

KIN 6056

Clinical Exercise Prescription

Weiler

Miley Serious

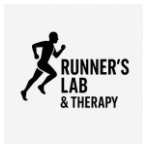
Case Study

Student's Name

Date

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Historical Abstract

Write an abstract of the client and include

- Demographics
- Notable lifestyle factors including habitual physical activity
- Special concerns: physiological
- Special concerns: logistical
- Goals

Risk Assessment

R/O Risk Factors

C.V. Risk Factors (Table 2.2)

- +/- Age
- +/- Family History
- +/- Tobacco
- +/- Sedentary lifestyle
- +/- Obesity
- +/- Blood pressure
- +/- Blood Glucose
- +/- lipids
- Total Risk Factors

Age	-/+ (optional note)
Family History	-/+ (optional note)
Tobacco	-/+ (optional note)
Sedentary Lifestyle	-/+ (optional note)
Obesity	-/+ (optional note)
Blood Pressure	-/+ (optional note)
Glucose Metabolism	-/+ (optional note)
Lipids	-/+ (optional note)
Total RFs	# total RF: #+ RFs #-RFs

Risk Values

- Age
- Family History
- Tobacco
- Sedentary lifestyle
- Obesity
- Blood pressure
- Blood Glucose
- Lipids

Risk Grading

- Low/Moderate/high risk
- Physician clearance/supervision
-

Precautions

Fitness Assessment

Fitness Testing

Address all testing – consider additional testing (consider tabular presentation)

- Testing interpretation for all components of Health-Related Fitness
 - Flexibility
 - Muscular Endurance
 - Muscular Strength
 - Body Composition
 - Cardiovascular Fitness

Fitness Assessment:

- Assessment of Fitness Status for all components of Health-Related Fitness
 - Flexibility
 - Muscular Endurance
 - Muscular Strength
 - Body Composition
 - Cardiovascular Fitness

Summation of Assessment (consider tabular)

Plan:

- Plan
 - Need for additional testing
 - follow-up Abstract
 - Fitness status
 - Goals

Exercise Prescription

ExRx Abstract

ExRx:

	Warm-up	Cool-down
Frequency		
Intensity		
Time		
Type		
Notes:		

	Cardiovascular Fitness	Muscular Strength	Muscular Endurance	Flexibility	Body Composition
Frequency:					
Intensity:					
Time:					
Type:					
Volume:					
Progression:					
Notes:					

- ExRx
 - Warm-up/Cool Down RX and notes
 - F.I.T.T.V for each component of health-related fitness
 - Progression
 - Notes
 - ExRx for special concerns
 - ExRx for client's goals

Exercise Supervision

- Supervision (acute and chronic)
 - Records
 - Tools
 - Progression

ExRx Summary & Plan

- ExRx Summary and Plan

-end-

Appendices

Appendix A: History & Demographics

Ms. Miley Serious has come to you, referred by Dr. Smith, because she wants to start taking her 10K races more serious and maybe work towards ½ marathons to marathons. She runs 6-7 days/week.

Ms. Serious feels very fit, although during testing, there is a notation that she is “unhappy with her weight.” She is very happy with her exercise routine but would like to progress. She buys shoes very often, which she feels helps to avoid shin and knee pain. At times she must take a break from running due to the pain in her lower-extremities. Dr. Smith has prescribed Ibuprofen which Ms. Serious takes prn.

Ms. Serious is a clerk at Best Buy Electronics. She is on her feet most of the workday and she is carrying and stocking about 2 hours/day. Ms. Serious is single. She is a non-smoker who is active socially which includes drinking alcohol.

She is referred by her physician, Dr. Smith of AHI, who has provided test results. Dr. Smith has cleared Ms. Serious for vigorous exercise with no limitations & for subsequent maximal testing. Ms. Smith has had imaging of her right and left, lower-legs, ankle, and feet, which were negative for stress fractures or any other abnormalities.

Dr. Smith would like to review your exercise prescription and would like regular updates 1 month prior to office visits.

Please provide Ms. Serious, and her physician, with an assessment of her; risks associated with exercise, exercise testing and a comprehensive exercise prescription. Be sure to address all of Ms. Serious’ goals and concerns, her test results and prescribe exercise for all components of health-related fitness as a minimum.

