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FIREFIGHTER PHYSICAL ABILITIES TRAINING GUIDE

2021



Training Plan for the Firefighter Physical Abilities Test

This plan has been developed in partnership with Surrey Recreation Services to assist you in strengthening muscle groups needed to safely complete the Surrey Fire Service (SFS) firefighter candidate fitness test. This is not a training plan for overall good health, please consult Canada's Physical Activity Guide, your family physician, or consider working with a certified personal trainer on your health and fitness goals. Before utilizing this training guide, refer to the PAR-Q+ Physical Activity Readiness Questionnaire on page 19. This questionnaire will tell you if it is necessary for you to seek further advice from your doctor before becoming more physically active.

There are nine job-related physical ability test components that are individually timed. During the test you will be required to wear a 22.7kg (50lb) weight vest to simulate the weight of a firefighter's personal protective equipment and there will not be time for rest or water breaks. Your endurance and overall conditioning will be drawn upon; it is recommended that you build your strength and aerobic fitness prior to taking the physical abilities test. Consider incorporating stretching and core strengthening exercises into your workouts, to protect against injury.

Cardio Fitness Overview:

To improve your cardiovascular fitness in relation to the Firefighter's Physical Abilities Test, performing cardio exercises in a High Intensity Interval Training (HIIT) style will be very beneficial. This style of exercise consists of performing cardio at a high intensity for a short duration (30-60 seconds) followed by a rest interval at a lower intensity (60-120 seconds). These cardio workouts should generally be performed for a total duration of 15-30 minutes depending on the level of intensity of the workout, and fitness level of the individual.

The following are two examples of HIIT style workouts to get started:

(1) HIIT Treadmill Workout:

Start by warming up for 3-5 minutes by jumping rope, riding a stationary bike or jogging in place until you feel ready to begin the workout.

After warming up for a few minutes set treadmill to an incline of 5.0 and a walking speed of 3.0-4.0 mph, this will be the setting for the **rest interval** of the workout.

For the **high intensity interval** of the workout, increase the treadmill speed to 7.0 mph or higher depending on fitness level and maintain pace for 30-60 seconds, once the interval has finished lower the speed back down to the walking speed and complete the rest interval for 60-120 seconds. *Use handrails if necessary or if feeling fatigued.*

Repeat.

This workout should be challenging so adjust the speed accordingly for the high and low intensity intervals.

(2) HIIT Rower Workout:

Start by warming up for 3-5 minutes by jumping rope, riding a stationary bike or jogging in place until you feel ready to begin the workout.

After warming up for a few minutes get set up on a rower and adjust the resistance level to your preference.

Keeping a consistent rowing cadence, perform a high intensity row for 45-60 seconds followed by a low intensity row of 90-120 seconds.

This workout should be challenging so adjust the resistance and/or rowing cadence accordingly for the high and low intensity intervals.

General Fitness Overview:

Generally, when completing these exercises, repetitions should fall in the range of **12-15 repetitions per set**. Another way to guide completion of repetitions is by time; and a good rule of thumb is **45 seconds to complete a set**.

Performing these exercises in a circuit-type fashion will help to improve overall fitness. Following a circuit in which exercises are completed by alternating between lower body and upper body, with short rest intervals between exercises, will be highly beneficial. A cycle of **45-60 seconds** to complete the exercise followed by **15-30 seconds** of rest while transitioning to the next exercise would be a good pace to follow when completing a circuit of exercises.

A workout consisting of 8-10 exercises as a complete circuit, completed as a set of up to three times of each exercise would be an excellent workout. To make overall fitness improvements; increasing the resistance for specific exercises over time in combination with decreased rest intervals between exercises will result in improvements to overall fitness level.

The remaining pages of the training plan consist of a series of basic strength exercises to better prepare you for completing certain components/stations of the job-related physical ability test. You will notice that there are no exercises for Station #1: Confined Space, as this station assesses your comfort level working within a restricted workspace with low visibility, and strength exercises will not help to prepare you for this station.

