

Joint Effort Program  
KNB 135 University of Calgary  
2500 University Dr NW  
Calgary, AB T2N1N4  
Telephone: (403) 220-8112  
Fax: (403) 220-0546  
Email: joint@ucalgary.ca

Joint Effort Registration Form

**PERSONAL INFORMATION**

Mr.  Mrs.  Ms.  Dr.

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

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Today's Date DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**JOINT HISTORY**

Joint(s) Affected: \_\_\_\_\_

Pre or post surgery: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Mobility: \_\_\_\_\_

(Please indicate if you use a mobility device)

**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alberta Healthcare Number: \_\_\_\_\_

Are you presently receiving physiotherapy:  Yes  No

Therapist's Name: \_\_\_\_\_

Location of treatment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a any other medical conditions? (Such as heart disease, epilepsy, diabetes, or high blood pressure)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication(s)? Yes No

If Yes, Please specify

Medication	Dosage	Reason	for prescription
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY CONTACT:**

Mr.  Mrs.  Ms.  Dr.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Work number: \_\_\_\_\_

\_\_\_\_\_ Cell number: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Relationship : \_\_\_\_\_

How did you hear about Joint Effort? \_\_\_\_\_

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Medical information & personal activity history will be used to develop a program and to manage any health concerns. Alternative contact and medical information will be used in a medical emergency. If you have questions about the collection or use of this information, contact the Membership Supervisor at 403-220-8564

**Please complete the Par-Q on the following page by selecting "yes" or "no" for each of the questions. If you select "yes" please download the additional registration forms located at <http://www.ucalgaryrecreation.ca/joint-effort> or contact the program coordinator. You will be required to sign a copy of the Par-Q and a waiver at your initial appointment.**

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



# PAR-Q & YOU

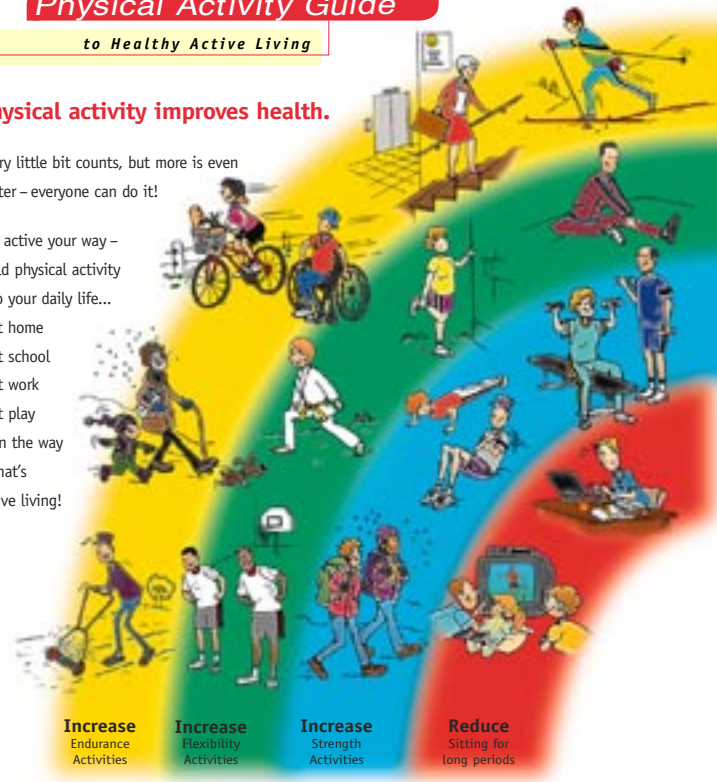
CANADA'S  **Physical Activity Guide**  
to Healthy Active Living

## Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
  - at school
  - at work
  - at play
  - on the way
- ...that's active living!



