical activity professionals...

It is a prudent practice to retain the completed Physical Activity Readiness Conveyance/Referral Form in the participant's file.



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Continued on page 4...

Physical Activity & Lifestyle Advice

We know that being physically active provides benefits to all of us. Physical activity is recognized by the Heart and Stroke Foundation of Canada as one of the four modifiable primary risk factors for coronary heart disease (along with high blood pressure, high blood cholesterol, and smoking). Physical activity has also been shown to reduce the incidence of hypertension, colon cancer, maturity onset diabetes mellitus, and osteoporosis. It can also reduce stress and anxiety, relieve depression, and improve self-esteem.

People are physically active for many reasons - play, work, competition, health, creativity, enjoying the outdoors, being with friends. There are also as many ways of being active as there are reasons. What we choose to do depends on our own abilities and desires. No matter what the reason or type of activity, physical activity can improve our well-being and quality of life. Well-being can also be enhanced by integrating physical activity with enjoyable healthy eating and positive self and body image. Together, all three equal VITALITY. So take a fresh approach to living. Check out the VITALITY tips below!

Active Living:

- make meaningful and satisfying physical activities a valued and integral part of daily living
- accumulate 30 minutes or more of moderate physical activity most days of the week
- choose from an endless range of opportunities to be active according to your own abilities and desires:
 - ◆ take the stairs instead of an elevator
 - ◆ get off the bus early and walk home
 - ◆ join friends in a sport activity
 - ◆ take the dog for a walk with the family
 - ◆ follow a fitness program

Healthy Eating:

- follow Canada's Food Guide to Healthy Eating
- enjoy a variety of foods
- emphasize cereals, breads, other grain products, vegetables and fruit
- choose lower-fat dairy products, leaner meats and foods prepared with little or no fat
- achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating
- limit salt, alcohol and caffeine
- don't give up foods you enjoy - aim for moderation and variety

Positive Self and Body Image:

- accept who you are and how you look
- remember, a healthy weight range is one that is realistic for your own body make-up (body fat levels should neither be too high nor too low)
- try a new challenge
- compliment yourself
- reflect positively on your abilities
- laugh a lot



Enjoy eating well, being active and feeling good about yourself. That's



Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of the health status of _____, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity
 - with avoidance of: _____
 - with inclusion of: _____
 - with Physical Therapy: _____
- Unrestricted physical activity - start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

Physician/clinic stamp:

_____ M.D.

_____ 19 _____

(date)