

| Fatigue Test | |
|-----------------------------|--|
| Write your name | |
| | |
| | |
| Name of Muscle Being Tested | |
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| MALE NAME | TOTAL TIME (S) | RMS Begin | RMS End | RATE OF FATIGUE (RMS/s) |
|----------------|-------------------|--------------|------------|-------------------------------|
| | | | | |
| | I I | | | |
| FEMALE NAME | TOTAL TIME | RMS Begin | RMS End | RATE OF FATIGUE |