The following is a transcript from the initial interview on the first day of training:



Patient: Serious, Miley Intake transcribed by: SKW

INTERIOR Runner's Lab & Therapy – DAY

The room is quiet and organized. A folder with test results rests on the desk. The Kinesiologist enters, clipboard in hand.

KINESIOLOGIST (cheerfully) Hello, Ms. Serious. I'm your kinesiologist. Thank you for coming in today. I have reviewed your records and testing data from Dr. Smith's office at AHI. Please tell me a little bit about yourself.

MILEY SERIOUS (slight laugh) Oh, call me Miley, please. Well, I'm a runner and my doctor recommended I see you so I can do more. I'm ready to go to the next level but I have some troubles with my shins when I increase my running. As soon as shin pain comes on I buy new shoes and that helps some. But as I increase my running the shin pain comes back. Also, I don't feel like I am running races better even with my increased training.

KINESIOLOGIST (nods, scanning folder) I see. Thank you for that. We have your test results from Dr. Smith and the patient information sheet you filled out, but why don't you tell me a bit more about your goals?

MILEY SERIOUS (sits back confidently) As I said, I'm a runner. I complete 10K races, but I want to get more serious about my running. I want to work up to half marathons—hopefully full marathons. I already run six to seven days a week. It just seems that this should be easy for me, but it is not. Dr. Smith said I should come here.

KINESIOLOGIST We work with a lot of Dr. Smith's patients and a lot of runners. I'm glad you have a checkup and testing with Dr. Smith who has cleared you to exercise and perform exercise testing with us. Especially considering your symptoms that could worsen with additional training. Please tell me more about your lower-leg pain. How often do you have it, how bad does it get when you have it and what do you do to make it go away.

MILEY SERIOUS (thoughtfully) Sure. Whenever I try to increase the number of runs I take per week the pain in the front of my shin comes on slowly. The pain increases when I try to improve my running time and when I run on sidewalks vs. tracks, street or grass. Sometimes I have to take a break from running because of the pain. And sometimes the pain bothers me at work. I read that the pain could be because I am wearing out the support from my shoes, so when the pain starts to come on, I buy new shoes and that often reduces the pain for a little while but doesn't make it go away. But here's one thing—I don't know if the pain is from running or my work, because I feel very fit, but I'm standing and lifting all day. And sometimes I have the pain increase at work.

KINESIOLOGIST Well your records show that Dr. Smith ordered imaging which came back negative. So that's a good thing. Nevertheless, we will take care not to aggravate this condition with your training. Let's talk about work. What kind of work do you do?

MILEY SERIOUS I'm a clerk at Best Buy and I am on my feet for the whole shift. I carry and stock merchandise. It's pretty demanding on many days, I feel like I have had a workout. My muscles are tired and my back can get a little tight. Everything loosens up again when I run.

KINESIOLOGIST (mouse hovering above laptop) I think there is much we can do with your exercise therapy to help with the situation at work and to differentiate the pains and soreness you experience with work from the pain that you correlate with increased running volume. Looking through your testing records, you indicated that you're not happy with your current weight. Is this so, and if it is, would you please expand on that?

MILEY SERIOUS I do feel fit. For the most part, I can do the things I want to do—except when the pain comes on. I just wonder if losing weight would improve my leg pain. Plus I don't like the way I look. I think for a runner, I should look much leaner. I'm not very happy with my results from my body composition scan.

KINESIOLOGIST Are you actively trying to lose weight? And if so what are you doing besides running?

MILEY SERIOUS I'm not really doing anything about my diet. I feel that I eat healthfully, so I don't know exactly what else I would do. I really watch my portion sizes and on the days that I work I feel pretty good eating two meals per day. I try not to eat when I'm not hungry and I know that about 3-4 hours after a good run, I will get very hungry. I do snack and I like my snicker bar every now and then Snickers really satisfies. I make sure I eat a high-carbohydrate dinner the night before a race.

KINESIOLOGIST (pivoting the conversation gently) Okay. What about this note on your questionnaire about smoking on the weekends?

MILEY SERIOUS I don't smoke. If I go out with friends, on the weekends, I like to socialize with a drink and a cigarette, but it's pretty infrequent.

