

## **KIN 6056: Clinical Exercise Prescription Case Study: JGaffigan**

Mr. Jay Gaffigan is referred to you by his physician, Dr. Spock, of Conservative Cardiologists.

Mr. Gaffigan wants to start taking less blood pressure medication. He has been taking Coreg 6.25 mg, b.i.d. for about 3 years. He would like to lose weight and he is noticing that he is much weaker lifting things like furniture, luggage, etc.

He has a referral and test results from Dr. Spock who has cleared Mr. Gaffigan for exercise with limitations to frequency and time.

Mr. Gaffigan is a non-smoker, non-drinker. He is married and a father of two children. He is not exercising but walks about .25 miles to and from his office each day and takes the stairs. Mr. Gaffigan is the very funny, finance director for TV Land.

Mr. Gaffigan is a do-it-yourselfer and likes to maintain his home, which include landscaping. Please provide Mr. Gaffigan with an assessment of his results and walk him through your exercise prescription.

Mr. Gaffigan is not very happy with the results of his testing and not very happy with Dr. Spock. He may, or may not, follow up with Dr. Spock in 3 months as scheduled.

Please provide a full Preparticipation assessment, and fitness assessment for Mr. Gaffigan.

---

Records:

ACSM/AHA Preparticipation Questionnaire

ParQ+

Informed Consent

Muscular Fitness testing: Enterprise Muscle Testing

C.V. GXT

DEXA

Laboratory: AHI Fitness

Patient: GAFFIGAN, James

Intake transcribed by: SKW

**Kinesiologist** Thank you for coming today Mr. Gaffigan. I have your records and all the forms you filled out and have developed a preliminary exercise prescription which we will implement today. I would like to talk to you for a little while before we exercise as sometimes, we get more information from a conversation. It's very important that you and our staff keep an open line of communication.

**Mr. Gaffigan** Well, Dr. Spock sent me here after I complained about the amount of medication I am taking. I want to see what changes I can make to be able to take less blood pressure medication. I also need to start exercising, I feel weak. I can notice how weak I have become when I'm working around my house or lifting luggage, these types of things.

**Kinesiologist** We will measure your blood pressure after you arrive. You'll sit quietly for 5-minutes and then we take your BP sitting and in both arms. We also take it several times while you exercise. We will take a final blood pressure after you cool down. You will get the routine down. Since you haven't been exercising, I'm optimistic that we will improve your blood pressure as you become more fit. All your blood pressure measures are recorded and reported to you and Dr. Spock. We will also ask you if you have taken your medication each session when we take your baseline blood pressure.

I would like to know more about the activities you do when you notice your loss of strength. We prescribed resistance training to increase your endurance in lifting and also to increase the amount you can lift safely. But if we know what you do, we can make sure to prescribe exercise to make those activities more efficient. Some times home improvement projects or lifting can raise your blood pressure and we want to show you how to limit that effect. Maybe you can tell me more about your life at home and at work?

**Mr. Gaffigan** I'm married, two kids. I'm the finance director for TV Land. I don't drink. I don't smoke. I don't really lift weights, but I do walk to work about .25 miles each way from my car to the office and I take the stairs. I feel weaker than I used to, which I really notice when lifting things like furniture or luggage. This is also true when I work around the house and do our landscaping. I used to be able to dig and get up and down and push my wheelbarrow without getting tired at all. Now projects that I used to complete in a weekend take 2 weekends. I also notice it bothers my back more than before. I think if I could lose some weight, I would feel stronger it would help a lot and maybe that would also get me off the meds.

**Kinesiologist** I'm confident that we can gain back your strength. I hope we can make significant improvements in your body composition which I agree would help your stamina and typically has a positive impact on blood pressure. The amount of exercise and dietary changes necessary for significant and lasting weight loss take a substantial commitment. Are you ready to make that commitment? Dr. Spock sent your records and prescribed some limits to your initial exercise which are below what I would like to prescribe to meet these goals. But we can certainly start as Dr. Spock prescribed, and we will send over our prescription and see if he will approve it. Would that be Ok with you?

