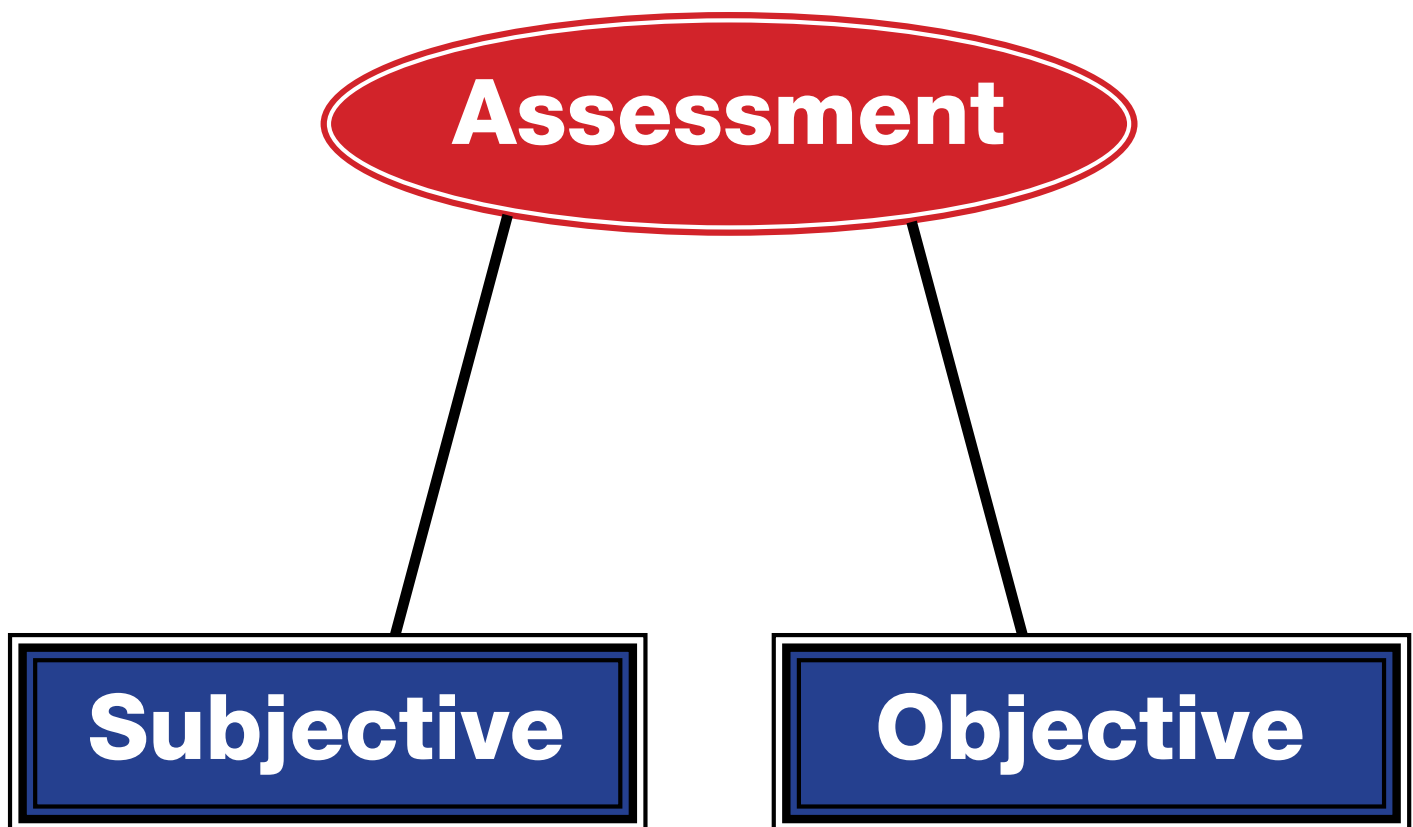


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# **One *on* One** FITNESS

**Assessment  
Analysis  
&  
Personalized  
Exercise  
Program**

# **One on One** FITNESS



An assessment must be performed in order to design a personalized exercise program.