KINESIOLOGIST (drily, but friendly) How often do you consume alcohol and how often do you smoke cigarettes? How much would you estimate you drink and smoke per week?

MILEY SERIOUS (smiling) I don't really smoke. I might smoke a half a pack of cigarettes over a weekend. I don't drink at home. If I'm out, I might have 4 to 5 drinks over the course of the night. Did you say you have the results of the testing my doctor ordered?

KINESIOLOGIST (affirmative, flipping to the results) Yes. Your imaging of your lower legs, ankles, was negative for stress fractures or abnormalities, which is great. Dr. Smith's letter said you're good to go for vigorous exercise with no limitations and for subsequent maximal testing. He wants to review the plan we put together which I will send over after this week as we finalize your plan and I'll update him on your progress about one month before your visit with him. Of course you and I will constantly monitor your training and responses to training. I will go over

the results of your testing with you during your exercise session today. I have looked over all the testing for your strength, muscular endurance, flexibility, body composition and cardiovascular fitness and used your test results to prescribe your exercise. So today we will start slow and ease into your prescribed exercises and talk about your test results as we address each through exercise.

(upbeat) Let's get started, shall we?

AHA/ACSM HEALTH/FITNESS FACILITY PREPARTICIPATION SCREENING QUESTIONNAIRE

Assess YOUR health status by marking all true statements.

Name: Miley Serious Date of Birth: April 1st, 1998, Age: 27

Pulse: 76 bpm, R Blood Pressure: R: 124/80 mmHg L: 128/84 mmHg

Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You experience dizziness
- You experience ankle swelling
- You experience unpleasant awareness of forceful, rapid, or irregular heart beats
- You experience burning or cramping sensations in lower legs while walking short distances
- You have been diagnosed with a heart murmur

CURRENT ACTIVITY

Have you performed exercise, which is planned, structured physical activity for at least 3 minutes at moderate intensities on at least 3 days per week for at least the last 3-months?

YES NO

History (mark any condition you have, or had:

- Heart Attack
- Heart Surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA) without/with stent placement
- Pacemaker/implantable cardiac defibrillator
- Heart arrhythmia
- Heart valve disease
- Heart failure
- Heart transplant
- Congenital heart disease
- Diabetes
- Kidney (renal) disease
- Liver (hepatic) disease

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 women 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. *Smoke infrequently - weekends*
- 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. After carefully reviewing this form.

SIGNATURE: Miley Serious **Date:** 7/12/2025

NAME (PRINTED): Miley Serious

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 checked="" type="checkbox"/> OR high blood pressure <input checked="" type="checkbox"/> ?	<input type="checkbox"/>	<input checked="" 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? 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? PLEASE LIST CONDITION(S) AND MEDICATION(S) HERE: _____	<input type="checkbox"/>	<input checked="" 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: <u>Shin Splints with running</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input checked="" 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://www.who.int/publications/item/9789240015128>).
 - 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 Miley Serious DATE 7/14/2025

SIGNATURE _____ WITNESS Michelle O'Bama

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 are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-16 at www.eparmeds.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 health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

Appendix B: Testing



AHI Fitness Laboratory

Laboratory

Report Status: FINAL

Miley Serious

DOB: 04/01/1998

Fasting: Y

Collected: 6/26/2025

Reported: 7/6/2025

Glucose Metabolism:

Glucose: 76 mg/dl 70-99 mg/dl

Hemoglobin A1c 5.0 \leq 5.6

Lipid Panel:

Cholesterol: 166 <199 mg/dl

Cholesterol/HDL 3.1 <4.9

HDL Cholesterol 92 >40 mg/dl

LDL Cholesterol 74 \leq 99 mg/dl

Triglyceride 89 \leq 149 mg/dl



AHI Fitness Laboratory

AHI Fitness Referral Packet: Summary

Dr: Kent Smith

Patient: Miley Serious

DOB: 4/1/1998

Medications:

Medication	Dose	Frequency	Reason:
Ibuprofen	500 mg	prn	Leg pain
Vitamin D3	600 IU	qd	

FITNESS TESTING:

Body Composition/Anthropometry:

