

Resting Metabolic Assessment Instructions

How to prepare and what to expect

- Upon scheduling your test, a \$100 deposit is required. Any additional fees will be collected at the time of your appointment. We politely request clients contact us at least 24 hours in advance to cancel or reschedule appointments. If appointments are canceled or rescheduled less than 24 hours prior to testing, your deposit will be forfeit.
- The test should be done at the end of a recovery week in a **well rested physical state**. For best results, no hard workouts 2 days prior to test, no physical activity the morning of the test.
- A 12 hour fast is required prior to testing (no eating or drinking anything with calories or caffeine). If you have special concerns regarding fasting, please contact our testing specialist
- If you take insulin or beta blockers, please contact the clinic for specific instructions.
- Your appointment is 1 hour. Please arrive 15 minutes prior to your appointment time.
- Your appointment will begin with a brief explanation of the testing process. You will then be fitted with a data collection mask. Testing occurs as you rest in a private room. The data collection process takes 25-35 minutes.
- Your metabolic testing specialist will briefly review your results immediately following the assessment. To allow time for the specialist to fully analyze the assessment data, the final interpretation may be delivered via email if time does not permit during the session.
- It is recommended that you consult with a dietitian to assist you in designing an optimal nutrition strategy to meet your performance or lifestyle goals. Please contact the clinic for referral information.
- Please bring your signed consent and waiver form with you to your appointment.

Resting Metabolic Assessment Consent and Waiver

Before your RMR test, you must not participate in any strenuous exercise for 24 hours and must fast overnight for about 12 hours. You will lie quietly at rest in a dimly lit room for about 30 minutes. A breathing mask will be placed over your mouth and nose and you will breathe in room air as normal. A tube from the mask is connected to a device that analyzes the air you exhale.

Risks and Discomforts: Rarely, people feel claustrophobic and cannot tolerate wearing the breathing mask. We do have the option of a mouthpiece and nose clip if you find it more tolerable. There are no known health risks associated with RMR testing. There may be risks associated with making dietary changes depending on your health status or medical condition. Please consult your registered dietitian or physician with any questions regarding dietary changes.

Responsibilities of the Client: The results of your RMR test may not be accurate if you did not follow the preparation instructions. The accuracy of results can also be affected by certain medications, medical conditions, pregnancy, breast feeding and menstruation. You are responsible for fully disclosing such information to your testing specialist. You are responsible for discussing with your testing specialist any questions or concerns you may have. During the test you should be awake, as relaxed as possible, comfortably resting as still as possible in one position while breathing normally. You should report any unusual feelings that are of concern to your testing specialist. Your RMR test results can be used to help determine individualized nutrition recommendations. Please consult with your physician or registered dietitian for guidelines for implementing dietary changes.

Payment and Cancellation Policy: Upon scheduling your test, a \$100 deposit is required. Any additional fees will be collected at the time of your appointment. We politely request clients contact us at least 24 hours in advance to cancel or reschedule appointments. If appointments are canceled or rescheduled less than 24 hours prior to testing, your full payment will be forfeit. Real Rehab does not bill medical insurance for Metabolic Testing services.

Dietitian Consult: I acknowledge that I have agreed to meet with a dietitian to assist in developing an optimal nutrition strategy to meet my performance and/or lifestyle goals. I authorize Real Rehab to share my information, including all intake forms, test results and training recommendations with the dietitian of my choosing.

Participant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Consent and Waiver: I have read and I understand the test procedures that I will perform and the associated risks and discomforts. I have asked the test administer any questions I have pertaining to this test and I understand that performance of this test is completely VOLUNTARY and I am able to stop the test at any point. I do hereby waive, release and forever discharge Real Rehab Sports and Physical Therapy and its employees from any and all responsibilities or liability for any injuries or damages resulting from my participation in any activities recommended or supervised by Real Rehab Sports and Physical Therapy. I consent to participate in testing.

Participant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____