## Assessment Data Collection Sheet

Name: \_\_\_\_\_ Date \_\_\_\_\_

Height: \_\_\_\_\_ in.    Weight: \_\_\_\_\_ lbs.    Age: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1.	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2.	Do you feel pain in your chest when you perform physical activity?		
3.	In the past month have you had chest pain when you were not performing any physical activity?		
4.	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6.	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7.	Do you know of any other reason why you should not engage in physical activity?		

*If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*

# One *on* One

## FITNESS

### General & Medical Questionnaire

Occupational Questions		Yes	No
1.	What is your current occupation? _____		
2.	Does your occupation require extended periods of sitting?		
3.	Does your occupation require extended periods of repetitive movements? If yes, please explain. _____		
4.	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5.	Does your occupation cause you anxiety (mental stress)?		
Recreational Questions		Yes	No
6.	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? If yes, please explain. _____ _____		
7.	Do you have hobbies (reading, gardening, working on cars, exploring the internet, etc.)- _____ _____		
Medical Questions		Yes	No
8.	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? If yes, please explain. _____ _____		
9.	Have you ever had any surgeries? If yes, please explain. _____ _____		
10.	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain _____ _____		
11.	Are you currently taking any medication? If yes, please list. _____ _____		



## Assessment Data Results Sheet

### 1. Heart Rate

Resting Heart Rate (HRrest): \_\_\_\_\_

Estimated Heart Rate Max (HRmax): \_\_\_\_\_

(220-age) or if on **beta blocker medication** (162 x 0.7 x age)

### 2. Estimated Training Zone

Zone I: \_\_\_\_\_ to \_\_\_\_\_

(HRmax X .065 to 0.75); If first-time exerciser use (HRmax xX 0.50 to 0.65)

Zone II: \_\_\_\_\_ to \_\_\_\_\_

(HRmax X 0.80 to 0.85)

Zone III: \_\_\_\_\_ to \_\_\_\_\_ **ONLY** to be used by high level client approved by physician.

(HRmax X 0.80 to 0.90)

### 3. Blood Pressure

Systolic: \_\_\_\_\_

Diastolic: \_\_\_\_\_

### 4. Body Fat

Men: Chest \_\_\_\_\_ Abdominal \_\_\_\_\_ Thigh \_\_\_\_\_ TOTAL: \_\_\_\_\_

Women: Tricep \_\_\_\_\_ Iliac \_\_\_\_\_ Thigh \_\_\_\_\_ TOTAL: \_\_\_\_\_

### 5. Circumference Measurements

Neck: \_\_\_\_\_ Chest: \_\_\_\_\_ \*Waist: \_\_\_\_\_ Hips: \_\_\_\_\_ \*Thigh: \_\_\_\_\_ Calves: \_\_\_\_\_

Biceps: \_\_\_\_\_ \*Forearm: \_\_\_\_\_

Body fat calculation using circumference:

\*Waist constant + Thigh constant – Forearm constant – age correction (See Appendix D)

### 6. BMI Score: \_\_\_\_\_

Weight (kg or lbs.) / height (m<sup>2</sup> or in<sup>2</sup>)

See Appendix F

### 7. Cardio Assessments

Rockport Walk Test

VO<sub>2</sub> score: \_\_\_\_\_ Rating: \_\_\_\_\_ Beginning Zone: \_\_\_\_\_ Stage: \_\_\_\_\_

132.853 – (0.0769 x weight) – (0.3877 x age)  
+ (6.315 x 1) for men or + (6.315 x 0) for women  
– (3.2649 x time in minutes) – (.1565 x heart rate)