DEXA Scan Ordered: Yes__ No__

Height: 66" Weight: 125lbs Are you happy with your weight? No

BMI: 20.2 M/kg² Waist/hip: 0.82

Chest: **Abdomen:** **Waist:** **Buttocks/hip:** **Waist/Hip:**
30" 26" 24" 34"

DEXA:

Total Body Mass:	125 lbs.	100%	<u>Percentile:</u>	<u>Qualitative:</u>
Lean Body Mass:	87.1 lbs.	80%		
Fat Mass:	29.1lbs.	23%		

Muscular Endurance:

Crunches: 33 Notes: _____

Push ups: 12 Notes: From knees, stopped: straining, poor form x 2

YMCA BP: 10 Notes: Very good form

Strength:

<u>Strength Test:</u>	<u>Absolute Strength:</u>	<u>Relative Strength:</u>	<u>Percentile:</u>	<u>Qualitative:</u>	<u>Notes</u>
Bench Press:	35 lbs.				
Leg Press:	215 lbs.	1.8	90%	Well above ave	
Grip Strength:	23kg				Both hands x2 – high score
Vertical Jump:	26 cm				

Flexibility:

S&R: 30cm Score: _____ Notes: _____

<u>Test</u>	<u>R: Score</u>	<u>L: Score</u>	<u>Interpretation:</u>
<i>Hip Extension</i>	17°		
<i>Hip Flexion</i>	131°		
<i>Knee Flexion</i>	R:126°	L:130°	
<i>Knee Extension</i>	R:1°	L:1°	
<i>Ankle Dorsiflexion</i>	R:11°	L:10°	
<i>Ankle plantarflexion</i>	R:55°	L:55°	
<i>Shoulder Flexion</i>	R:170°	L:166°	
<i>Elbow Flexion</i>	R:150°	L:148°	
<i>Elbow Extension</i>	R:5°	L:4°	
<i>Elbow Pronation</i>	R:87°	L:86°	
<i>Elbow Supination:</i>	R:87°	L:86°	

Cardiovascular Fitness:

GXT ordered: Yes X No ___ ECG Yes ___ No X VO₂: Measured ___ Predicted X

METS_{max}: _____ VO₂ _____

HR_{max} _____ BP_{max} / _____ RPP _____

CV Fitness Assessment _____

Graded Cardiovascular Exercise Test

Name: Miley Serious

DOB/Age: 04/01/1998

Date: 6/26/2025

Pertinent Medications:

Medication	Dosage	Reason
Ibuprofen	400 mg b.i.d. (none today)	Leg pain

Resting Vitals:

RHR: 85 bpm Regular	RBP: L: R: 122/82 mmHg
----------------------------	-------------------------------

Habitual Exercise:

Type:	Frequency	Intensity	Duration
Running	5-6 xs/week	High	45 minutes

Special Considerations:	Occasional leg pain – none now
PMHR:	193 bpm
85% PMHR:	164 bpm

Protocol:	Bruce
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Results:

Total Exercise Time	MHR	METs
8:07	181 bpm R	7.2
Rate Pressure Product	Max Test	Predicted VO₂
30,000	No	25.2 ml/kg/min
Reasons for Stopping:	Patient request, leg fatigue, pain	
Remarks:	Retest after training on grade, or using less grade-intensive protocol	

Graded Cardiovascular Exercise Test

Name: Miley Serious

DOB/Age: 27

Date: 6/26/2025

GXT:

Stage	Speed@Grade	Time	HR	BP	RPE	METs	Remarks
1	1.7mph@10%	3min	106	132/82	8	4.1	Complained about grade
2	2.5mph@12%	3min	162	144/82	16	7	
3	3.4mph@14%	3min	181	166/80	19	10	Leg pain, request to stop
4	4.2mph@16%	3min				13	
5	5mph@18%	3min				16	
6	5.5mph@20%	3min				18	
7	6mph@22%	3min				20	
8	Cool Down	2min	118	136/72	8		Excellent recovery
9	Cool Down	1min	98	126/68	7		

Notes: Patient complained about grade and history of lower-leg “shin-splints” and requested to stop the test shortly after commencing the 3rd stage. Recommend a field test or retesting with different protocol or after training with grades. GXT meets diagnostic criteria with HR>85% RPP 30k but considered submaximal by technician. Appropriate hemodynamic and chronotropic response to exercise with no notable clinical symptoms.

