

CLINICAL EVALUATION OF THE DEGREE OF TOLERANCE TO PHYSICAL EFFORT (STEP TEST)

It 'a test which serves to highlight the cardiovascular response to physical exertion and possible flaws.

HOW IT WORKS:

First of all the patient runs the electrocardiograms at rest so that we are able to stress any pathology that would prevent the subsequent tests.

Then the patient should make an effort, according to the current laws that provides for the execution of an exercise step (on a measure pre-step) for the duration of 3 minutes

After the exercise the patient undergo to an ECG test that should be registered by one minute after.

As a result within two minutes later is recorded IRI, testing for no longer than 30 seconds.

POSSIBLE RISKS:

This test may have contraindications even when performed with diligence and prudence.

During the test the athlete should promptly notify the onset of chest pain, dizziness, weakness, malaise, because this signs may be indicative of a state of danger.

However there are available suitable equipment and staff well trained to deal with such situations.

CONTRINDICATIONS:

exercise testing is contraindicated for ahtlete with vascular problems.

During the test, it is realize an increase of hemodynamic overload on the heart and cardiovascular system, as a result of an increase in cardiac output, blood pressure and increased body temperature

**INFORMED CONSENT SHEET FOR THE TEST OF EFFORT
(STEP TEST)**

The undersigned _____

In the name and on behalf of _____

as _____

I agree to undergo

I agree that the minor _____ undergoes

The following test:

**CLINICAL EVALUATION
OF THE DEGREE OF TOLERANCE TO PHYSICAL EFFORT**

(Examination required by the DM of 18.02.1982 for the issuance of the certificate of fitness to competitive sports practice)

Moreover

- ✓ I agree to any therapeutic measures that may be necessary and appropriate during and after the implementation of the procedure;
- ✓ I agree to the filling out any questionnaires about lifestyle habits purposes epidemiological/statistical;
- ✓ I declare that I have been fully informed about the type of instruments, method and risks connected to the performance of the test.

Tricesimo, _____

Legible signature of the athlete/parents/parental authority

Signature of the Doctor