**Mr. Gaffigan** That doesn't surprise me. If you want me to call Dr. Spock I will. He is great at my office visits but then his follow-up just isn't there. I have been at the same dosage of my blood pressure medication for a very long time. When I come in, he just talks to me about what I can do to lower my blood pressure but he never lowers the amount. He doesn't ever seem happy with my blood pressure. I told him I was unhappy and that's when he ordered all these fitness tests and referred me to you. I just can't believe those results and Dr. Spock wants me to come back to see him in three months. I need something to change, and that may have to be Dr. Spock.

**Kinesiologist** I am going to ask that you work with us for the three months and keep the follow-up visit with Dr. Spock. We will be providing information about your blood pressure, body weight, muscular endurance and strength to you and Dr. Spock over the next three months and that information may cause you and Dr. Spock to try different therapies or maybe the addition of exercise and other lifestyle changes might lower your blood pressure to acceptable levels. We won't be happy if your blood pressure doesn't change. So, we will continue to modify your program with your help until your blood pressure improves. If you can commit to working the program intensively for three months we will work as hard as you do and we won't accept the status quo.

Let's move over to the exercise lab and start our first day. We can continue talking as we exercise today.



# EXERCISE PRESCRIPTION REFERRAL FORM

Patient's name: Jay Gaffigan      DOB: 7/7/1977      Date: 6/1/2025  
 Referring Physician (or other): Dr. Spock      Signature: Leonard Nemy Spock, M.D.

REFERRAL TO: KIN 6056  
 Specific provider: You (student)  
 Phone: (111) 867-5309  
 Address: 3900 Lomaland Dr, San Diego, CA 92106  
 Web address: www.andyweilerhasclass.com/kin6056casestudies.com

Follow-up appointment date: 10/1/2025  
 Notes: Start slow and conservatively. Watch blood pressure. Coreg, 6.25mg b.i.d.

|                            |                   |                   |
|----------------------------|-------------------|-------------------|
| Type of physical activity: | Aerobic           | Muscular fitness  |
| Frequency                  | <i>3xs/week</i>   | <i>1x/week</i>    |
| Time                       | <i>20 minutes</i> | <i>20 minutes</i> |
| Weekly (minutes/sessions)  |                   |                   |

### Physical Activity Guidelines

*Adults aged 18-64 with no chronic conditions: minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) **and** muscle-strengthening activities on two or more days a week.*

AHA/ACSM HEALTH/FITNESS FACILITY PREPARTICIPATION SCREENING  
QUESTIONNAIRE

Assess YOUR health status by marking all true statements

---

Name: Jay Gaffigan

Date of birth: July 7<sup>th</sup>, 1977 Age: \_\_\_\_\_

Pulse: 84 bpm, R

Blood pressure 160/84mmHg

**History**

- Heart Attack
- Heart Surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Heart valve disease
- Heart failure
- Heart transplant
- Congenital heart disease

**Symptoms**

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, blackouts
- You take heart medications

**Other health issues**

- You have diabetes
- You have asthma or lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medication(s)
- You are pregnant

**Cardiovascular Risk Factors**

- You are a man older than 45 years
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
- You smoke, or quit smoking within the previous 6 months
- Your BP is > 140/90 mmHg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is > 200 mg/dl
- You do not know your cholesterol level
- You have close blood relative who had a heart attack or heart surgery before age 55 or 65 (father or brother < age 55) (mother or sister < age 65)
- You are physically inactive: (i.e. you get <30 minutes of physical activity on at least 3 days per week.)
- You are >20 pounds overweight.

