

## **Exercise Prescription**

| Name   |                          |  |         |                          | Date of Birth                 |          |  |  |
|--|--------------------------|--|---------|--------------------------|-------------------------------|----------|--|--|
| Goals  |                          |  |         |                          |                               |          |  |  |
| Risk Assessment □ PAR-Q: □ Risk Factors: □ Exercise Stress Te                          |                          | ☐ Cleared ☐ Not Cleared ☐ Low Risk ☐ Moderate Risk ☐ High Risk lest: ☐ Pass ☐ Fail |         |                          | isk                           |          |  |  |
| Comments   |                          |  |         |                          |                               |          |  |  |
| <b>Intensity</b> (Check desired measure type and intensity level):                     |                          |  |         |                          |                               |          |  |  |
| Measure  | Intensity                |  |         |                          |                               |          |  |  |
|  |                          | Low  |         | Mod                      | erate                         | Vigorous |  |  |
| ☐ "Talk Test"  | ☐ Able to talk and/or si |  | ing 🗆 A | ble to talk but not sing | ☐ Difficult or unable to talk |          |  |  |
| ☐ Perceived Exertion (10 Point Scale)  |                          | □ <3   |         | □ 3-                     | -4                            | □ ≥5     |  |  |
| ☐ Maximal Heart Rate ( $HR_{max}$ ) =<br>Calculating $HR_{max}$ = 206.9 - (0.67 x age) |                          | □ <64% =   |         | <b>□</b> 64              | 4-76% =                       | □ >76% = |  |  |
| Comments   |                          |  |         |                          |                               |          |  |  |
| FITT Plan  |                          |  |         |                          |                               |          |  |  |
| Exercise Prescription: Cardio/Aero   |                          | Strength/<br>Pobic Resistance  |         |                          | Flexibility/<br>Stretching    | Balance  |  |  |

| Exercise<br>Prescription:                           | Cardio/Aerobic | Strength/<br>Resistance | Flexibility/<br>Stretching | Balance |  |
|---|----------------|-------------------------|----------------------------|---------|--|
| F - Frequency<br>times per week                     |                |                         |                            |         |  |
| I - Intensity<br>(e.g., low, moderate,<br>vigorous) |                |                         |                            |         |  |
| <b>T - Time/duration</b> minutes each day           |                |                         |                            |         |  |
| <b>T - Type</b> (e.g., walking, jogging, swimming)  |                |                         |                            |         |  |
| Comments  |                |                         | '                          |         |  |
| Recommended by Date                                 |                |                         |                            |         |  |
| ceassessment Appointm                               | ent            |                         |                            |         |  |

Adapted from the American College of Sports Medicine's Exercise is Medicine: A Clinicians Guide to Exercise Prescription. Philadelphia (PA): Lippincott Williams & Wilkins; 2009: 99-133.