

## CSEP-CPT Health Screening Tool *for Clients with One Medical Condition*

A CSEP-CPT can work with clients who have one diagnosed medical condition that is “stable” or determined to be at a lower risk for an adverse event during exercise. This generally is considered to mean: i) medical condition is being medically managed and client is asymptomatic; ii) no change in medication or treatment plan in the past 6 months; and iii) if physician has prescribed a medication, it is being taken as directed.

If your client identifies that he/she has a medical condition, the following Health Screening Tool can be used in addition to the Get Active Questionnaire. The purpose of this tool is to determine whether your client’s medical condition would be considered lower risk according to available research. NOTE: the list of medical conditions described in the tool is not comprehensive; rather, only the more common medical conditions diagnosed amongst the Canadian population have been included. A CSEP-CPT who is interested in other examples of lower risk medical conditions should take an appropriate continuing education course.

FOR CLIENTS WITH A MEDICAL CONDITION Place a check mark (✓) beside any statement that is true.	
<b>If your client has asthma<sup>1</sup> :</b>	
<input type="checkbox"/>	Client experiences chest tightness, wheeze, shortness of breath, or cough on >2 days/week OR >1 night/week
<input type="checkbox"/>	Client has used rescue medication >2 times in last week
<b>If your client has heart disease<sup>2,3</sup>:</b>	
<input type="checkbox"/>	Client has not completed a supervised cardiac rehabilitation program
<input type="checkbox"/>	Client has experienced cardiac symptoms during cardiac rehabilitation program and/or in last six months
<input type="checkbox"/>	Client has diagnosed or suspected: aneurysm, valve disease, angina (any kind), acute myocardial infarction, inflammatory diseases of heart (i.e., myocarditis, pericarditis, etc.), arrhythmia, heart failure
<b>If your client has hypertension<sup>2</sup>:</b>	
<input type="checkbox"/>	Client has a resting BP >160/90mmHg (one or both values; measure resting BP to confirm)
<b>If your client has osteoarthritis<sup>4</sup>:</b>	
<input type="checkbox"/>	Client experiences joint pain, severe stiffness or swelling >14 days (particularly in back, hip, knees, feet and spine)
<input type="checkbox"/>	Client has limited mobility in any activities due to joint damage
<b>If your client has osteoporosis<sup>4,5</sup>:</b>	
<input type="checkbox"/>	Client had a fragility fracture (fracture as a result of minimal trauma) after age 40 years
<input type="checkbox"/>	Client has taken systemic corticosteroids for a cumulative period of $\geq 3$ months at a prednisone-equivalent dose of $\geq 7.5$ mg daily
<input type="checkbox"/>	Client has had a recent fall or >2 falls in past 12 months
<b>If your client has type 2 diabetes<sup>6,7</sup>:</b>	
<input type="checkbox"/>	Client has a diabetic complication such as issues affecting eyes, kidneys OR the sensation in toes/feet OR has been diagnosed with coronary heart disease
<input type="checkbox"/>	Client experiences shakiness, confusion, lightheadedness, etc. due to hypoglycemia
<input type="checkbox"/>	Client is interested in doing vigorous exercise
<b>Any statement checked above?</b> <b>REFER</b> client first to an appropriate health care provider for clearance. Or recommend client get exercise advice from a CSEP-CEP.	

## Overview of the CSEP-CPT screening process for clients with medical conditions

(All of the situations below are based on the assumption that resting HR and resting BP have been measured and are below established thresholds)

		Client does regular* physical activity	Client does <u>not</u> perform regular* physical activity
Client does <u>not</u> have any suspected or known medical conditions	➔ <b>PROCEED</b> to STEP 2 – ASSESS as outlined in the CSEP-PATH Manual	<ul style="list-style-type: none"> <li>• Clients can begin with level of physical activity that they are currently doing**.</li> </ul>	<ul style="list-style-type: none"> <li>• Clients should begin with light to moderate physical activity**.</li> </ul>
Client has <u>one</u> medical condition and <u>no</u> check mark(s) in the additional screening tool.	➔ <b>PROCEED</b> to STEP 2 – ASSESS as outlined in the CSEP-PATH Manual	<ul style="list-style-type: none"> <li>• Progress as appropriate following CSEP-PATH guidelines**.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Gradually</u> progress as tolerated following CSEP-PATH guidelines**.</li> </ul>
Client has <u>one</u> medical condition and <u>1+ check mark(s)</u> in the CSEP-CPT Health Screening Tool	➔ <b>REFER</b> client to an appropriate health care provider for clearance or refer client to a CSEP-CEP for exercise advice.	<ul style="list-style-type: none"> <li>• If clearance provided for <u>unrestricted physical activity</u>, <b>PROCEED</b> to STEP 2 – ASSESS as outlined in the CSEP-PATH Manual</li> <li>• Use recommendations above for exercise prescription</li> </ul>	
Client has <u>one</u> medical condition that is <u>not</u> listed in the CSEP-CPT Health Screening Tool.	➔ <b>CHECK:</b> Do you have the knowledge, skills and abilities to conduct thorough prescreening and provide exercise advice for that medical condition? If not, recommend client obtain clearance from an appropriate health care provider or refer client to a CSEP-CEP for exercise advice.		
Client has <u>more than one</u> medical condition	➔ <b>REFER</b> client to a CSEP-CEP for exercise advice.		
<p>* Regular physical activity is defined as at least 150 minutes per week of moderate intensity activity for past 3 months</p> <p>** Clients with a medical condition interested in doing vigorous physical activity should be referred to a CSEP-CEP or obtain clearance from a physician.</p>			

### REFERENCES:

- <sup>1</sup> Eves N, Davidson W. Evidence-based risk assessment and recommendations for physical activity clearance: Respiratory disease (2011). *Appl Physiol Nutr Metab*, 36(S1): S80-S100, <https://doi.org/10.1139/h11-057>.
- <sup>2</sup> Thomas SG, Goodman JM, Burr JF (2011). Evidence-based risk assessment and recommendations for physical activity clearance: established cardiovascular disease. *Appl Physiol Nutr Metab*, 36(S1): S190-S213, <https://doi.org/10.1139/h11-050>.
- <sup>3</sup> ACSM. Guidelines for Exercise Testing and Prescription (10<sup>th</sup> ed). Wolters Kluwer.
- <sup>4</sup> Chilibeck PC, Vatanparast H, Cornish SM, Abeysekara S, Charlesworth S (2011). Evidence-based risk assessment and recommendations for physical activity: arthritis, osteoporosis, and low back pain. *Appl Physiol Nutr Metab*. 36(S1): S49-S79, <https://doi.org/10.1139/h11-037>.
- <sup>5</sup> Papaioannou, A., Morin, S., Cheung, A. M., Atkinson, S., Brown, J. P., Feldman, S., et al. (2010). 2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada: Summary. *Canadian Medical Association Journal*. 182(17): 1864-1873. DOI:10.1503/cmaj.100771 .
- <sup>6</sup> Riddell MC, Burr J. Evidence-based risk assessment and recommendations for physical activity clearance: diabetes mellitus and related comorbidities. *Applied Physiology, Nutrition, and Metabolism*, 2011, 36(S1): S154-S189, <https://doi.org/10.1139/h11-063>
- <sup>7</sup> Armstrong MJ, Sigal RJ. Physical activity clinical practice guidelines: what's new in 2013? (2013). *Canadian Diabetes Journal*. 37(6), 363–366. <http://doi.org/10.1016/j.jcjd.2013.07.046>