DEXA

DEXA (dual-energy X-ray absorptiometry) Report

Report Date: 6/30/2025

Report#: MSer63025

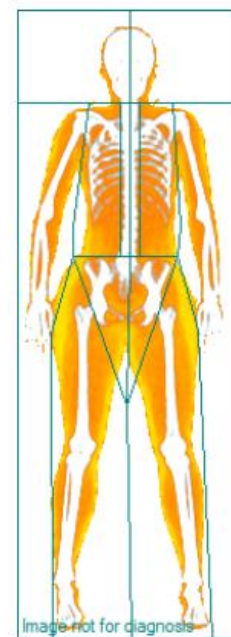
Name:	Gender:	Birth Date:
Miley Serious	Female	04/01/1998
Height(inches):	Weight (lbs.):	Body Mass Index (kg/m²):
66"	125	20.2 kg/M ²

Body Composition Results					
Measure Date:	Total Body Mass (lbs.):	Total Fat Mass (lbs.):	Body Fat Percentage:	Total Lean Mass (lbs.):	Total Bone Mass (lbs.):
6/30/2025	125	29.1	23%	87.1	8.75

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

Normative Data: American Council on Exercise Recommendations

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:	9.5	22%	2.1	6.6	0.8
Legs:	40	18%	7.1	30.8	2.1
Trunk:	44.5	22.6%	10.1	32.7	1.7
Android:	8.5	21%	1.8	6.6	0.1
Gynoid	23	34%	7.9	14.5	0.6

DEXA Report for Miley Serious:

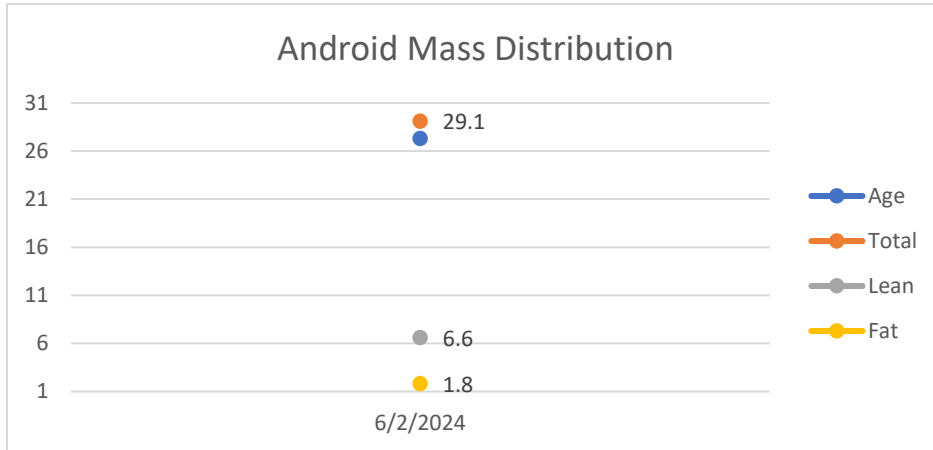
Android/Gynoid & Visceral Fat Distribution:

Android/Gynoid Ratio and Trend:

Date:	Age:	Android Mass (lbs.)	Android Lean Mass (lbs.)	Android Fat Mass (lbs.)	Android %Fat	Gynoid %Fat	A/G Ratio
6/30/2025	27.3	8.5	6.6	1.8	21%	34%	1.6

Visceral Adipose Tissue (VAT) Trend

Date:	Age:	Fat Mass (lbs.)	Volume (in ³)	Change
6/30/2025	27.3	12.6	0.479	



Metabolism & Bioenergetics Information:

Appendix C: Informed consent



Informed Consent for Participating in a Health & Fitness Training Program

NAME: Miley Serious

DATE: 6/26/2025

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 finding 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 *Miley Serious* Date: 6/26/2025

Participants Name (printed) **Miley Serious**

Witnesses Signature: *Shaquille O'Neal* Date: 6/26/2025

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https://exerciseismedicine.org/assets/page_documents/ExPro_Action_Guide.pdf

Appendix D: Emergency

Emergency protocol here