Exercises for eight of the physical ability test components are found on the following pages:

- Station 2: The Aerial Climb p.4
- Station 3: Sled Drag p.6
- Station 4: Ladder Extension..... p.8
- Station 5: Tower Climb..... p.10
- Station 6: Hose Roll Raise p.12
- Station 7: Hydrant Kit Carry..... p.14
- Station 8: Hose Advance..... p.15
- Station 9: Storz Roll Carry..... p.17

Station #2: Aerial Climb

Primary muscle groups: arms, shoulders, thighs, glutes and core

Exercise #1: BEAR CRAWL

Start position: Start on all fours on your hands and toes. Lift your knees so that they are at a 90-degree angle keeping your back flat, legs hip-width apart and arms straight shoulder-width apart.

Movement phase: lead with hand and opposite foot crawling forward until reaching a landmark, come to a stop, and proceed by crawling in reverse back to the starting point (use a spotter for reverse movement if possible). Repeat 12-15 times.

Focus: Keeping knees close to the ground while moving arms and legs in a straight line. Maintain a neutral spine position (flat back), do not drop your hips, and try to keep your eyes looking down at the floor.





Don't:


- Slump your back
- Lift your hips or drop your hips (maintain a flat back)

Exercise #2: MOUNTAIN CLIMBER

Start position: Start in a plank position with your hands and toes on the floor. Shoulders should be directly over top of your hands, arms are straight, and hands are shoulder-width apart.

Movement phase: Keeping one foot to the floor, bend the opposite leg at the knee and bring that knee toward your elbow on the same side (touch knee to chest if possible). Hold for a brief moment, then bring that leg back to start position and perform the same movement with the opposite leg. Repeat 12-15 times.

Focus: Maintain a neutral spine (flat back). Keep your eyes to the floor, keep your hips from lowering towards the floor as fatigue sets in.



Don't:

- drop you hips
- lean to one side

Exercise #3: TRX MOUNTAIN CLIMBER

Start position: Hands to the floor and feet held 12 inches or 1 foot from the floor with TRX loops positioned around the ankles.

Movement phase: Keeping one foot to the floor, bend the opposite leg at the knee and bring that knee toward your elbow on the same side (touch knee to chest if possible). Hold for a brief moment, then bring that leg back to start position and perform the same movement with the opposite leg. Repeat 12-15 times.

Focus: Maintain a neutral spine (flat back), keep your eyes to the floor, keep your hips from lowering towards the floor as fatigue sets in. Slow repetitions as more balance is required.



Station #3: Sled Drag

Primary muscle groups: thighs, glutes, core and upper back

Exercise #1: SANDBAG PULL



Start position: Start in an athletic stance with your shoulders, knees, and ankles aligned, feet shoulder-width apart, knees bent 90-degrees, back straight and arms extended.

Movement phase: Step backwards taking short strides, maintaining the athletic stance, staying low to the ground moving towards a landmark. Maintain your momentum as you turn and head back to the starting point. Repeat 12-15 times.

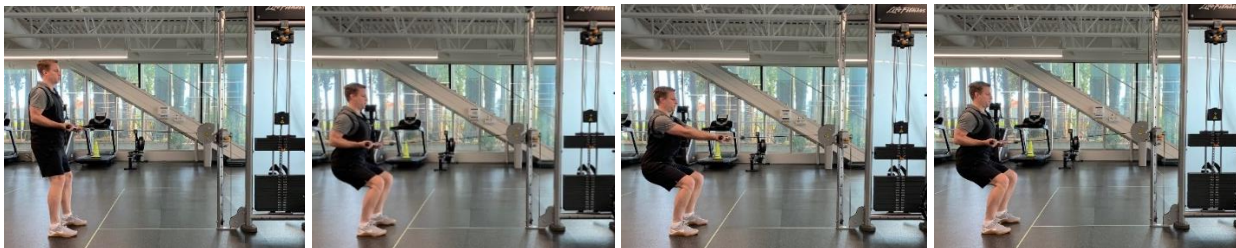
Focus: Not standing up too tall, maintaining the upper body posture without bending forward excessively, focus on your breathing as fatigue sets in. Maintain a low centre of gravity.

Exercise #2: CABLE SQUAT & ROW

Start position: Take cable handle in both hands and hold it close to the torso using an under-hand grip. Take 2-3 steps back from the weight stack with knees slightly bent in an athletic stance (i.e. feet shoulder-width apart, back straight and your shoulders, knees, and ankles aligned).

