

EQUINOX

EQUIFIT ASSESSMENT

Member:

Trainer:

Date:

EQUINOX

INFORMED CONSENT

The Equifit is a measure of your overall fitness level. It is not intended as a formal "stress test".

EXPLANATION OF THE FITNESS EVALUATION

The Equifit includes measurements of weight, percent body fat, resting heart rate, blood pressure, flexibility, muscle strength and muscle endurance. You will also be performing the following: a functional movement screen (FMS), a passive range of motion screen and an estimated VO2Max test. We may stop any test at any time because of signs of fatigue or discomfort. During the performance of the test, a personal trainer will monitor your heart rate.

RISKS AND DISCOMFORTS

There exists the possibility of certain changes during the Equifit. These include abnormal blood pressure, fainting, disorders of the heart beat and in very rare instances, heart attack. Every effort will be made to minimize these discomforts by a preliminary screening and by observation during the testing.

BENEFITS TO BE EXPECTED

The information obtained during this test will help you gauge your fitness level and will be used to develop effective, goal-directed fitness programs.

INQUIRIES

If you have any concerns or questions, please ask us for further explanations.

FREEDOM OF CONSENT

Your permission to perform the Equifit is voluntary. You are free to deny consent or participation if you so desire.

I have read this form and I understand the test procedures that I will perform. I consent to participate in the Equifit and understand that the information obtained during this fitness evaluation may be used for statistical purposes.

MEMBER SIGNATURE / DATE

/

TRAINER SIGNATURE / DATE

/

PAR-Q

EQUINOX

Please Circle For Each

Has a doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?

YES

NO

Do you experience an irregular or racing heart rate during rest or exercise?

YES

NO

Do you feel pain in your chest when you do physical activity?

YES

NO

Do you lose your balance because of dizziness or do you ever lose consciousness?

YES

NO

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

YES

NO

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

YES

NO

Do you know of any other reason why you should not do physical activity?

YES

NO

Are you over 65 and not accustomed to vigorous exercise?

YES

NO

Are you diabetic?

YES

NO

Are you pregnant?

YES

NO

If you answered "YES" to any of these questions, we recommend that you see a doctor before your Equifit or before you begin an exercise program.

Is there anything you would specifically like to learn about yourself during the Equifit?

In order of importance, name three health and fitness goals.

GOALS	1:	2:	3:
HAVE YOU EVER ACHIEVED?			
TIMELINE			
WHY?			
BIGGEST CHALLENGE			
PREVIOUS STRATEGIES			
COMMITMENT LEVEL (1-5)			
NOTES / STRATEGIES			

How long have you wanted to achieve these goals?

Do you have any specific current or former injuries/conditions/surgeries to any of the following areas that might affect your ability to exercise?					
	INJURY	DATE OF INJURY	MECHANISM OF INJURY	DESCRIBE REHAB	CLEARED FOR ACTIVITY/RESIDUAL PAIN?
HEAD / NECK					
SHOULDERS					
ARMS					
MID / UPPER BACK					
LOWER BACK					
HIPS					
KNEES					
WRIST, HANDS / ANKLES, FEET					
OTHER					

Medical History

Do you suffer from any medical conditions that might inhibit your ability to exercise?

Have you ever been diagnosed with the following?	YES / NO	DATE OF ONSET	PHYSICIAN CLEARANCE (Y/N)
CARDIOVASCULAR DISEASE			
HIGH OR LOW BLOOD PRESSURE			
HEART ATTACK			
HEART MURMUR			
DIABETES			
CANCER			
NEUROLOGICAL DISORDER			
RESPIRATORY ISSUES			
ASTHMA			
EMPHYSEMA			
OTHER			

Are you currently taking any prescribed or over-the-counter medications? (If yes, list below.)