You have none of the above

# 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 checked="" type="checkbox"/> ?   | <input checked="" 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 checked="" type="checkbox"/> |
| 3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?<br>Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).   | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> |
| 5) Are you currently taking prescribed medications for a chronic medical condition?<br>PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: <u>Coreg</u>   | <input checked="" 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.<br>PLEASE LIST CONDITION(S) HERE: <u>Occasional back pain</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7) Has your doctor ever said that you should only do medically supervised physical activity?   | <input checked="" 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 Jay Gaffigan

DATE 6/16/2025




SIGNATURE Jay Gaffigan

WITNESS Kato Kaelin

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](http://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

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 Sa-Se

If **NO**  go to question 6

Sa. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES  NO

Sb. 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

Sc. 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

Sd. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES  NO

---

Se. 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](http://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](http://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 Jay Gaffigan

DATE 3/16/2025

SIGNATURE Jay Gaffigan

WITNESS Kato Kaelin

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

For more information, please contact  
[www.eparmedx.com](http://www.eparmedx.com)  
Email: [eparmedx@gmail.com](mailto:eparmedx@gmail.com)

### Citation for PAR-Q+

Warburton DER, JamnikVK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration.  
The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

### Key References

1. JamnikVK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(51):53-513, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(51):5266-s298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.





# AHI Fitness Laboratory

**Report Status:** FINAL

Jay Gaffigan

**DOB:** 07/07/1977

**Fasting:** Y

**Collected:** 6/02/2025

**Reported:** 6/03/2025

## Glucose Metabolism:

|                |          |             |
|----------------|----------|-------------|
| Glucose:       | 72 mg/dl | 70-99 mg/dl |
| Hemoglobin A1c | 5.4      | ≤5.6        |

## Lipid Panel:

|                 |     |            |
|-----------------|-----|------------|
| Cholesterol:    | 190 | <199 mg/dl |
| Cholesterol/HDL | 2.9 | <4.9       |
| HDL Cholesterol | 66  | >40 mg/dl  |
| LDL Cholesterol | 110 | ≤99 mg/dl  |
| Triglyceride    | 115 | ≤149 mg/dl |

-end of report-

**Graded Exercise Technician Form:**

Patient: Jay Gaffigan Age: 48 Date: 6/2/2025

CV Fitness: Balke: 15:18 RHR: 82 bpm R RBP: 176/82 mmHg

Medications: carvedilol D/C Meds for test: Yes

PMHR: \_\_\_\_\_ 85% PMHR: 145bpm Habitual exercise: None - occupational

Balke Time: 15:18 MHR: 172 bpm R Reason for stopping: A request

|                | <u>HR:</u> | <u>BP:</u>    | <u>RPE:</u> |                | <u>HR:</u> | <u>BP:</u>    | <u>RPE:</u> |
|----------------|------------|---------------|-------------|----------------|------------|---------------|-------------|
| Stage 1: 0%:   | <u>90</u>  | <u>190/82</u> | <u>10</u>   | Stage 2: 1%:   | <u>96</u>  | <u>196/86</u> | <u>11</u>   |
| Stage 3: 2%:   | <u>100</u> | <u>200/86</u> | <u>11</u>   | Stage 4: 3%:   | <u>104</u> | <u>202/84</u> | <u>12</u>   |
| Stage 5: 4%:   | <u>110</u> | <u>210/82</u> | <u>13</u>   | Stage 6: 5%:   | <u>116</u> | <u>210/84</u> | <u>13</u>   |
| Stage 7: 6%:   | <u>120</u> | <u>212/80</u> | <u>13</u>   | Stage 8: 7%:   | <u>128</u> | <u>216/80</u> | <u>14</u>   |
| Stage 9: 8%:   | <u>132</u> | <u>220/80</u> | <u>14</u>   | Stage 10: 9%:  | <u>140</u> | <u>222/80</u> | <u>15</u>   |
| Stage 11: 10%: | <u>146</u> | <u>226/80</u> | <u>15</u>   | Stage 12: 11%: | <u>154</u> | <u>220/80</u> | <u>16</u>   |
| Stage 13: 12%: | <u>160</u> | <u>230/80</u> | <u>17</u>   | Stage 14: 13%: | <u>166</u> | <u>236/82</u> | <u>18</u>   |
| Stage 15: 14%: | <u>171</u> | <u>240/86</u> | <u>19</u>   | Stage 16: 15%: | <u>172</u> | <u>00/00</u>  | <u>00</u>   |

Test terminated at 15:18 due to fatigue and patient request

VO<sub>2</sub>: \_\_\_\_\_ Score: \_\_\_\_\_

---

---

# ENTERPRISE MUSCLE TESTING, LLC

---

Testing for Jay Gaffigan conducted June 16, 2025.