Movement phase: Keeping your hands close to the body: squat down until knees bend to 90-degrees. In a slow and controlled movement: extend arms out and then pull back into the torso and extend the legs back up into the starting position. That is one repetition. Repeat 12-15 times.

Focus: Maintain a squat position with knees bent at a 90-degree angle, keeping your back straight and core engaged. Controlled slow movements.





Don't:

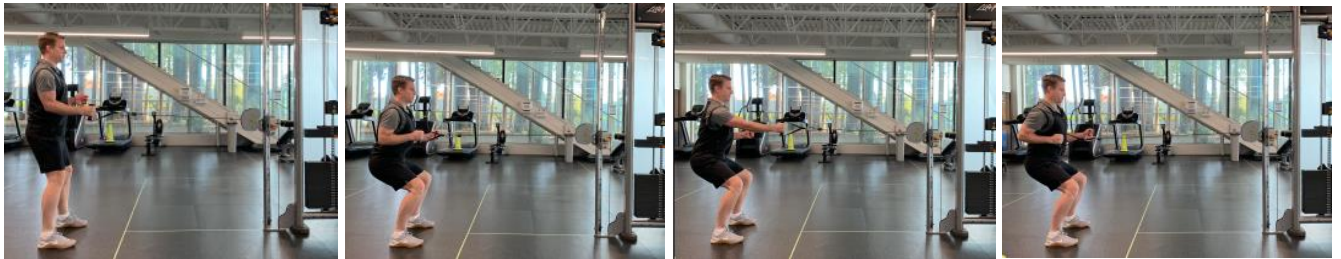
- Round your back or shoulders
- Lean forward too far

Exercise #3: CABLE SQUAT & ROW – SINGLE ARM

Start position: Take cable handle in one hand and hold it close to the torso using an under-hand grip. Take 2-3 steps back from the weight stack with knees slightly bent in an athletic stance (i.e. feet shoulder-width apart, back straight and your shoulders, knees, and ankles aligned).

Movement phase: Keeping your hands close to the body: squat down until knees bend to 90-degrees. In a slow and controlled movement: extend arm out and then pull back into the torso and extend the legs back up into the starting position. That is one repetition. Repeat 12-15 times. Repeat using the other arm/hand.

Focus: Maintain a squat position with knees bent at a 90-degree angle, keeping your back straight and core engaged. Controlled slow movements.



Don't:

- Round your back or shoulders
- Lean forward too far
- Lean to the side

Station #4 Ladder Extension

Primary muscle groups: upper back, arms, shoulders, and core

Exercise #1: ALTERNATING SINGLE-ARM PULLDOWNS

Start position: Arms contracted holding onto the pulley handles with an underhand grip in front of the shoulders. Legs snug underneath the adjustable pad and feet firmly on the floor.

Movement phase: Extend one arm upwards to full extension, keeping the opposite hand in the start position. Pull extended arm down into start position and extend the opposing arm up to full extension, and back down to start position. That is one repetition. Repeat 12-15 times.

Focus: Performing one arm at a time in a controlled movement. Maintaining posture throughout each movement. Squeezing shoulder blades together.



Don't:

- Avoid pinching or shrugging your neck
- Leaning back
- Round your back or shoulders

Exercise #2: STANDING SINGLE-ARM CABLE ROW

Start position: Set the cable at stomach level, then take the pulley handle in one hand. Hold handle close to torso and take two to three steps back from weight stack. Position legs in split-stance with knees bent, trailing leg the same side as hand holding the pulley, opposite arm out for balance.

Movement phase: Extend arm forward as far as reach allows and pull back to start position complete 12-15 repetitions. Switch to opposite hand while switching stance to opposite side to complete the set.

Focus: Bracing core muscles during each pull, concentrate on muscles in upper back contracting. Not rotating your body.



Exercise #3: BENT OVER ALTERNATING DUMBBELL ROW

Start position: Stand with feet shoulder-width apart, knees slightly bent, torso bent forward (about 45-degrees) but still maintaining a neutral spin position (i.e. back straight). Hold dumbbells using an overhand grip against each side of the torso.

Movement phase: Extend one arm fully towards the floor then pull back towards the start position, then complete the same movement with the opposite arm. That is one repetition. Repeat 12-15 times.