Exercise History**Notes:**

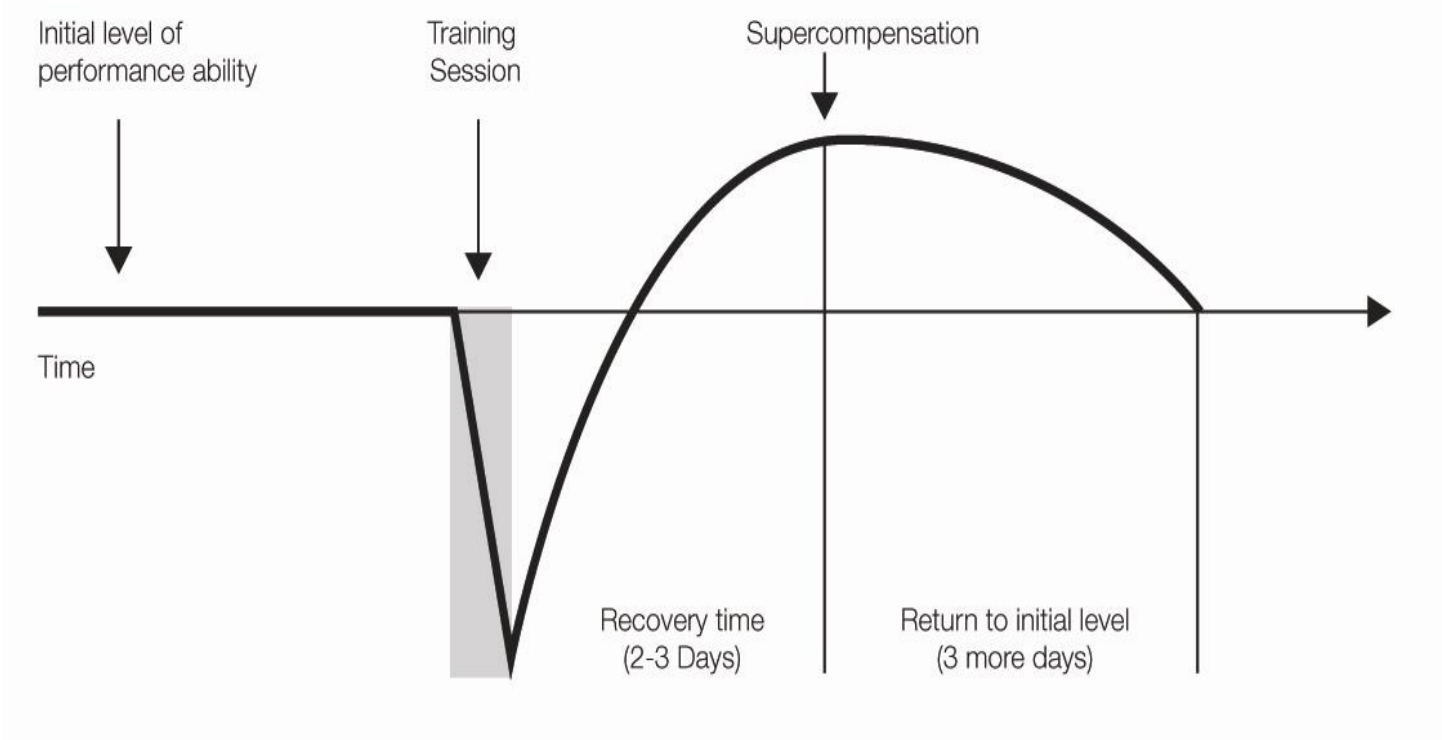
Tell me about your current exercise routine. How many times per week do you engage in physical activity? How much time per visit or elsewhere?	
Do you strength train? How would you describe your routine? How many times per week, on average? How long each time? How do you choose your exercises? Are they always in the same order? When do you choose to change exercises or the order? Sets, Reps, Load? How much rest do you take between sets?	
Do you do cardiovascular exercise? How many times per week, on average? How long each time? Which activity do you choose? How do you choose your intensity level? Do you usually keep the same intensity level? How do you decide to change the intensity?	
How long have you been doing the workout described above?	
Are you still seeing results from this routine? What do you feel is the biggest contributor to you getting results or not getting results?	
Do you work out with anyone or work out alone?	
Do you ever take group fitness classes? Which classes do you prefer? How do you choose which ones to take?	
Have you ever worked with a trainer before? When? For how long? What did you like about working with a trainer, and what did you dislike?	
Do you have any exercises/types of training you would like to try? Ex: ViPR, Animal Flow, TRX, Kettlebells etc	
Do you have any sports that you enjoy playing or would like to start playing?	

