## Initial Session: VO2max and DEXA Protocol

Subject Number:	Date:	_
Sign DEXA Consent	Form	
DEXA		
Height:	Weight:	
Room Temperature: _	Room Humidity	:
exercise intensity. Be exercise test continue	eet to the side of the belt and	<u>-</u>

## MET cart start time: \_\_\_\_\_

Time	Speed	Gradient	RPE	HR	VO2	Notes
0-2		0				
2-4		2.5%				
4-6		5%				
6-8		7.5%				
8-10		7.5%				
10-12		7.5%				
12-14		7.5%				
14-16		7.5%				
16-18		7.5%				
18-20		7.5%				

MET	cart	end	time:	;	VO2max:	