



# The Corporation of the TOWN OF MILTON

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Report to: Chair & Members of the Community Services Standing Committee

From: Jennifer Reynolds, Director Community Services

Date: November 12, 2007

Report No. COMS-055-07

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Subject: Fitness Programs Pre-screening (PAR-Q) Form and Procedure

**RECOMMENDATION: THAT Report COMS-055-07 be received**

**AND THAT Council approve the Fitness Programs Pre-screening (PAR-Q) Procedure and Form.**

## **REPORT**

### **Background**

The Canadian Society for Exercise Physiology (CSEP) is a voluntary organization composed of professionals interested and involved in the scientific study of exercise physiology, exercise biochemistry, fitness and health. The CSEP (then known as the Canadian Association of Sport Sciences), was founded at the Pan American Games, Winnipeg, Manitoba in 1967 - the result of four years of cooperative efforts by the Canadian Medical Association and the Canadian Association for Health, Physical Education, Recreation and Dance. CSEP's Mission is "To promote the generation, synthesis, transfer and application of knowledge and research related to exercise physiology (encompassing physical activity, fitness, health, nutrition, epidemiology, and human performance)."

CSEP's Vision is to be recognized as the Canadian scientific authority on exercise physiology, health and fitness, providing a continuum of service from those who drive the science to those who implement and apply the science.

CSEP is recognized nationally for its work in protecting consumers by regulating standards for physical activity, fitness and lifestyle appraisal personnel and centres.

### **Discussion**

CSEP's Physical Activity Readiness Questionnaire (PAR-Q) is a 2-page form, used as a screening tool for individuals wanting to register for fitness programs. The PAR-Q asks questions in order to screen whether individuals should check with their doctor before



# The Corporation of the TOWN OF MILTON

CS Report No.COMS-055-07  
Page No. 2

becoming more physically active. The Community Services Department has traditionally used the PAR-Q pre-screening tool for all of its fitness programs. In recent years, feedback from customers indicated that the PAR-Q form in its approved CSEP format is a barrier to participation. The PAR-Q form requires that any individual who checks "Yes" to any of the questions must complete a PAR Med-X form with their physician. The PAR Med-X is a 4-page physical activity-specific checklist to be reviewed and signed off by a physician. Recently, doctors have started charging patients for completing the PAR Med-X form and customers find that the additional cost and time required is counter productive to their desire to pursue a healthy active lifestyle through Town programs.

Staff consulted the risk manager at the Town's insurance provider, OMEX, and worked with OMEX to modify the form to ensure that it is customer friendly, adequately screen's the individual, and protects the Town of Milton in cases of injury resulting from participating in fitness programs. OMEX indicated that "The Town of Milton would be insured for their liabilities associated with the operations of the facility. However from a risk management perspective, by having each potential member sign your PAR Q form, in the event of a loss you can clearly show that your facility did their due diligence by making the individual aware that they should consult their Doctor before beginning an exercise program while at the same time having them acknowledge that they choose not to".

Staff have reformatted the CSEP PAR-Q form and added the following questions to the form (See Appendix A):

*If you have answered yes to any of the questions on the PAR-Q:  
Is your doctor aware that you are participating in or beginning an exercise program?  
- YES, my doctor is aware of my exercise program.  
- NO, my doctor is not aware and I will speak with him/her before starting an exercise program.  
- NO, I am aware that I should consult my doctor before beginning any exercise program but have chosen not to do so.*

Customers who answer yes on the modified PAR-Q form will be required to initial one of the three statements above, and staff will provide the individual with additional



# The Corporation of the TOWN OF MILTON

CS Report No.COMS-055-07  
Page No. 3

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information on why it is recommended that the individual consult their doctor prior to starting any exercise program.

In cases where the program being offered is targeted to a high risk clientele, (e.g. individuals who are pregnant in a prenatal fitness class; adults and seniors registering for Therapeutic Aquafit with known arthritis or fibromyalgia; or, adults in the Cardiac Rehabilitation program), will be required to submit a PAR-Med-X form prior to starting the program.

PAR-Q and PARMed-X forms will be required to be completed every 12 months. These completed forms will be kept on file and a check will be made on the registration software indicating to the instructor that the individual may have a medical condition.

Most fitness clubs and municipal fitness programs use a screening tool for individuals wanting to start a fitness program. In some cases, a full fitness assessment is required prior to starting the program. In other cases, the PAR-Q and PAR Med-X form is used either as outlined by CSEP or in a modified format. Staff recommendations outlined in COMS-55-07 reduce the barrier to participation, promotes an active lifestyle and protects the Town in cases of injury resulting from participation in a fitness program.