Lifestyle Questions

On a scale of 1-5, how stressful is your day?	
Do you feel exercise helps you in managing your stress?	
Describe your typical daily nutritional habits (number of times you eat per day, basic diet content)	
Do you feel you need to change anything with regards to your nutrition?	
What types of liquids do you typically drink? How much and how often? How much water do you take in daily? One glass is 8oz.	

Before we get started with the assessments, do you have any additional comments or is there anything we didn't cover ?

PERSONAL TRAINING | SUPERCOMPENSATION



EQUINOX MEMBER DATA

EQUINOX

MEMBER NAME		AGE		HEIGHT	
TRAINER		DATE			

	RESULT	CLASSIFICATION	PRIORITY?
WEIGHT	lbs.		
BODY COMPOSITION	%		
LEAN BODY MASS	% or lbs.		
RESTING BLOOD PRESSURE	mm Hg		
RESTING HEART RATE (1 min)	bpm		
VO ₂ MAX (Bruce Treadmill Protocol)	ml / kg / min		
FMS	Total Score		
PUSH-UPS (Endurance)	#		
LEG PRESS (LB Strength)	lbs. at 10RM		
BENCH PRESS (UB Strength)	lbs. at 10RM		

(Needs Imp / Satisfactory / Excellent) (Yes / No)

Skinfold Measurements	First Round	Second Round	Final
Triceps			
Abdomen			
Suprailliac			
Mid Thigh			
Total Sum			

Circumference (inches)	
Right Upper Arm	
Left Upper Arm	
Chest	
Waist (Narrow of Torso)	
Abdominal (Umbilicus)	
Hip (Buttocks)	
Right Mid Thigh	
Left Mid Thigh	
Waist to Hip Ratio	

TRAINER NOTES
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MEMBER PROFILE - FMS AND EQUISTRETCH SCREEN

EQUINOX

FMS	RAW SCORE		FINAL SCORE	NOTES
	LEFT	RIGHT		
DEEP SQUAT				
HURDLE STEP				
IN-LINE LUNGE				
SHOULDER MOBILITY				
SHOULDER IMPINGEMENT	+ / -	+ / -		
ACTIVE STRAIGHT LEG RAISE				
TRUNK STABILITY PUSH-UP				
SPINAL EXTENSION (Cobra)	+ / -			
ROTARY STABILITY				
SPINAL FLEXION (Child's pose)	+ / -			
TOTAL SCORE				

EQUISTRETCH SCREEN	DISCREPANCY?		NORMS	CLASSIFICATION
	LEFT	RIGHT		
SEATED CERVICAL FLEXION			80-90 deg	
SEATED CERVICAL EXTENSION			70 deg	
SEATED CERVICAL ROTATION			80-90 deg	
SEATED CERVICAL SIDE BENDING			20-45 deg	
SEATED SHOULDER ELEVATION			170-180 deg	
SEATED HANDS BEHIND HEAD			ROM	
SEATED HANDS BEHIND BACK			ROM	
SUPINE LAT LENGTH			ROM	
SUPINE HIP FLEXOR (Thomas Test)			TABLE	
SUPINE ADDUCTOR LENGTH			TABLE	
SUPINE GASTROC LENGTH			10 deg	
SIDE-LYING ITB LENGTH (Ober's Test)			TABLE	
PRONE KNEE FLEXION (Ely's Test)			ROM	
PRONE SOLEUS LENGTH			10 deg	

