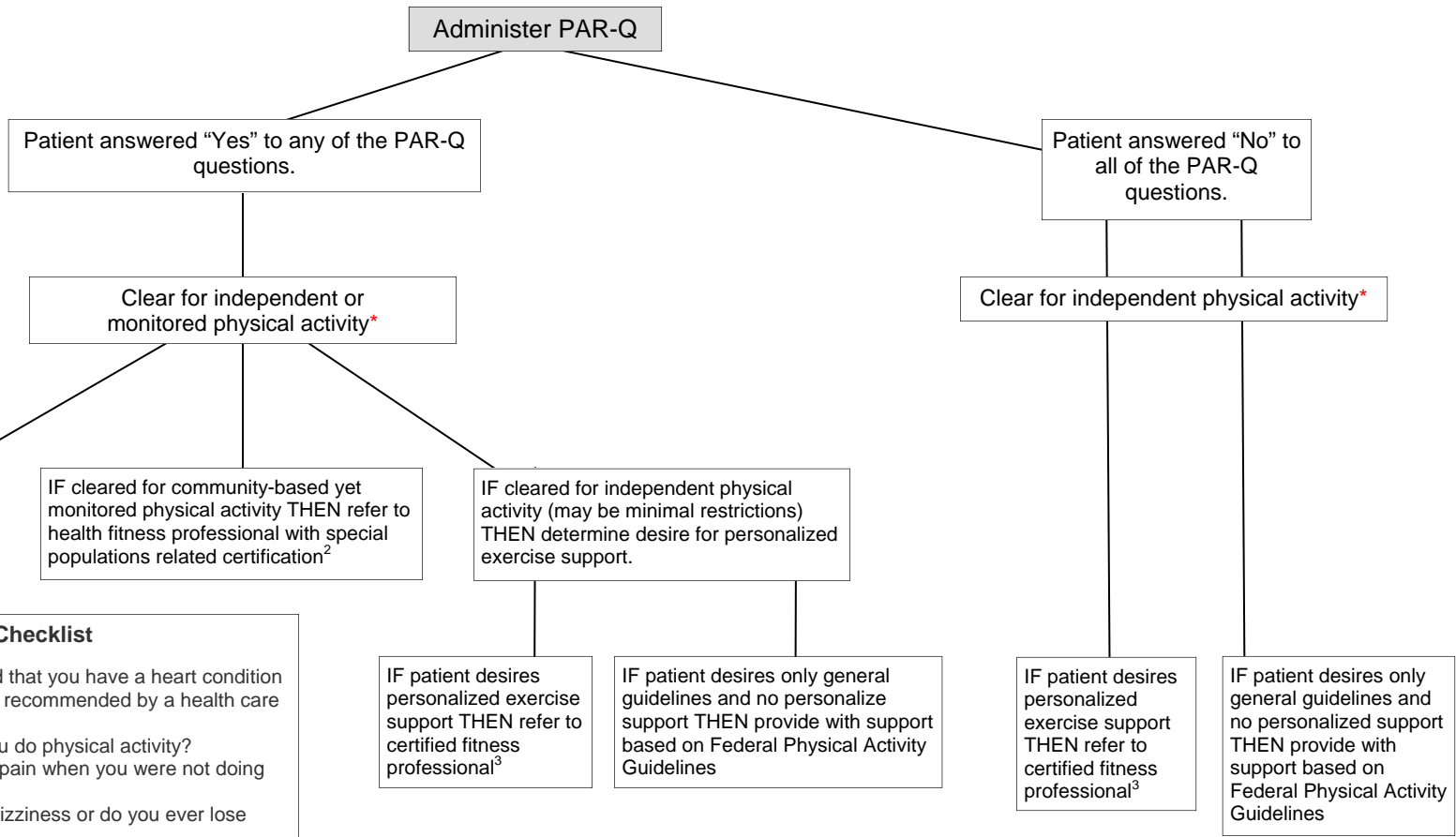




Nurses' Preparticipation Screening Flowchart



Pre-participation Checklist

1. Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care provider?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

Excerpted from the Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Used with permission from the Canadian Society for Exercise Physiology.

***Note:** This step must be completed by a health care provider licensed to provide clinical support and medical advice (e.g., nurse practitioners). If you are not licensed to provide independent clinical support, please refer your patient to the appropriate health care provider on staff.

1 - A clinical fitness professional is equivalent to an ACSM-certified Registered Clinical Exercise Physiologist (RCEP) or ACSM-certified Clinical Exercise Specialist (CES) (Note: the CES is limited to providing services to patients with cardiovascular, pulmonary or metabolic disease challenges the RCEP does not have such limitations).

2 - A fitness professional with a special populations-related certification is equivalent to an ACSM-certified Health Fitness Specialist or either of the above certifications.

3 - A certified fitness professional is equivalent to an ACSM-certified Personal Trainer or any of the above certifications.