## **Relationship to the Strategic Plan**

### **GOAL**

A safe, livable and healthy community

### **DIRECTION**

Promote and facilitate active and healthy lifestyles and life long learning

## **Financial Impact**

There is no financial impact as a result of implementing this policy.

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# The Corporation of the TOWN OF MILTON

CS Report No.COMS-055-07  
Page No. 4

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Respectfully submitted,

Jennifer Reynolds  
Director, Community Services

If you have any questions on the content of this report: Patrick D'Almada, 905-878-7252 Ext. 2705

Attachments:   Schedule A - PAR-Q Form  
                  Schedule B - PARmed-X Form  
                  Schedule C - PARmed-X Pregnancy Form  
                  Schedule D – PAR-Q Updated Form  
                  Schedule E – PAR-Q Procedure

CAO Approval: \_\_\_\_\_

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



# PAR-Q & YOU

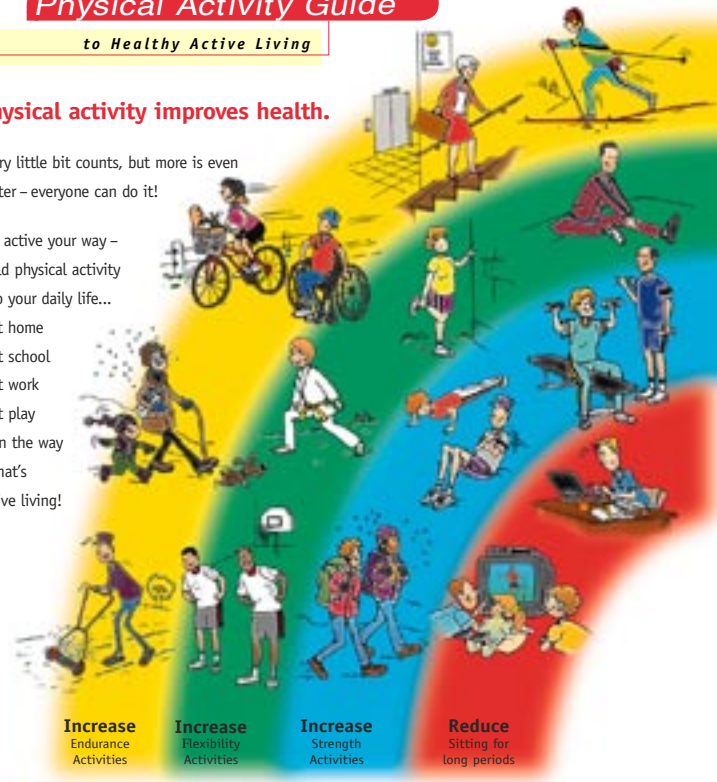
CANADA'S  
**Physical Activity Guide**  
to Healthy Active Living

## Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
  - at school
  - at work
  - at play
  - on the way
- ...that's active living!



- Increase** Endurance Activities
- Increase** Flexibility Activities
- Increase** Strength Activities
- Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

**Endurance**  
4-7 days a week  
Continuous activities for your heart, lungs and circulatory system.

**Flexibility**  
4-7 days a week  
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

**Strength**  
2-4 days a week  
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or [www.paguide.com](http://www.paguide.com)

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

## Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
• Strolling • Dusting	60 minutes • Light walking • Volleyball • Easy gardening • Stretching	30-60 minutes • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	20-30 minutes • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	• Sprinting • Racing
Range needed to stay healthy				

## You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> <li>• better health</li> <li>• improved fitness</li> <li>• better posture and balance</li> <li>• better self-esteem</li> <li>• weight control</li> <li>• stronger muscles and bones</li> <li>• feeling more energetic</li> <li>• relaxation and reduced stress</li> <li>• continued independent living in later life</li> </ul>	<ul style="list-style-type: none"> <li>• premature death</li> <li>• heart disease</li> <li>• obesity</li> <li>• high blood pressure</li> <li>• adult-onset diabetes</li> <li>• osteoporosis</li> <li>• stroke</li> <li>• depression</li> <li>• colon cancer</li> </ul>

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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### FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

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

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

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

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.), **Toward 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.