(Needs Improvement / Satisfactory / Excellent)

BRUCE TREADMILL PROTOCOL - VO2 Submax Treadmill Test

Predicted Max Heart RateMen & Women <40 Years Old = $206.9 - (.67 \times \text{Age})$ _____Women >40 Years Old = $200 - (.67 \times \text{Age})$ _____Men >40 Years Old = $216 - (.93 \times \text{Age})$ _____**Resting Heart Rate:** _____**Karvonen Formula:** $([\text{Pred Max HR} - \text{RHR}] \times .85) + \text{RHR}$ **Target Heart Rate:** _____

STAGE	TIME	SPEED	INCLINE	HEART RATE / TIME
1	0-3 mins	1.7 mph	10%	
2	3-6 mins	2.5 mph	12%	
3	6-9 mins	3.4 mph	14%	
4	9-12 mins	4.5 mph	15%	
5	12-15 mins	5.5 mph	15%	
6	15-18 mins	6.5 mph	15%	

VO2 Submax - Bruce Protocol		
Oxygen Uptake (mL/kg/min)	Time	Time
	WOMEN	MEN
55		
54		16 min.
53	17 min.	
52		
51		15 min.
50	16 min.	
49		
48		14 min.
47	15 min.	
46		
45		13 min.
44	14 min.	
43		
42		12 min.
41	13 min.	
40		
39		11 min.
38	12 min.	
37		
36		10 min.
35	11 min.	
34		
33		9 min.
32	10 min.	
31		
30		8 min.
29	9 min.	
28		
27		7 min.
26	8 min.	
25		
24		6 min.
23	7 min.	
22		

21		5 min.
20	6 min.	
19		
18		4 min.
17	5 min.	
16		
15		3 min.
14	4 min.	
13		
12		2 min.
11	3 min.	
10		
9		1 min.
8	2 min.	
7		
6		
5	1 min.	
4		
3		
2		
1		
0		
SCORE	WOMEN	MEN

EQUIFIT GOALS / RESULTS / PROGRESS

EQUINOX

MEMBER NAME		AGE		HEIGHT	
TRAINER		EQUIFIT DATE			
TRAINER CONTACT		COMP PT SESSION DATE			

GOALS	1:	2:	3:	
TARGET DATE				
BIGGEST CHALLENGE				
SUPPORTING STRATEGIES (ex. Training Freq / Cardio Days / Etc...)				

ASSESSMENT DATES	START	12 WEEKS	6 MONTHS	9 MONTHS	1 YEAR	GOAL
WEIGHT						lbs.
RESTING BP						mm Hg
RESTING HR						bpm
VO ₂ MAX						ml / kg / min
FMS SCORE						total score
PUSH-UPS (Endurance)						#
LEG PRESS (LB Strength)						lbs. at 10RM
BENCH PRESS (UB Strength)						lbs. at 10RM
BODY COMPOSITION						
TRICEPS						mm
ABDOMEN						mm
SUPRAILLIAC						mm
MID THIGH						mm
SKINFOLD SUM						mm
BODY FAT %						%
LEAN BODY MASS						% or lbs
CIRCUMFERENCE						
RIGHT UPPER ARM						inches
LEFT UPPER ARM						inches
CHEST						inches
ABDOMINAL						inches
WAIST						inches
HIPS (BUTTOCKS)						inches
RIGHT MID THIGH						inches
LEFT MID THIGH						inches
WAIST : HIP RATIO						