=VO<sub>2</sub> score

### 8. Movement Assessments

#### Overhead Squat

View	Kinetic Chain Checkpoints	Movement Observation	Right	Left
Anterior	Feet	Turns Out		
	Knees	Moves Inward		
		Moves Outward		
Lateral	Lumbo-Pelvic Hip Complex	Excessive Forward Lean		
		Low Back Arches		
		Low Back Rounds		
	Shoulder-Cervical Complex	Arms Fall Forward		
Posterior	Feet	Heel of Foot Rises		
		Foot Flattens		
	Lumbo-Pelvic Hip Complex	Asymmetrical Weight Shift		
	Shoulder-Cervical Complex	Shoulder Elevates		

#### Single-Leg Squat

View	Kinetic Chain Checkpoints	Movement Observations	Right	Left
Anterior	Foot	Foot Flattens		
	Knee	Moves Inward		
		Moves Outward		
	Lumbo-Pelvic Hip Complex	Lateral Hip Shift		

#### Pushing/Pulling

Kinetic Chain Checkpoints	Movement Observation	Right	Left
Feet	Turns Out		
Knees	Moves Inward		
	Moves Outward		
Lumbo-Pelvic Hip Complex	Low Back Arches		
	Low Back Rounds		
Shoulder Complex	Shoulders Elevate		
Head	Head Protrudes While Pushing		

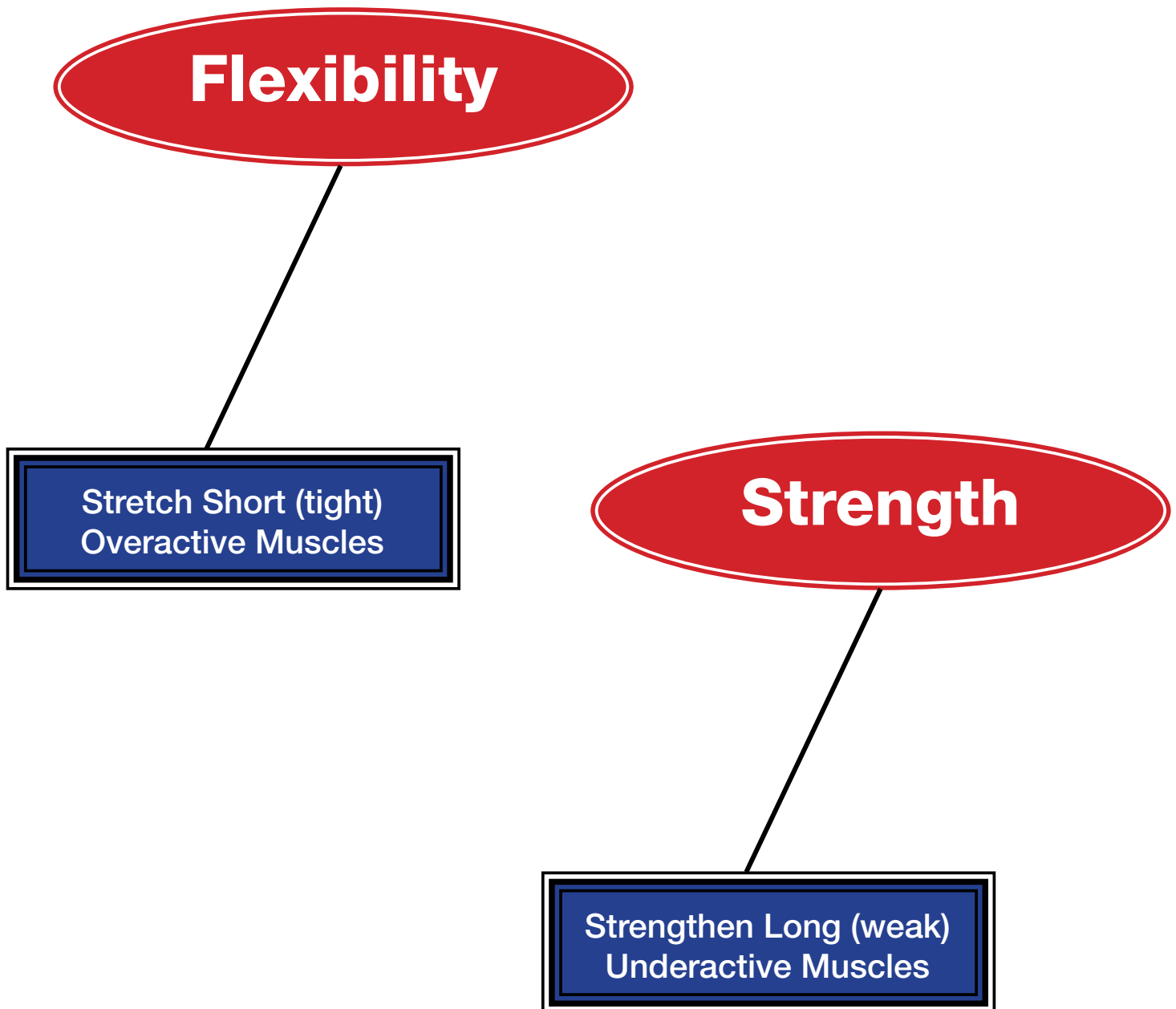
#### Muscles to be stretched:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