For more information, please contact the:

Canadian Society for Exercise Physiology  
202-185 Somerset Street West  
Ottawa, ON K2P 0J2  
Tel. 1-877-651-3755 • FAX (613) 234-3565  
Online: [www.csep.ca](http://www.csep.ca)

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



# 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-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™). 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

### A PERSONAL INFORMATION:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

MEDICAL No. \_\_\_\_\_

### B PAR-Q: Please indicate the PAR-Q questions to which you answered YES

- Q 1 Heart condition
- Q 2 Chest pain during activity
- Q 3 Chest pain at rest
- Q 4 Loss of balance, dizziness
- Q 5 Bone or joint problem
- Q 6 Blood pressure or heart drugs
- Q 7 Other reason: \_\_\_\_\_

### C RISK FACTORS FOR CARDIOVASCULAR DISEASE: *Check all that apply*

- Less than 30 minutes of moderate physical activity most days of the week.
- Excessive accumulation of fat around waist.
- Currently smoker (tobacco smoking 1 or more times per week).
- Family history of heart disease.
- High blood pressure reported by physician after repeated measurements.
- High cholesterol level reported by physician.

**Please note:** Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.

### D PHYSICAL ACTIVITY INTENTIONS:

What physical activity do you intend to do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## This section to be completed by the examining physician

### Physical Exam:

Ht	Wt	BP i)	/
		BP ii)	/

### Conditions limiting physical activity:

- Cardiovascular
- Respiratory
- Other
- Musculoskeletal
- Abdominal

### Tests required:

- ECG
- Exercise Test
- X-Ray
- Blood
- Urinalysis
- Other

### Physical Activity Readiness Conveyance/Referral:

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

Further Information:

- Attached
- To be forwarded
- Available on request

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity:
  - with avoidance of: \_\_\_\_\_
  - with inclusion of: \_\_\_\_\_
- under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity—start slowly and build up gradually

# 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.

	<b>Absolute Contraindications</b>	<b>Relative Contraindications</b>	<b>Special Prescriptive Conditions</b>	<b>ADVICE</b>
	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.	
<b>Cardiovascular</b>	<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 • 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"> <li>clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any).</li> <li>slow progression of exercise to levels based on test performance and individual tolerance.</li> <li>consider individual need for initial conditioning program under medical supervision (indirect or direct).</li> </ul>
				progressive exercise to tolerance
				progressive exercise; care with medications (serum electrolytes; post-exercise syncope; etc.)
<b>Infections</b>	<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
<b>Metabolic</b>		<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)
<b>Pregnancy</b>		<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.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health.** Champaign, IL: Human Kinetics.

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The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

**No changes permitted. You are encouraged to photocopy 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)»

Continued on page 3...



	Special Prescriptive Conditions	ADVICE
Lung	<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.
Musculoskeletal	<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
	<input type="checkbox"/> osteoporosis or low bone density	avoid exercise with high risk for fracture such as push-ups, curl-ups, vertical jump and trunk forward flexion; engage in low-impact weight-bearing activities and resistance training
CNS	<input type="checkbox"/> convulsive disorder not completely controlled by medication	minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountaineering, 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
Blood	<input type="checkbox"/> anemia—severe (< 10 Gm/dl)	control preferred; exercise as tolerated
	<input type="checkbox"/> electrolyte disturbances	
Medications	<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.
Other	<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 online: <http://www.csep.ca/forms.asp>

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.

For more information, please contact the:

Canadian Society for Exercise Physiology  
 202 - 185 Somerset St. West  
 Ottawa, ON K2P 0J2  
 Tel. 1-877-651-3755 • FAX (613) 234-3565 • Online: [www.csep.ca](http://www.csep.ca)

**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.

# PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

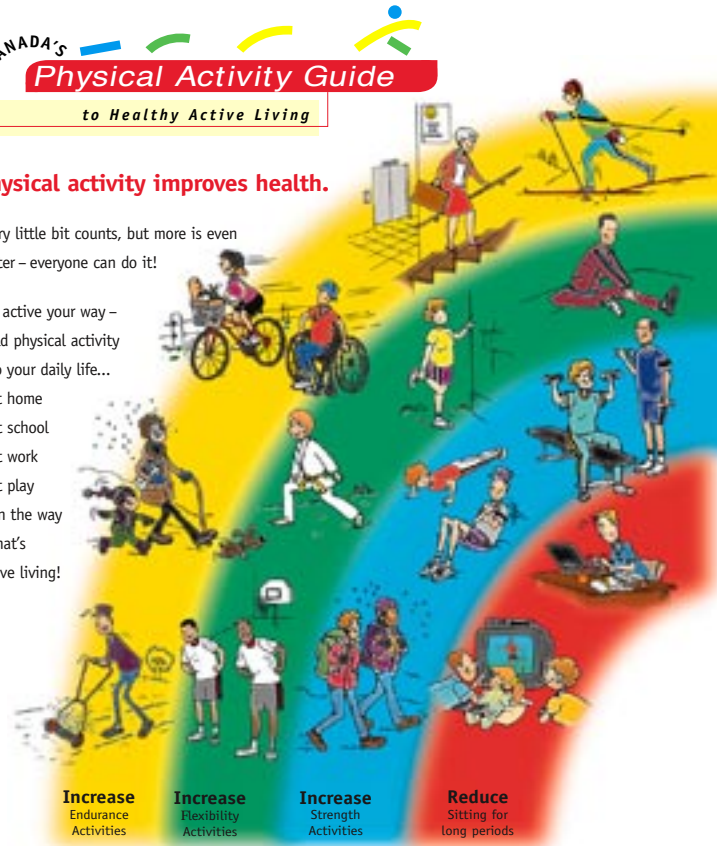
CANADA'S  
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to Healthy Active Living