Focus: Keeping arm tightly against torso as opposing arm completes the movement. Concentrate on breathing when fatigue sets in.



Don't:

- Round your back or shoulders
- Bend over too far
- Do not squat, legs/hips stay still throughout exercise
- Lift beyond your shoulders

Station #5 Tower Climb

Primary muscle groups: thighs, calves, glutes and core

Exercise #1: WALKING LUNGE with DUMBBELLS

Start position: Stand tall with your feet shoulder-width apart and knees slightly bent, keep your chest up, and core and glutes engaged.

Movement phase: Take a step forward, lowering until both your knees are bent at a 90-degree angle and your front thigh is parallel to the floor. Push off with your back foot, bring it forwards and step straight into another lunge. This is one repetition. Repeat 12-15 times.

Focus: Controlling the movement all the way through the descent and ascent. Keeping your torso upright and core engaged.

Variation: try Reverse Walking Lunge with Dumbbells = same movement but moving backwards.



Don't:

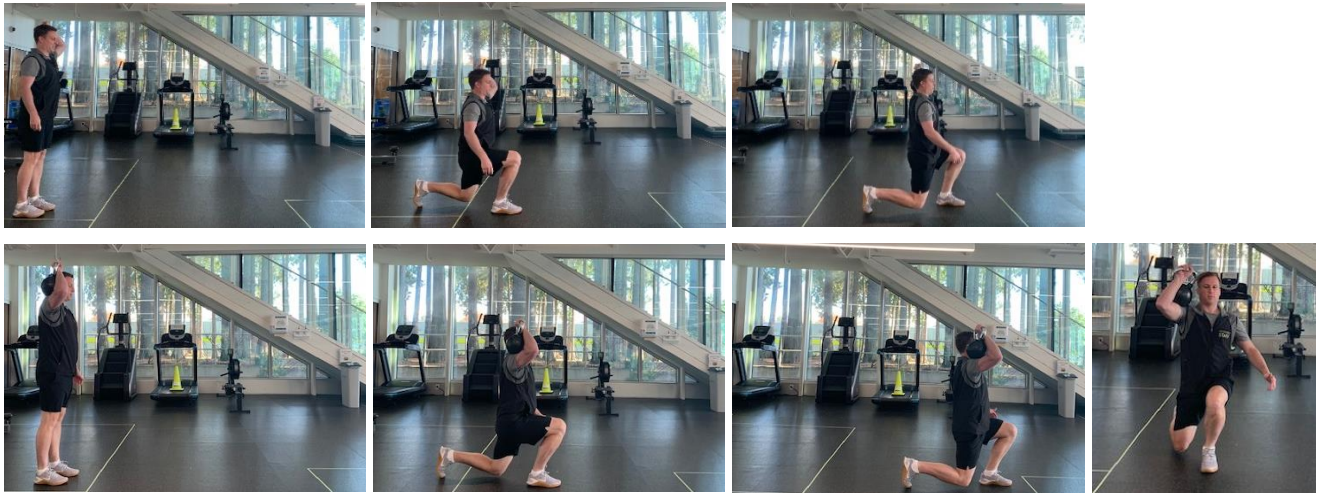
- Round your back or shoulders
- Lean to the side (keep your hips square)
- Extend knee past your toes of forward leg


Exercise #2: KETTLEBELL LUNGE

Start position: Stand tall with your feet shoulder-width apart and knees slightly bent, rest kettlebell on shoulder, holding by the handle.

Movement phase: Take step forward and allow knee on trailing leg to come down as close to floor as is comfortable, use legs to propel body back up and forward into start position, now lead with alternate leg and repeat, one repetition is complete. Continue repetitions forward until half-way through set then step backward following the same movement. Repeat 12-15 times.
****On next set place kettlebell on opposite shoulder.*

Focus: Controlling the movement all the way through the descent and ascent. Avoiding leaning to the side bearing the weight of the kettlebell.





Don't:

- Round your back or shoulders
- Lean to the side (keep your hips square)
- Extend knee past your toes of forward leg

Exercise #3: WEIGHTED BENCH STEP UP

Start position: Hold dumbbells in your hands on your facing the exercise bench with knees slightly bent.