Choose a variety of activities from these three groups:

**Endurance**  
4-7 days a week  
Continuous activities for your heart, lungs and circulatory system.

**Flexibility**  
4-7 days a week  
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

**Strength**  
2-4 days a week  
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or [www.paguide.com](http://www.paguide.com)

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

## Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort 60 minutes	Moderate Effort 30-60 minutes	Vigorous Effort 20-30 minutes	Maximum Effort
<ul style="list-style-type: none"> <li>• Strolling</li> <li>• Dusting</li> </ul>	<ul style="list-style-type: none"> <li>• Light walking</li> <li>• Volleyball</li> <li>• Easy gardening</li> <li>• Stretching</li> </ul>	<ul style="list-style-type: none"> <li>• Brisk walking</li> <li>• Biking</li> <li>• Raking leaves</li> <li>• Swimming</li> <li>• Dancing</li> <li>• Water aerobics</li> </ul>	<ul style="list-style-type: none"> <li>• Aerobics</li> <li>• Jogging</li> <li>• Hockey</li> <li>• Basketball</li> <li>• Fast swimming</li> <li>• Fast dancing</li> </ul>	<ul style="list-style-type: none"> <li>• Sprinting</li> <li>• Racing</li> </ul>
Range needed to stay healthy				

## You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

### Benefits of regular activity:

- better health
- improved fitness
- better posture and balance
- better self-esteem
- weight control
- stronger muscles and bones
- feeling more energetic
- relaxation and reduced stress
- continued independent living in later life

### Health risks of inactivity:

- premature death
- heart disease
- obesity
- high blood pressure
- adult-onset diabetes
- osteoporosis
- stroke
- depression
- colon cancer

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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### FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

#### References:

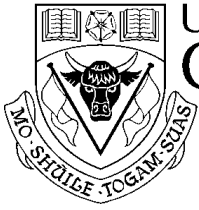
- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. **J. Clin. Epidemiol.** 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology  
202-185 Somerset Street West  
Ottawa, ON K2P 0J2  
Tel. 1-877-651-3755 • FAX (613) 234-3565  
Online: [www.csep.ca](http://www.csep.ca)

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



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**INFORMED CONSENT TO ALLOW PATIENT MEDICAL INFORMATION TO BE ASSESSED IN DATABASE FOR RESEARCH PURPOSES**

The Joint Effort Program in the Faculty of Kinesiology at the University of Calgary compiles patient files into a computer database. Information placed onto this system includes details such as your affected joint, your rehabilitation program, your current activities, assessment information, age, gender, and name. Once compiled, this information can be analyzed to research joint health in relation to physical activity and rehabilitation protocol. This information may also be used for the purposes of contacting you in regards to participating in future research.

Your name is needed to identify your file and to identify cases with more than one injury. Should you decide to allow us to use your medical file in this way, your medical history will be kept in strictest confidence. Your name will not appear in any research report, nor will it be made available to persons other than those involved in your health care, their staff and their research associates. There are no perceived risks or benefits associated with your participation. Should you refuse to allow us to use your medical file or you withdraw your consent, your care will not be compromised in any way.

By agreeing, you authorize the custodian of your health records (Joint Effort) to disclose your personal health information for research purposes only. You enter this program willingly and may revoke your consent at anytime without prejudice to future health care. You have understood to your satisfaction why you have been asked to disclose this information and are aware of the risks or benefits to consent.

**CONSENT**

I have read the above information and understand that the purpose of allowing my file data to be used is for research. I understand that I may withdraw my consent at any time without prejudice to further health care. I allow my name and personal health information to be placed on the computer database for the purpose of research or for contacting me for a research study.

I **agree** to have my patient information on the Joint Effort database used for research purposes or to be contacted for research purposes.

I **do not** agree to have my patient information on the Joint Effort Database to be used for research purposes or to be contacted for research purposes.

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Patient Printed Name:** \_\_\_\_\_

The information is collected under the authority of the Freedom of Information and Protection of Privacy Act. The above information is collected for research purposes only