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  - at work
  - at play
  - on the way
- ...that's active living!



**Increase** Endurance Activities  
**Increase** Flexibility Activities  
**Increase** Strength Activities  
**Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

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4-7 days a week  
Continuous activities for your heart, lungs and circulatory system.

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Starting slowly is very safe for most people. Not sure? Consult your health professional.

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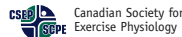
Time needed depends on effort			
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort
60 minutes	30-60 minutes	20-30 minutes	Maximum Effort
• Strolling • Dusting	• Light walking • Volleyball • Easy gardening • Stretching • Dancing	• Brisk walking • Biking • Raking leaves • Swimming • Water aerobics	• Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing
Range needed to stay healthy			

## You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> <li>• better health</li> <li>• improved fitness</li> <li>• better posture and balance</li> <li>• better self-esteem</li> <li>• weight control!</li> <li>• stronger muscles and bones</li> <li>• feeling more energetic</li> <li>• relaxation and reduced stress</li> <li>• continued independent living in later life</li> </ul>	<ul style="list-style-type: none"> <li>• premature death</li> <li>• heart disease</li> <li>• obesity</li> <li>• high blood pressure</li> <li>• adult-onset diabetes</li> <li>• osteoporosis</li> <li>• stroke</li> <li>• depression</li> <li>• colon cancer</li> </ul>



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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## PARmed-X 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: \_\_\_\_\_
  - under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity – start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

Physician/clinic stamp:

**NOTE: This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.**

\_\_\_\_\_ M.D.

\_\_\_\_\_ 20\_\_\_\_

(date)

# PARmed-X for PREGNANCY **PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION**

## PARmed-X for PREGNANCY is a guideline for health screening prior to participation in a prenatal fitness class or other exercise.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserve. PARmed-X for PREGNANCY is a convenient checklist and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

Instructions for use of the 4-page PARmed-X for PREGNANCY are the following:

1. The patient should fill out the section on PATIENT INFORMATION and the PRE-EXERCISE HEALTH CHECKLIST (PART 1, 2, 3, and 4 on p. 1) and give the form to the health care provider monitoring her pregnancy.
2. The health care provider should check the information provided by the patient for accuracy and fill out SECTION C on CONTRAINDICATIONS (p. 2) based on current medical information.
3. If no exercise contraindications exist, the HEALTH EVALUATION FORM (p. 3) should be completed, signed by the health care provider, and given by the patient to her prenatal fitness professional.

In addition to prudent medical care, participation in appropriate types, intensities and amounts of exercise is recommended to increase the likelihood of a beneficial pregnancy outcome. PARmed-X for PREGNANCY provides recommendations for individualized exercise prescription (p. 3) and program safety (p. 4).