Movement phase: Step up with the right foot, pressing through the heel to straighten your right leg. Bring the left foot to meet your right foot on top of the bench. Bend your right knee and step down with the left foot. Bring the right foot down to meet the left foot on the ground. This is one complete repetition. Alternate which foot is leading stepping up and stepping down throughout the set. Repeat 12-15 times.

Focus: Controlling ascent and descent by limiting use of momentum. Avoid leaning from side-to-side as much as possible.



Station #6 Hose Roll Raise

Primary muscle groups: arms, shoulders, upper back, and core

Exercise #1: ALTERNATING BICEP CURL with ISOMETRIC HOLD

Note: Isometric = muscle under tension without movement

Start position: Stand tall with your abs drawn in, maintaining a strong posture keeping your back straight, feet shoulder-width apart, and knees slightly bent. Hold a dumbbell in each hand with an underhand grip, bend each arm to 90-degrees, close to your sides.

Movement phase: Keep one hand in start position, lower the other hand down towards hip and curl up to shoulder then back down to start position; now repeat movement with opposite hand while keeping other arm held in place at start position. Once each arm has completed the movement phase, one repetition is complete. Repeat 12-15 times.

Focus: Keeping arm steady at 90-degrees when other arm is completing movement. Maintaining strong posture while performing the exercise.



Exercise #2: SINGLE ARM BENCH ROW

Start position: Place bent knee and straight arm on exercise bench, opposite foot firmly on the floor and arm extended holding dumbbell. Your back should be parallel to the floor.

Movement phase: Keeping body position stable with your core engaged, pull dumbbell towards shoulder as far as comfortable, pause briefly at the peak of the movement, and then lower in a controlled manner back to start position. Complete 12-15 repetitions then switch to the opposite side.

Focus: Pulling with the upper back muscles during the movement and keeping the body very still.





Don't:

- Round your back or shoulders
- Look forwards
- Drop your hip or shoulder to the side

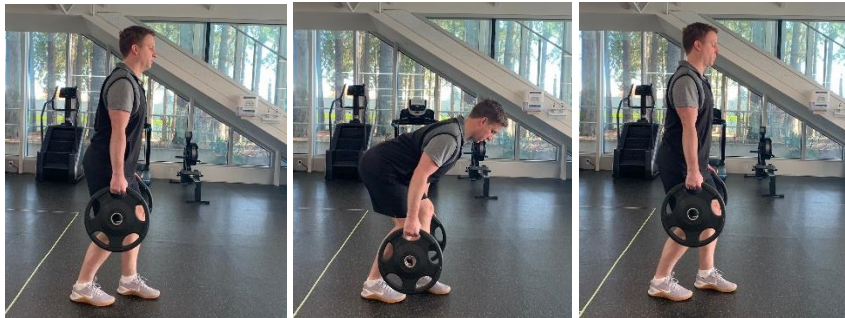
Exercise #3: SPLIT STANCE DUMBBELL DEADLIFT

Start position: Feet in a slightly staggered stance shoulder-width apart, knees bent, arms extended with dumbbells held in each hand at side of hips.

Movement phase: With abs drawn in, lean the torso forward as you lower the dumbbells towards your knees, pause briefly, and return to the start position. Complete 12-15 repetitions. Switch the stance to lead with the opposite foot on alternating sets.

Focus: maintaining a neutral spine and focus on breathing when beginning to fatigue

Variation: Try using weight plates.



Don't:

- Round your back or shoulders
- Go too low with the weights

Station #7 Hydrant Kit Carry

Primary focus: balance

Exercise #1: BOSU BALL WALK WITH A DUMBBELL

Start position: Stand on Bosu ball in an athletic stance with knees bent while holding a dumbbell (up to 30 lbs) in one hand at side of hip.

Movement phase: Step from one Bosu ball to another while maintaining control and balance. Turn around on Bosu ball and step back to original ball. If possible, make a straight line of multiple Bosu balls to walk along consecutively.

Focus: Taking smooth and controlled steps one at a time.

Variation: Try using a kettlebell.



Station #8 Hose Advance

Primary muscles: thighs, glutes and core

Exercise #1: WALKING LUNGE

Start position: Start in an athletic stance with your shoulders, knees, and ankles aligned, feet shoulder-width apart and elbows bent at 90-degrees.