COMMENTS

<div>EQUINOX</div>	PROGRAM CARD			
	Member Name:			
	Trainer Name:			
	Trainer Number:			
	Date:			
Get Results!	Equinox Fitness Training Institute (EFTI)			
<p>1. This exercise series is just Day 1 of an overall training program designed by your trainer.</p> <p>2. To get maximum results, invest in a training package! The program you will undergo is prepared around your individual goals, exercise history and injuries.</p> <p>3. At Equinox, we are here to serve as a solid fitness resource! Feel free to let us know if we can help enhance your program in any other way.</p>				
STATIONS / EXERCISES	Sets	Reps	Weight	Notes
Dynamic Warm Up				
Exercises				
Stretch				

REFERENCES

EQUINOX

VO ₂ Max	AGE	VERY LOW	LOW	FAIR	MODERATE	GOOD	VERY GOOD	ELITE
WOMEN	20-24	<27	27-31	32-36	37-41	42-46	47-51	>51
	25-29	<26	26-30	31-35	36-40	41-44	45-49	>49
	30-34	<25	25-29	30-33	34-37	38-42	43-46	>46
	35-39	<24	24-27	28-31	32-35	36-40	41-44	>44
	40-44	<22	22-25	26-29	30-33	34-37	38-41	>41
	45-49	<21	21-23	24-27	28-31	32-35	36-38	>38
	50-54	<19	19-22	23-25	26-29	30-32	33-36	>36
	55-59	<18	18-20	21-23	24-27	28-30	31-33	>33
	60-65	<16	16-18	19-21	22-24	25-27	28-30	>30
MEN	20-24	<32	32-37	38-43	44-50	51-56	57-62	>62
	25-29	<31	31-35	36-42	43-48	49-53	54-59	>59
	30-34	<29	29-34	35-40	41-45	46-51	52-56	>56
	35-39	<28	28-32	33-38	39-43	44-48	49-54	>54
	40-44	<26	26-31	32-35	36-41	42-46	47-51	>51
	45-49	<25	25-29	30-34	35-39	40-43	44-48	>48
	50-54	<24	24-27	28-32	33-36	37-41	43-46	>46
	55-59	<22	22-26	27-30	31-34	35-39	40-43	>43
	60-65	<21	21-24	25-28	29-32	33-36	37-40	>40

BODY COMP	Rating	20-29	30-39	40-49	50-59	60+
WOMEN	Excellent	<16	<17	<18	<19	<20
	Good	16-19	17-20	18-21	19-22	20-23
	Average	20-28	21-29	22-30	23-31	24-32
	Fair	29-31	30-32	31-33	32-34	33-35
	Poor	>31	>32	>33	>34	>35
MEN	Excellent	<11	<12	<14	<15	<16
	Good	11-13	12-14	14-16	15-17	16-18
	Average	14-20	15-21	17-21	18-24	19-25
	Fair	21-23	22-24	18-24	25-27	26-28
	Poor	>23	>24	19-25	>27	>28

Waist to Hip Ratio		
Low	0 - .95	0 - .80
Moderate	.96 - 1	.8 - .85
High	1.01 +	.86 +

EQUISTRETCH NORMS	
Cervical Flexion	Chin to chest - 80 to 90 degrees
Cervical Extension	Eyes to ceiling - 70 degrees
Cervical Rotation	Nose even with shoulder - 80 to 90 degrees
Cervical Sidebend	Ear close to shoulder - 20 to 45 degrees
Shoulder Flexion	Arms parallel with ear - 170 to 180 degrees
Hands Behind Head	Fingers to the base of the neck - C7
Hands Behind Back	Fingers to the inferior angle of the scapular - T7
Supine Lat Length	Full shoulder range of motion while chest and back remain flat
Supine Hip Flexor	Knee should remain straight as opposite hip / knee are flexed
Supine Adductor	Knee falls to table
Supine Gastroc	Ankle dorsiflexes between neutral and 10 degrees
Supine Knee Ext	Leg straightens to within 20 degrees of full extension
Side-Lying ITB Length	Test leg falls to table
Prone Knee Flexion	Knee bends to buttocks with no hiking of hips / pelvis
Prone Soleus Length	Ankle dorsiflexes between neutral and 10 degrees