**NOTE:** Sections A and B should be completed by the patient before the appointment with the health care provider.

<h3 style="margin: 0;">A PATIENT INFORMATION</h3> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE _____ BIRTHDATE _____ HEALTH INSURANCE No. _____</p> <p>NAME OF PRENATAL FITNESS PROFESSIONAL _____ PRENATAL FITNESS PROFESSIONAL'S PHONE NUMBER _____</p>																																																																																																		
<h3 style="margin: 0;">B PRE-EXERCISE HEALTH CHECKLIST</h3> <h4 style="margin: 0;">PART 1: GENERAL HEALTH STATUS</h4> <p>In the past, have you experienced (check YES or NO):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>1. Miscarriage in an earlier pregnancy?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Other pregnancy complications?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. 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List only regular fitness/recreational activities: _____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 20%;">INTENSITY</th> <th colspan="3" style="text-align: center;">FREQUENCY (times/week)</th> <th colspan="3" style="text-align: center;">TIME (minutes/day)</th> </tr> <tr> <th style="text-align: center;">1-2</th> <th style="text-align: center;">2-4</th> <th style="text-align: center;">4+</th> <th style="text-align: center;">&lt;20</th> <th style="text-align: center;">20-40</th> <th style="text-align: center;">40+</th> </tr> </thead> <tbody> <tr> <td>Heavy</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Medium</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Light</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table> <p>2. 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Do you consume alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <h4 style="margin: 0;">PART 4: PHYSICAL ACTIVITY INTENTIONS</h4> <p>What physical activity do you intend to do? _____</p> <p>Is this a change from what you currently do? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <div style="border: 2px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p><b>*NOTE: PREGNANT WOMEN ARE STRONGLY ADVISED NOT TO SMOKE OR CONSUME ALCOHOL DURING PREGNANCY AND DURING LACTATION.</b></p> </div>	INTENSITY	FREQUENCY (times/week)			TIME (minutes/day)			1-2	2-4	4+	<20	20-40	40+	Heavy	—	—	—	—	—	—	Medium	—	—	—	—	—	—	Light	—	—	—	—	—	—		YES	NO	Heavy Lifting?	<input type="checkbox"/>	<input type="checkbox"/>	Frequent walking/stair climbing?	<input type="checkbox"/>	<input type="checkbox"/>	Occasional walking (>once/hr)?	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged standing?	<input type="checkbox"/>	<input type="checkbox"/>	Mainly sitting?	<input type="checkbox"/>	<input type="checkbox"/>	Normal daily activity?	<input type="checkbox"/>	<input type="checkbox"/>
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# PARmed-X for PREGNANCY **PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION**

## **C** **CONTRAINDICATIONS TO EXERCISE: to be completed by your health care provider**

Absolute Contraindications			Relative Contraindications		
<i>Does the patient have:</i>			<i>Does the patient have:</i>		
	YES	NO		YES	NO
1. Ruptured membranes, premature labour?	<input type="checkbox"/>	<input type="checkbox"/>	1. History of spontaneous abortion or premature labour in previous pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent second or third trimester bleeding/placenta previa?	<input type="checkbox"/>	<input type="checkbox"/>	2. Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Pregnancy-induced hypertension or pre-eclampsia?	<input type="checkbox"/>	<input type="checkbox"/>	3. Anemia or iron deficiency? (Hb < 100 g/L)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Incompetent cervix?	<input type="checkbox"/>	<input type="checkbox"/>	4. Malnutrition or eating disorder (anorexia, bulimia)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence of intrauterine growth restriction?	<input type="checkbox"/>	<input type="checkbox"/>	5. Twin pregnancy after 28th week?	<input type="checkbox"/>	<input type="checkbox"/>
6. High-order pregnancy (e.g., triplets)?	<input type="checkbox"/>	<input type="checkbox"/>	6. Other significant medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder?	<input type="checkbox"/>	<input type="checkbox"/>	Please specify: _____		
<b>NOTE:</b> Risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.					
<b>PHYSICAL ACTIVITY RECOMMENDATION:</b>			<input type="checkbox"/> Recommended/Approved <input type="checkbox"/> Contraindicated		

## Prescription for Aerobic Activity

**RATE OF PROGRESSION:** The best time to progress is during the second trimester since risks and discomforts of pregnancy are lowest at that time. Aerobic exercise should be increased gradually during the second trimester from a minimum of 15 minutes per session, 3 times per week (at the appropriate target heart rate or RPE) to a maximum of approximately 30 minutes per session, 4 times per week (at the appropriate target heart rate or RPE).

**WARM-UP/COOL-DOWN:** Aerobic activity should be preceded by a brief (10-15 min.) warm-up and followed by a short (10-15 min.) cool-down. Low intensity calisthenics, stretching and relaxation exercises should be included in the warm-up/cool-down.

**PRESCRIPTION/MONITORING OF INTENSITY:** The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods.

<b>F</b>	<b>I</b>	<b>T</b>	<b>T</b>
<b>FREQUENCY</b>	<b>INTENSITY</b>	<b>TIME</b>	<b>TYPE</b>
Begin at 3 times per week and progress to four times per week	Exercise within an appropriate RPE range and/or target heart rate zone	Attempt 15 minutes, even if it means reducing the intensity. Rest intervals may be helpful	Non weight-bearing or low-impact endurance exercise using large muscle groups (e.g., walking, stationary cycling, swimming, aquatic exercises, low impact aerobics)

<b>TARGET HEART RATE ZONES</b>	
Age	Heart Rate Range
< 20	140-155
20-29	135-150
30-39	130-145

The heart rate zones shown below are appropriate for most pregnant women. Work during the lower end of the HR range at the start of a new exercise program and in late pregnancy.