#### Strengthening Exercises Used:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

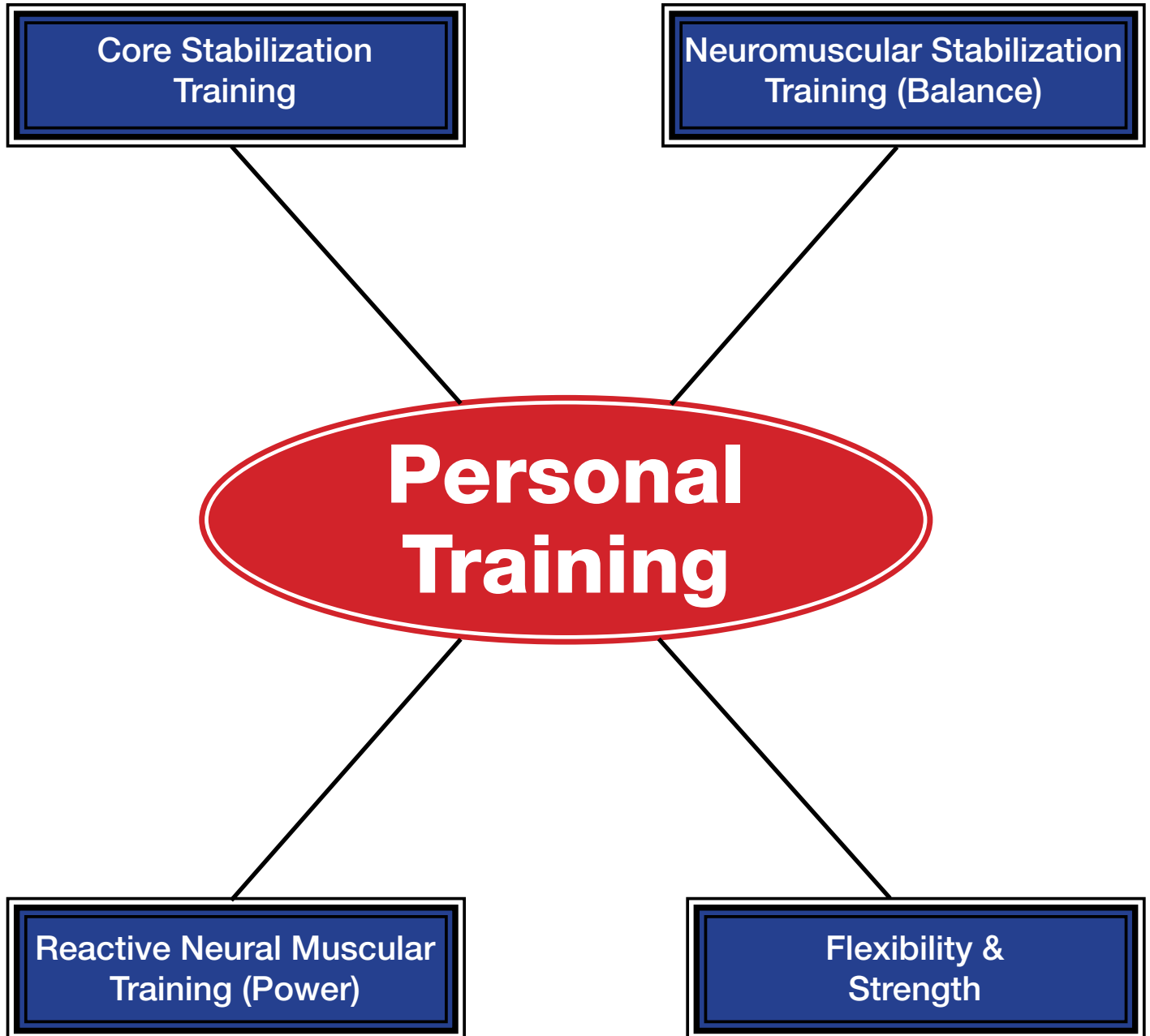
## Corrective Exercise



Fitness programs must include corrective exercises in order to correct muscular imbalances.

# One *on* One

## FITNESS



For optimal fitness and performance, all components of an exercise program must be addressed.





## Personalized Exercise Program

### **Initial Assessment** (one-time fee)

Provides you with a cardiovascular assessment, estimated cardiovascular training zones, blood pressure, weight, body fat percentage, measurements, body mass index score, and a static postural assessment, as well as a dynamic postural assessment.

**Health Investment \$69.00**

### **(3) Session Corrective Exercise Program**

The (3) session corrective exercise program provides you with (3) personal training sessions based on your assessment results, which includes:

- Flexibility program
- Cardio exercise program
- Core stabilization program
- Balance improvement exercise

Per Session Cost \$60.00

**Health Investment \$180.00**

### **(6) Session Functional Exercise Program**

The (6) session functional exercise program provides you with (6) personal training sessions consisting of all components of a functional exercise program, based on your assessment, which includes:

- Flexibility program
- Cardio exercise program