Movement phase: Take step forward and allow knee on trailing leg to come down as close to floor as is comfortable, use legs to propel body back up and forward into start position. Lead with alternate leg keeping your heel down and repeat 12-15 times.

Focus: controlling the movement all the way through the descent and ascent

Variation: Try holding a dumbbell in each hand.



Exercise #2: SANDBAG DRAG

Start position: Stand in athletic stance with knees bent and torso leaning slightly forward, holding sandbag straps just below your hips.

Movement phase: Walk forward dragging sandbags behind you while maintaining a low centre of gravity to a marker, make the turn and walk back to the starting point. This completes one repetition. Repeat 12-15 times.

Focus: Maintaining a low centre of gravity. Keeping arms straight and at sides as you complete the exercise.



Exercise #3: CABLE ROPE WALKOUT


Start position: Stand with feet shoulder-width apart, keeping your back straight and maintaining a low centre of gravity. Lean forward slightly and hold rope-cable attachment over one shoulder. Take one step away from weight stack.

Movement phase: Bend knees, lean forward holding tightly to the rope attachment and in a controlled movement walk away from the weight stack as far as possible, pause briefly, then proceed to walk backwards back to the starting point. This is one repetition. Repeat 12-15 times.

Focus: Avoid leaning from side to side as fatigue sets in, keep your hips square. Maintain control when walking backwards to start point.

Variation: Try performing a lunge with each step.





Don't:

- Turn your body to one side
- Lean your body to one side
- Hinge at the hips

Station #9 Storz Roll Carry

Exercise #1: PALLOF PRESS


Start position: Stand facing forwards beside the cable weight stack with feet shoulder-width apart, hands holding the cable attachment against the chest.

Movement phase: Brace the body and press the cable attachment away from the chest extending arms completely and hold for two seconds then pull arms back in so that the attachment is back against the chest. This is one repetition. Repeat 12-15 times. Face the other direction and repeat.

Focus: Controlling the movement of the arms away and towards the body in a smooth motion.

Variation: Try the same exercise while in a split-stance.





Don't:

- Drop your arms
- Round your back or shoulders
- Pinch or shrug your neck

Exercise #2: FARMER'S WALK

Start position: Stand tall holding weights at your sides with your abs drawn in. Keep your back straight and knees slightly bent.

Movement phase: Walk towards a marker keeping the body well under control, turn around and come back to the start point. Work towards doing as many steps as you can before coming to stop.

Focus: Maintain your posture (i.e. abs drawn in and straight back) as fatigue sets in.



Exercise #3: WEIGHTED WALK

Start position: Start in an athletic stance with your shoulders, knees, and ankles aligned, feet shoulder-width apart, knees bent holding a weight plate with both hands tightly against the chest.

Movement phase: Walk towards a marker, turn, and walk back towards the starting point. *This is a very close simulation to the test if holding enough weight – work up to it slowly.*

Focus: Take long controlled strides keeping the body in control (no twisting of the back or leaning to the sides).



2020 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity 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.

GENERAL HEALTH QUESTIONS

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 <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<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)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<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. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (<https://apps.who.int/iris/handle/10665/44399>).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

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.

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 the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

2020 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c 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) YES NO
- 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)? YES NO
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES NO

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b 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/or neck? YES NO
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES NO

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d 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) YES NO
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES NO
- 3c. Do you have chronic heart failure? YES NO
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES NO

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b If **NO** go to question 5

- 4a. 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) YES NO
- 4b. 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) YES NO

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e If **NO** go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES NO
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES NO
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES NO
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES NO
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES NO

2020 PAR-Q+

6. 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

If the above condition(s) is/are present, answer questions 6a-6b 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) YES NO

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES NO

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d 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) YES NO

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES NO

7c. 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? YES NO

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c 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) YES NO

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES NO

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES NO

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c If **NO** go to question 10

9a. 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) YES NO

9b. Do you have any impairment in walking or mobility? YES NO

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES NO

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c If **NO** read the Page 4 recommendations

10a. 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? YES NO

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO





10c. Do you currently live with two or more medical conditions? YES NO

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

2020 PAR-Q+




 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional 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 to 60 minutes 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 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

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

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at **www.eparmedx.com** and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at **www.eparmedx.com** before becoming more physically active.
-  Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- 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.

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 the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact
www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

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Key References

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