<b>RATING OF PERCEIVED EXERTION (RPE)</b>	
6	
7	Very, very light
8	
9	Somewhat light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Very, very hard
20	

Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.

**"TALK TEST"** - A final check to avoid overexertion is to use the "talk test". The exercise intensity is excessive if you cannot carry on a verbal conversation while exercising.

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D., Queen's University. The muscular conditioning component was developed by M.F. Mottola, Ph.D., University of Western Ontario. The document has been revised based on advice from an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill, with additional input from Drs. Wolfe and Mottola, and Gregory A.L. Davies, M.D., FRCS(C) Department of Obstetrics and Gynaecology, Queen's University, 2002.

**No changes permitted. Translation and reproduction in its entirety is encouraged.**

Disponible en français sous le titre «Examen médical sur l'aptitude à l'activité physique pour les femmes enceintes (X-AAP pour les femmes enceintes)»

Additional copies of the PARmed-X for PREGNANCY, the PARmed-X and/or the PAR-Q can be downloaded from: <http://www.csep.ca/forms.asp>.

For more information contact the:

Canadian Society for Exercise Physiology  
185 Somerset St. West, Suite 202, Ottawa, Ontario CANADA K2P 0J2  
tel.: 1-877-651-3755 FAX (613) 234-3565 [www.csep.ca](http://www.csep.ca)

# PARmed-X for PREGNANCY **PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION**

## Prescription for Muscular Conditioning

It is important to condition all major muscle groups during both prenatal and postnatal periods.

**WARM-UPS & COOL DOWN:**  
*Range of Motion:* neck, shoulder girdle, back, arms, hips, knees, ankles, etc.  
*Static Stretching:* all major muscle groups  
**(DO NOT OVER STRETCH!)**

EXAMPLES OF MUSCULAR STRENGTHENING EXERCISES		
CATEGORY	PURPOSE	EXAMPLE
Upper back	Promotion of good posture	Shoulder shrugs, shoulder blade pinch
Lower back	Promotion of good posture	Modified standing opposite leg & arm lifts
Abdomen	Promotion of good posture, prevent low-back pain, prevent diastasis recti, strengthen muscles of labour	Abdominal tightening, abdominal curl-ups, head raises lying on side or standing position
Pelvic floor ("Kegels")	Promotion of good bladder control, prevention of urinary incontinence	"Wave", "elevator"
Upper body	Improve muscular support for breasts	Shoulder rotations, modified push-ups against a wall
Buttocks, lower limbs	Facilitation of weight-bearing, prevention of varicose veins	Buttocks squeeze, standing leg lifts, heel raises

### PRECAUTIONS FOR MUSCULAR CONDITIONING DURING PREGNANCY

VARIABLE	EFFECTS OF PREGNANCY	EXERCISE MODIFICATIONS
Body Position	<ul style="list-style-type: none"> <li>in the supine position (lying on the back), the enlarged uterus may either decrease the flow of blood returning from the lower half of the body as it presses on a major vein (inferior vena cava) or it may decrease flow to a major artery (abdominal aorta)</li> </ul>	<ul style="list-style-type: none"> <li>past 4 months of gestation, exercises normally done in the supine position should be altered</li> <li>such exercises should be done side lying or standing</li> </ul>
Joint Laxity	<ul style="list-style-type: none"> <li>ligaments become relaxed due to increasing hormone levels</li> <li>joints may be prone to injury</li> </ul>	<ul style="list-style-type: none"> <li>avoid rapid changes in direction and bouncing during exercises</li> <li>stretching should be performed with controlled movements</li> </ul>
Abdominal Muscles	<ul style="list-style-type: none"> <li>presence of a rippling (bulging) of connective tissue along the midline of the pregnant abdomen (diastasis recti) may be seen during abdominal exercise</li> </ul>	<ul style="list-style-type: none"> <li>abdominal exercises are not recommended if diastasis recti develops</li> </ul>
Posture	<ul style="list-style-type: none"> <li>increasing weight of enlarged breasts and uterus may cause a forward shift in the centre of gravity and may increase the arch in the lower back</li> <li>this may also cause shoulders to slump forward</li> </ul>	<ul style="list-style-type: none"> <li>emphasis on correct posture and neutral pelvic alignment. Neutral pelvic alignment is found by bending the knees, feet shoulder width apart, and aligning the pelvis between accentuated lordosis and the posterior pelvic tilt position.</li> </ul>
Precautions for Resistance Exercise	<ul style="list-style-type: none"> <li>emphasis must be placed on continuous breathing throughout exercise</li> <li>exhale on exertion, inhale on relaxation using high repetitions and low weights</li> <li>Valsalva Manoeuvre (holding breath while working against a resistance) causes a change in blood pressure and therefore should be avoided</li> <li>avoid exercise in supine position past 4 months gestation</li> </ul>	



