|  |  |
| --- | --- |
| Instructor Name |  |
| Patient Name |  |
| Today’ Date |  |
| Current Time |  |
| Location |  |
| Age |  |
| Sex |  |
| Patient Phase |  |
| Assessment Type: (First/Re-Assessment |  |

|  |  |
| --- | --- |
| Step One: Patient Vitals | |
| Blood Pressure Placement |  |
| Blood Pressure |  |
| Max Heart Rate |  |
| Resting Heart Rate |  |
| SpO2 |  |
| Respirations/min |  |
| Height |  |
| Weight |  |

|  |  |  |
| --- | --- | --- |
| Step Two: Circumference | | |
| Location | Left | Right |
| Forearm |  |  |
| Upper Arm |  |  |
| Lower Leg |  |  |
| Upper Leg |  |  |
| Does patient have lymphedema (yes/no) |  |  |

|  |  |
| --- | --- |
| Step Three: 4 Stage Balance Test (10 second holds) | |
| Feet Side to Side |  |
| Other Toe Instep |  |
| Tandem Stand |  |
| One Foot |  |

|  |  |  |
| --- | --- | --- |
| Step Four: Body Composition Analysis (minimum of two measurements) | | |
| Female | | |
| Tricep (Vertical) | Suprailliac (Diagonal) | Thigh (Vertical) |
|  |  |  |
|  |  |  |
|  |  |  |
| Male | | |
| Chest (Diagonal) | Abdomen  (Vertical) | Thigh (Vertical) |
|  |  |  |
|  |  |  |
|  |  |  |
| Bio Electrical Impedance Analysis Score (if applicable) | |  |

|  |  |  |
| --- | --- | --- |
| Step Five: Muscular Strength Testing | | |
| Dominant Side (circle) | Left | Right |

|  |  |  |
| --- | --- | --- |
|  | Left | Right |
| Result 1 |  |  |
| Result 2 |  |  |
| Result 3 |  |  |
| Highest Value |  |  |

|  |  |
| --- | --- |
| Step Six: Cardiorespiratory Fitness Testing | |
| Treadmill Test | |
| Handrails used? Y or N |  |
| Score (Vo2) |  |

|  |  |
| --- | --- |
| Timed Get up and Go (Alternate) | |
| Time |  |
| Step Pattern (1-5) |  |

|  |  |
| --- | --- |
| 3-minute step test (Alternate) | |
| Heart Rate (BPM) |  |

|  |  |
| --- | --- |
| Step Seven: Muscular Endurance Testing | |
| Curl Up Test | |
| Repetitions (max 75) (40 bpm metronome) |  |

|  |  |
| --- | --- |
| Squat Test (60 Seconds) (Alternate) | |
| Repetitions |  |

|  |  |  |
| --- | --- | --- |
| 30 Second Arm Curl Test | | |
| Dominant Side (circle) | Left | Right |
|  | Left | Right |
| Measurement 1 |  |  |
| Measurement 2 |  |  |
| Measurement 3 |  |  |
| Highest Value |  |  |

|  |  |  |
| --- | --- | --- |
| Step Eight: Flexibility | | |
| Nearest .5 in | Left | Right |
| Result 1 |  |  |
| Result 2 |  |  |
| Result 3 |  |  |
| Shoes on? Circle Y/N | Yes | No |

|  |  |  |
| --- | --- | --- |
| Chair Sit and Reach (Alternate) | | |
| Dominant Side (circle) | Left | Right |
|  | Left | Right |
| Measurement 1 |  |  |
| Measurement 2 |  |  |
| Measurement 3 |  |  |
| Highest Value |  |  |