Ordered by Dr. Spock of Conservative Cardiologists.

## Flexibility Testing:

Sit & Reach\* for hip flexion: 11 inches

Knee Flexion/extension\*\* : R: 130/1° L: 134/1°

Hip Flexion/extension\*\* : R: 122/13° L: 121/13°

\* *YMCA Fitness Testing & Assessment Manual, 4<sup>th</sup> ed. Human Kinetics 2000, ACSM's GETP10 Table 4.13*

\*\* *Joint Structure & Function, A comprehensive analysis, Davis Publishing 1992.*

## Anthropometric measurements\*:

|                   |                 |                        |       |
|-------------------|-----------------|------------------------|-------|
| Waist (inches):   | Chest (inches): | Buttocks/Hip (inches): | Thigh |
| 44                | 44"             | 38"                    | 24"   |
| Body Weight (kg): | Height (cm):    | BMI:                   | W:H:  |
| 93                | 178             |                        |       |
| Chest (mm):       | Abdomen (mm):   | Thigh (mm):            | %BF:  |
| 24                | 42              | 26                     | 28.5% |

\*Standardized measurement protocols using Gulick Tape as found in *Anthropometric Standardization Reference Manual*, Human Kinetics publisher 1988.

\* Jackson-Pollack 3-site skinfold : <http://www.unit-conversion.info/othertools/3-site-mens-percent-body-fat/>

## Muscular Endurance\*:

| Upper body       | Reps | Percentile | Qualitative |
|------------------|------|------------|-------------|
| Push up          | 20   |            |             |
| YMCA Bench Press | 12   |            |             |
| Abdominal        |      |            |             |
| Partial curl-up: | 19   |            |             |

\*Push-up Canadian Society for Exercise Physiology as found in GETP11 table 3-13.

\*YMCA Bench Press, *YMCA Fitness Testing & Assessment Manual, 4<sup>th</sup> ed. Human Kinetics 2000* As found in ACSM's GETP 9 table 4.14

\*Partial curl-up, ACSM's GETP9, table 4.13, *A Partial Curl-up Protocol for Adults Based on an Analysis of Two Procedures*, Can J. Sport Sci. 1989:14(3)135-41

**P2: Testing for Jay Gaffigan conducted June 16, 2025.**

**Muscular Strength:**

| Upper Body: Bench Press (1RM)                        | Absolute Strength score (lbs.) | Relative Strength Score: | Percentile | Qualitative |
|--|--------------------------------|--------------------------|------------|-------------|
|  | 140                            |                          |            |             |
| Lower Body: Leg Press (1RM)                          |                                |                          |            |             |
|  | 325                            |                          |            |             |
| Static Handgrip Strength<br>(Best of 2 – both hands) | R: 43 kg                       |                          |            |             |

*\* ACSM's GETP11, box 3.8, Table 3.10 with permission from Grip Strength Reference Values for Canadians Aged 6-79; Canadian Health Measures Survey, 2007-13, Health Rep. 2016:27(10):3-10*

*\*Upper Body: ACSM's GETP11 Box 3.9, table 3.1: Physical Fitness Assessments and Norms for Adults and Law Enforcement. The Cooper Institute Dallas, Texas, 201.*

*\*Lower Body: ACSM's GETP11b0x 3.9, Table3.12: Program design for R.T. in Essentials of Strength Training & Conditioning, Human Kinetics 2000.*