## PARmed-X for Pregnancy - Health Evaluation Form

(to be completed by patient and given to the prenatal fitness professional after obtaining medical clearance to exercise)

I, \_\_\_\_\_ PLEASE PRINT (patient's name), have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have obtained his/her approval to begin participation.

Signed: \_\_\_\_\_  
 (patient's signature)

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

HEALTH CARE PROVIDER'S COMMENTS:

Name of health care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
 (health care provider's signature)



## Advice for Active Living During Pregnancy

Pregnancy is a time when women can make beneficial changes in their health habits to protect and promote the healthy development of their unborn babies. These changes include adopting improved eating habits, abstinence from smoking and alcohol intake, and participating in regular moderate physical activity. Since all of these changes can be carried over into the postnatal period and beyond, pregnancy is a very good time to adopt healthy lifestyle habits that are permanent by integrating physical activity with enjoyable healthy eating and a positive self and body image.

### Active Living:

- see your doctor before increasing your activity level during pregnancy
- exercise regularly but don't overexert
- exercise with a pregnant friend or join a prenatal exercise program
- follow FITT principles modified for pregnant women
- know safety considerations for exercise in pregnancy

### Healthy Eating:

- the need for calories is higher (about 300 more per day) than before pregnancy
- follow Canada's Food Guide to Healthy Eating and choose healthy foods from the following groups: whole grain or enriched bread or cereal, fruits and vegetables, milk and milk products, meat, fish, poultry and alternatives
- drink 6-8 glasses of fluid, including water, each day
- salt intake should not be restricted
- limit caffeine intake i.e., coffee, tea, chocolate, and cola drinks
- dieting to lose weight is not recommended during pregnancy

### Positive Self and Body Image:

- remember that it is normal to gain weight during pregnancy
- accept that your body shape will change during pregnancy
- enjoy your pregnancy as a unique and meaningful experience

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For more detailed information and advice about pre- and postnatal exercise, you may wish to obtain a copy of a booklet entitled *Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby* © 1999. Available from the Canadian Society for Exercise Physiology, 185 Somerset St. West, Suite 202, Ottawa, Ontario Canada K2P 0J2 Tel. 1-877-651-3755 Fax: (613) 234-3565 Email: info@csep.ca (online: www.csep.ca). Cost: \$11.95

For more detailed information about the safety of exercise in pregnancy you may wish to obtain a copy of the Clinical Practice Guidelines of the Society of Obstetricians and Gynaecologists of Canada and Canadian Society for Exercise Physiology entitled *Exercise in Pregnancy and Postpartum* © 2003. Available from the Society of Obstetricians and Gynaecologists of Canada online at www.sogc.org

For more detailed information about pregnancy and childbirth you may wish to obtain a copy of *Healthy Beginnings: Your Handbook for Pregnancy and Birth* © 1998. Available from the Society of Obstetricians and Gynaecologists of Canada at 1-877-519-7999 (also available online at www.sogc.org) Cost \$12.95.

For more detailed information on healthy eating during pregnancy, you may wish to obtain a copy of *Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years* © 1999. Available from Health Canada, Minister of Public Works and Government Services, Ottawa, Ontario Canada (also available online at www.hc-sc.gc.ca).

### SAFETY CONSIDERATIONS

- ◆ Avoid exercise in warm/humid environments, especially during the 1<sup>st</sup> trimester
- ◆ Avoid isometric exercise or straining while holding your breath
- ◆ Maintain adequate nutrition and hydration — drink liquids before and after exercise
- ◆ Avoid exercise while lying on your back past the 4<sup>th</sup> month of pregnancy
- ◆ Avoid activities which involve physical contact or danger of falling
- ◆ Know your limits — pregnancy is not a good time to train for athletic competition
- ◆ Know the reasons to stop exercise and consult a qualified health care provider immediately if they occur

