

Active Metabolic Assessment Instructions

How to prepare and what to expect

- Upon scheduling your test, a \$250 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 for 2 days prior to the test, no physical activity the morning of the test.
- Fasting Requirements:
 - For a **Metabolic Profile** assessment, 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 2 hours. Please arrive 15 minutes prior to your appointment time.
- Your appointment will begin with a brief explanation of the testing process followed by a 10-15 minute warm-up. The actual test will be 30-60 minutes depending on the protocol used, and will be followed by a 5-10 minute cool-down.
- 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.

What to bring to your physiology testing visit

- Your signed and dated Consent and Waiver Form
- Appropriate clothing for indoor running, cycling or rowing
- For a cycling assessment please bring our own bicycle in good condition and cycling shoes
- Recovery food or drink if desired, **water bottle is essential!**

Active Metabolic Assessment Consent and Waiver

You will perform a near-threshold effort exercise test on your bike, treadmill, or rowing erg. The work levels will begin at a low intensity and will gradually increase. The test can be stopped at any time should you experience fatigue, shortness of breath, dizziness, chest pain or excessive discomfort.

Risks and Discomfort: There is some risk involved with performing an exercise test. Certain changes can occur in response to exercise including abnormal blood pressure changes, dizziness, myocardial infarction, stroke, or death. Every effort will be made to minimize these risks and emergency equipment and trained personnel are available.

Client Responsibilities: Information you have about your health status or previous experiences with higher intensity physical effort or testing may affect the safety of your exercise test. You are responsible for fully disclosing such information to the staff.

Payment and Cancellation Policy: Upon scheduling your test, a \$250 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. 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 asked the test administer any questions I have pertaining to this test and I understand that performance of this exercise test is completely VOLUNTARY and I am able to stop the test at any point. I hereby attest that I am in good health and my physical condition HAS BEEN VERIFIED by a licensed medical doctor, who has RELEASED ME to participate in strenuous physical activity and testing. 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 have read and I understand the test procedures that I will perform and the associated risks and discomforts. I consent to participate in testing.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Waiver of EKG

I understand that an EKG will NOT be conducted and there will NOT be a physician present on site during my test. I have informed my physician that I am performing an exercise test, that there will be no physician present and that there will not be EKG monitoring during testing.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____