- Core stabilization program
- Balance improvement exercise
- Power training program
- Strength training program

Per Session Cost \$50.00

**Health Investment \$300.00**

### **(12) Session, Six Week (3-2-1) Advantage Program**

The (12) session (3-2-1) program is designed to include all components of a functional exercise program, based on assessment results, and to take you from level one exercise through more advanced exercises, as well as give you confidence when exercising independently. The (12) personal training sessions include:

- (3) sessions / week for two weeks
- (2) sessions / week for two weeks
- (1) sessions / week for two weeks

Per Session Cost \$45.00

**Health Investment \$540.00**



## Body Circumference Measurements

# Progress Chart

Initial Session		Session 3		Session 6		Session 9		Session 12	
Date		Date		Date		Date		Date	
Neck		Neck		Neck		Neck		Neck	
Shoulders		Shoulders		Shoulders		Shoulders		Shoulders	
Chest		Chest		Chest		Chest		Chest	
Bicep		Bicep		Bicep		Bicep		Bicep	
Forearm		Forearm		Forearm		Forearm		Forearm	
Waist		Waist		Waist		Waist		Waist	
Abs		Abs		Abs		Abs		Abs	
Hips		Hips		Hips		Hips		Hips	
Thigh		Thigh		Thigh		Thigh		Thigh	
Calf		Calf		Calf		Calf		Calf	



## Blood Pressure & Heart Rate Data Sheet

Client: \_\_\_\_\_ Trainer: \_\_\_\_\_

Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____

Date: _____	Time: _____
BP: _____	HR: _____