### REASONS TO STOP EXERCISE AND CONSULT YOUR HEALTH CARE PROVIDER

- ◆ Excessive shortness of breath
- ◆ Chest pain
- ◆ Painful uterine contractions (more than 6-8 per hour)
- ◆ Vaginal bleeding
- ◆ Any "gush" of fluid from vagina (suggesting premature rupture of the membranes)
- ◆ Dizziness or faintness





# Town of Milton PAR-Q

## Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy and being more active is very safe for most people. If you are signing up for a registered fitness program, fitness membership, assessment or personal training session, the Par-Q will tell you if you should check with your doctor before you start becoming more physically active:

1. Please read the questions carefully and answer each one honestly by checking “yes” or “no.”
  2. Tell your doctor about the PAR-Q and discuss the questions you answered with a “yes.”
- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice to ensure the fitness programs you choose are safe and helpful for you.

**It is recommended that you consult your doctor before beginning or changing your exercise program.**

YES	NO	
___	___	Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?
___	___	Do you feel pain in your chest when you do physical activity?
___	___	In the past month, have you had chest pain when you were not doing physical activity?
___	___	Do you lose your balance because of dizziness or do you ever lose consciousness?
___	___	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
___	___	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
___	___	Do you know of any other reason why you should not do physical activity?
___	___	Are you pregnant? If yes, please complete the PARmed X for Pregnancy form with your doctor.

**Is your doctor aware that you are participating in or beginning an exercise program?**

✓	Initial	<i>Please check and initial the statement that applies to you.</i>	
		YES, my doctor is aware of my exercise program.	
		NO, my doctor is not aware and I will speak with him/her before starting an exercise program.	<i>Information regarding the risks associated with participating in a physical activity has been made available. <b>CSR initial</b> _____</i>
		NO, I am aware that I should consult my doctor before beginning any exercise program but have chosen not to do so.	

- Delay becoming much more active if:**
- You are not feeling very well because of a temporary illness such as a cold or fever – wait until you feel better.
  - If you are or may be pregnant – talk to your doctor before you start becoming more active.

**Please note: If your health changes, consult your doctor to see if you should change your physical activity plan.**

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

(PARENT or GUARDIAN must sign for participants under the age of 18)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the first 7 questions.**



## DEPARTMENT OF COMMUNITY SERVICES

### POLICIES AND PROCEDURES

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**SECTION:** Recreation Services

**USER:** Manager, Community Programs

**IMPLEMENTED:** November 12, 2007

**REVIEWED:**

**SUBJECT:** Medical screening for fitness programs (PAR-Q)

**NUMBER:** COMS-055-07

**APPROVAL:** Approved by Town Council

**REVISED:**

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#### **PURPOSE & SCOPE:**

To screen and identify participants with medical conditions which may put the individual at increased risk of injury, if they become more physically active, by participating in fitness programs offered by the Town of Milton.

To reduce the risk and liability associated with the delivery of fitness programs and services by The Town of Milton.

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Individuals registering for any fitness/active living program(s) or individuals who wish to purchase or renew a membership pass at any Town facility must first complete a **Physical Activity Readiness Questionnaire (PAR-Q)** form. For convenience, the PAR-Q form is copied on the reverse side of the adult/senior registration form and the Milton Leisure Centre membership pass application.

Staff will review the completed questionnaire with the individual and enter the answers to all the questions into the Class registration program. This will allow program supervisors to access the information on class lists and provide a medical history for instructors.

If the participant indicates that she is pregnant, she will be given a **PARmed-X for Pregnancy** form to be completed by her doctor and returned to the Supervisor, Fitness. Failure to provide either a doctor's note or the completed form will result in withdrawal from the program.

The Milton Therapeutic Pool Program (formerly the Arthritic Pool Program) requires a doctor's note or **PAR Med -X** form prior to participating in the program. Failure to provide either a doctor's note or completed **PAR Med -X** form will result in withdrawal from the

program.

In addition to the eight medical questions the participant must check and initial one of the following statements:

- Yes, my doctor is aware of my exercise program.
- No, my doctor is not aware and I will speak with him/her before starting an exercise program.
- No, I am aware that I should consult my doctor before beginning any exercise program but have chosen not to do so.

By selecting and initialing one of the above statements the individual is accepting responsibility for their own health status prior to participating in a fitness program. Anyone who selects either of the "No" statements will be offered printed information regarding the risks of beginning or changing their exercise program.

The Town of Milton will not cover the cost to have medical forms completed by a Physician.

The Supervisor, Fitness cannot, under any circumstances, give permission for participants with heart conditions or serious medical conditions to participate in a fitness or active living program.

Approved: \_\_\_\_\_