Program Description

The [FITTED] .5 program is a weight management program targeting students that are overweight, and/or live sedentary lifestyles. It is designed to provide students with a program that can help them address health issues as such and encourage them to participate in an active and healthier lifestyle. The program offers students one-on-one personal training sessions for a minimum of six sessions within a time frame of three weeks to a maximum of twelve sessions within a timeframe of six weeks in a given quarter, depending on demand and availability. Training sessions will be held in the John Wooden Center or at Drake Stadium. The personalized sessions provide the trainer with the opportunity to address the individualized and specific needs of prospective students in a welcoming environment. [FITTED] .5 will ultimately serve as a funnel for students to continue remaining active in other [FITTED] programs or recreational classes. Applying and/or being referred by a healthcare provider for [FITTED] .5 does not guarantee you will be trained, at least not immediately.

Qualifications

- BMI > 25 or as recommended by a healthcare provider
- All students are eligible to apply but priorities will be given to those who are at risk for developing preventable chronic medical conditions such as prediabetes and more
- Applicants are trained starting week 2 of each quarter and additional applicants are selected on a rolling basis based off availability. Please reapply each quarter.
- Available to meet with an Ashe Center registered dietician to discuss proper nutrition
- Cancelling on 3 scheduled sessions or failing to meet with an Ashe Center registered dietician is subject for dismissal from [FITTED] .5

Checklist

- Read and complete the following 2 forms
  - Participant Information
  - Pre-participation screening
- If you are not trained during an academic quarter you applied, please resubmit an updated Participation Information form to be eligible for the following academic quarter
- If chosen, you will be notified by [FITTED] staff via email
- Please contact Ben Slattery, FITTED .5 Coordinator, at thinkfitted@gmail.com with any questions or concerns.
Pre-participation Screening

Assess your health status by marking all true statements

Cardiovascular History
You have had:
- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac
- Defibrillator/rhythm disturbances
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Heart palpitations
- You take heart medications
- Heart disease or condition, please specify________________

Signs and Symptoms
- Heart murmur
- You experience chest discomfort with exertion
- You experience unreasonable breathlessness or fatigue with usual activities
- You experience dizziness, fainting, blackouts
- You have burning or cramping sensation in your lower legs when walking short distances
- You have ankle swelling not related to musculoskeletal injury
- You have circulatory conditions like ankle swelling
- You have ankle swelling not related to musculoskeletal injury

Other Health Concerns
- You had a stroke or have cerebrovascular disease
- You have diabetes or other metabolic disease
- Your fasting blood glucose level is equal to or greater than 100 mg
- You have asthma or other lung condition/disease
- You have a medical diagnosis or disease. Please indicate:
- You have musculoskeletal problems that limit your physical activity
- You are pregnant
- You have concerns about the safety of exercise

Cardiovascular Risk Factors
- Your blood pressure is greater than or equal to 140/90 mmHg or you do not know your blood pressure or you takes blood pressure medication
- You have an abnormal cholesterol level
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- You have any cardiovascular, metabolic or renal disease. Please specify________________

If you do not have any of the above listed conditions, please check the box below.
- I do not have any cardiovascular history, signs or symptoms, cardiovascular risk factors or other health concerns

Name _______________________________ Date ____________________
Dear Clinician:

Your patient ____________________ wishes to start a personalized training program through the [FITTED].

Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client’s goals and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

______________________________________________________________

Report of Clinician

○ I know of no reason why the applicant may not participate
○ I believe the client can participate, but I urge caution because:

______________________________________________________________

*My patient is taking medications that will affect heart rate response to exercise.

The effects are indicated below:

Type of medication ___________________________________________

Effect _____________________________________________________

Restrictions for exercise ________________________________________

○ The client should not engage in the following activities:

______________________________________________________________

○ I recommend that the client NOT participate.

Clinician Signature __________________________________________ Date ______________________

Print Name ___________________________________________________