**Muscular Power:**

|  |    |
|--|----|
| Vertical Jump (best of three jumps (cm)) | 28 |
|--|----|

*\* Vertical Jump for Power: GETP 11 Box 3.11, Table 3.14*

-End of report-

# DEXA (dual-energy X-ray absorptiometry) Report

Report Date: 6/2/2025

Report#: 8675309

|                        |                       |  |
|------------------------|-----------------------|--|
| <b>Name:</b>           | <b>Gender:</b>        | <b>Birth Date:</b>                         |
| Jay Gaffigan           | Male                  | 7/7/1977                                   |
| <b>Height(inches):</b> | <b>Weight (lbs.):</b> | <b>Body Mass Index (kg/m<sup>2</sup>):</b> |
| 70                     | 205 lbs               |  |

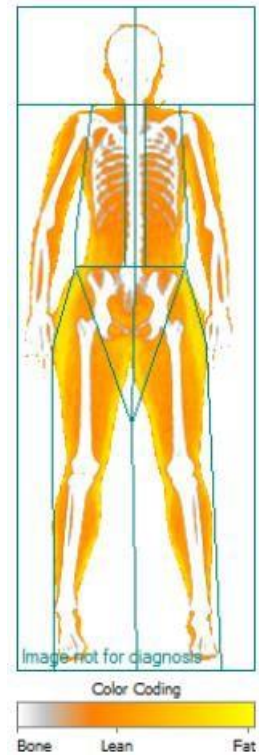
| Body Composition Results |                         |                        |                      |                         |                         |
|--------------------------|-------------------------|------------------------|----------------------|-------------------------|-------------------------|
| Measure Date:            | Total Body Mass (lbs.): | Total Fat Mass (lbs.): | Body Fat Percentage: | Total Lean Mass (lbs.): | Total Bone Mass (lbs.): |
| 6/2/2025                 | 205                     | 71.8                   | 35%                  | 133.25                  | -                       |
|                          |                         |                        |                      |                         |                         |
|                          |                         |                        |                      |                         |                         |
|                          |                         |                        |                      |                         |                         |

**Normative Data:** American Council on Exercise Recommendations

| Description    | Men:     | Women:    |
|----------------|----------|-----------|
| Essential Fat: | 2% - 5%  | 10% - 13% |
| Healthy Range  | 6% - 24% | 14% - 31% |
| Increase Risk  | ≥25%     | ≥32%      |

**Regional Distribution:** Body composition of 5 regions which may overlap. See Appendix A region descriptions, information and references

| Region   | Total Mass (lbs.) | Regional Fat % | Fat Mass (lbs.) | Lean Mass (lbs.) | Bone Mass (lbs.) |
|----------|-------------------|----------------|-----------------|------------------|------------------|
| Arms:    | -                 | -              | -               | -                | -                |
| Legs:    |                   |                |                 |                  |                  |
| Trunk:   |                   |                |                 |                  |                  |
| Android: |                   |                |                 |                  |                  |
| Gynoid   |                   |                |                 |                  |                  |





# Informed Consent for Participating in a Health & Fitness Training Program

NAME: Jay Gaffigan

DATE: 6/02/2025

## 1. PURPOSE & EXPLANATION OF PROCEDURES:

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of dietary counseling, stress management and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I be required to undergo a graded exercise test prior to the start of my personal fitness training program in order to evaluation and assess my present level of fitness.

I will be given exact personal instruction regarding the amount and kind of exercise I should do. A professional trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluation during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instruction with regard to exercise, stress management, and other health and fitness related programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made regard to use of these. I will be given the opportunity for periodic assessment and evaluation and regular intervals after the start of the program.

I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance, and, perhaps measuring my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

## 2. RISKS

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm and in very rare instance heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

## 3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

## 4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information which is obtained in the personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

## 5. INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask questions as to the procedures.

I have read this Informed Consent form, fully understand its terms, and understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement.

Participant's signature Jay Gaffigan

Date: 6/02/2025

Participants Name (printed) Jay Gaffigan

Witnesses Signature: James T. Kirk

Date: 6/2/2025

With permission [www.ExerciseIsMedicine.org](http://www.ExerciseIsMedicine.org):