True Health Center - V02 TESTING FORM
FORM 5

Recommend Testing V02 On : (Treadmill)   (Cycle)

Last Name:	DOB:	Sex:	Chart#	Date:
First Name:	Age	Ht:	Wt:	Tech:

Initial and Resting Measurements			
Resting 02:	Resting HR:	Resting BP:	Predict Max HR (220-age)

Post Measurements and Peak HR			
End of Test 02:	End of Test HR:	End of Test BP:	Peak HR:

Post 15 min Measurements			
15 mins Post 02	15 min Post HR:	15 min Post BP	HRR: (1 Min)

Email - Testing Questions			
Spirometry Performed? (YES) (NO) File Printed Report	Patient Email:	RER Score: (1.1)	Test Length: 10-12 min
Stopped d/t Dyspnea (Y) (N)	Stopped d/t Leg Fatigue (Y) (N)	Stopped d/t Other:	

PROTOCOL: PMHR _____ minus RHR_____ = _____Divide 10 mins = _____ bpm increase

Minute	HR	Grade / Watts	Speed / RPM	Borg Rating	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

True Health Center - V02 TESTING FORM
FORM 5
Check Test Requirements

☐ Completed Readiness Questionnaire Form

☐ Completed Informed Consent for Testing Form

☐ Patient has not eaten within 4 hours (Y)   (N)

☐ Assess Health Status of Patient

    ☐ <u>Patient Cleared to Test!</u>   <u>NO contra-indications</u> or reasons found to not proceed with testing.

    ☐ <u>Patient NOT Cleared to Test!</u> <u>Contraindications</u> and/or relative risk found, refer for medical clearance

        ☐ Referred in-clinic to doctors of Westside Family Acupuncture (Fill out name place Front Desk)

        ☐ Referred out to PCP with Medical Clearance Form given to Patient

                Signature Tech or Tester_____

NOTES

Absolute Contraindications

1. High Blood Pressure NOT under Control
   a. Severe Atrial Hypertension (Systolic BP.200mm Hg and/or a diastolic BP>110) at rest
2. Recent Cardiovascular Events (1 yr)
   a. Heart Attack
   b. Stroke
   c. Unstable Angina
   d. Diagnosed with Chronic Heart Failure
3. Uncontrolled Heart Arrhythmias
4. A Negative Recent EKG
5. Recent Myocarditis / Pericarditis / Endocarditis
6. Aneurysm Aortic or Severe Aortic Stenosis
7. Syncope
8. Acute DVT (Deep Vein Throbosis)
9. Acute Pulmonary Embolism or Uncontrolled Asthma
10. SPO2 <85%

Relative Risk

11. Cardiactic Stenosis and/or Stints
12. Left Main CAD
13. Cardiomyopathy
14. Electrolyte Abnormalities (Hypokalemia / Hypomagnesemia
15. Severe Hypertension (SBP>200mm & DBP>110)
16. Orthopedic Limitations
17. Pregnancy
18. Uncontrolled Metabolic Disease (e.g. Diabetes)
19. Chronic Infectious Diseases (e.g. Mononucleosis, Hepatitis, Aids)

Associated Risk with Lower Cardiopulmonary Fitness

1. Mortality - Early 4-5 times greater
2. Diabetics - SMI - Silent Myocardial Ischemia
3. Increased Risk for Hypertension
4. Heart Disease, or a Sign of future Heart Disease
5. Poor Cardiac Reserve
6. Poor Oxygen Perfusion Organs, Tissue, Muscles
7. Insufficient Blood Supply to working muscles

Beta Blockers

Although clinical doses of beta-blockade may reduce heart rate by 30 to 35%, during maximal exercise cardiac output is not equally reduced. Accordingly, most studies have demonstrated increased stroke volume after beta-blockade. This reduction in heart rate is typically accompanied by a decreased VO2max (5 to 15%) in both patients and healthy, trained subjects.