

## Victoria University Clinical Exercise and Rehabilitation (VUCER)

# CLIENT INFORMATION AND CONSENT FORM FOR EXERCISE TESTS AND TRAINING

### Summary of the overall program

You are invited to participate in an exercise rehabilitation program designed to improve your muscle strength and endurance and general (aerobic) fitness. You may undergo a series of exercise tests to assess your muscle strength and endurance, aerobic fitness and body composition. After this, you will be invited to exercise with students enrolled in a 3rd year exercise science degree or postgraduate students enrolled in a clinical exercise rehabilitation course under the supervision of an Exercise Scientist (ES) or Accredited Exercise Physiologist (AEP) in Victoria University Clinical Exercise Rehabilitation. You may be reassessed every 3–4 months during your participation to monitor your progression and adjust your exercise program.

Before you volunteer to be part of this program, there are some important things to understand:

- ◆ You will be required to continue any usual treatments from your medical specialist(s) and GP and continue taking your medications.
- ◆ Participation is voluntary. You may withdraw from the program at any time with or without giving us a reason.
- ◆ Except for promotional periods – a pre-determined fee may be charged for assessments and/or training sessions.

It is important that you notify us if you have one or more of the following conditions;

- ◆ Heart attack or cardiac arrest during the past 6 months.
- ◆ Heart failure with symptoms at rest.
- ◆ Exercise Test that resulted in pain or discomfort in the chest, neck, arms, shoulders, fingers, cheeks, teeth or jaw, or pain in these areas at any other time in the past 6 months related to exertion, exercise, excitement, or other forms of stress, cold weather, or occurrence after meals.
- ◆ Current muscle and joint pain (e.g. arthritis) and/ or nerve pain that will prevent comfortable participation in exercise training.

All exercise activity carries a risk of injury and risks of suffering a heart attack or stroke. We will take all reasonable precautions when performing an exercise screening test. A medical referral will need to be obtained prior to testing if you are:

- i) are over the age of 40
- ii) Or under the age of 40 and have cardiovascular risk factors or other chronic condition.

**Note: All exercise sessions will be conducted by students enrolled in a 3rd year exercise science degree (only ‘Apparently Healthy’ clientele) or Post-Graduate students enrolled in a clinical exercise rehabilitation course under the supervision of a qualified Exercise Scientist or an Accredited Exercise Physiologist (AEP).**

### Explanation of the exercise training program

After we have completed a range of health and fitness tests as determined between you and your student trainer/clinician, we will invite you to participate in an exercise training program designed to improve your muscle strength, endurance, general (aerobic) fitness and/or flexibility based off your training goals that you outline in your first consultation. You will be expected to attend the Victoria University Fitness Facility where you will start off slowly and then gradually build both the time spent exercising and the exercise intensity as you become fitter. We can also give you some exercises to follow at home on your own as part of a selfmanagement plan. Exercise programs will be worked out for each individual and will be supervised by a qualified Exercise Scientist or Accredited Exercise Physiologist (as appropriate). After the conclusion of the program, you will undergo the same series of tests again to measure physical and functional changes and improvements.

### Risk and discomforts of your participation

All exercise activity, carries a risk of injury and, in extreme cases, risks of suffering a heart attack or stroke. We will take all reasonable precautions, when performing an exercise screening test. All exercise will be supervised by a qualified exercise scientist or accredited exercise physiologist. There may be additional unforeseen or unknown risks.

We will use every possible safety measure to protect you while performing the activities in this program:

- 1) In the case of medical emergencies, a call to 000 will be made. The staff/ students will commence appropriate resuscitation methods while waiting for an emergency team to arrive. In the event of emergencies, you will need to undergo an additional medical review and consent process before you will be permitted to return to the program.
- 2) As a participant, if you are experiencing low blood sugar levels (known as hypoglycaemia), exercise will be stopped immediately and you will be treated (eg given appropriate carbohydrate replacement) and be provided with appropriate medical attention/ follow-up.
- 3) During the exercise sessions, you may experience some muscle or other soft tissue soreness/ injury. In this case, you will be treated immediately using appropriate sports first aid (eg ice treatment). If an injury persists, or the injury needs medical evaluation and/ or treatment, you will be referred to appropriate medical or allied health practitioners at no cost to you, and will not return to the program until cleared to do so by the treating practitioner.
- 4) For all other adverse events of a physical nature, exercise will be terminated immediately. You will be consulted and reassured and then we will make arrangements for you; for appropriate follow-up (eg immediate review by a medical practitioner or early referral to an appropriate health professional) at no cost to you.
- 5) In the case of any reportable (eg more serious than just muscle soreness in response to new exercise) adverse event (whether described above or not), your GP will be informed as soon as practicable, and he/ she will make a decision regarding the safety of continued participation in the program.
- 6) The psychological risks in our program are minimal, but some participants may become anxious or distressed during exercise tests and training. If you feel anxious or distressed we will offer a counselling session by an appropriate professional not connected with the program at no cost to you.

## Responsibilities of the participant

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety of your exercise tests and training. If you agree to participate, you are responsible to fully disclose such information on the accompanying sheets or when requested by Victoria University Clinical Exercise Rehabilitation staff and students. Furthermore, you are expected to disclose any feelings of discomfort during the exercise tests or training. It is also important that you should not exceed the recommended exercise intensity (as measured by the weight lifted, exercise heart rate or RPE rating) as set by the Exercise Physiologist. The staff will take all reasonable precautions to ensure the safety, value and enjoyment of your exercise program, but we cannot be held responsible in the event that you fail to disclose important information to us.

## Medical supervision

We don't have a medical doctor on site. Your GP may need to provide you with a medical referral (see attached) before you commence our programs. Your GP can request that a medical doctor will be present during the graded signs and symptoms exercise test if he/ she feels that you are at high risk for an adverse event during exercise.

## Enquiries

Any questions about any of the procedures described here are encouraged. If you have any doubts or questions, please ask us for further explanations.

## Confidentiality

All Victoria University Clinics will maintain records of their activities, including records of client care, in accordance with:

- a. The Privacy and Data Protection Act 2014 (Vic);
- b. The Health Records Act (Vic) 2001;
- c. The VU Privacy Policy and Procedure;
- d. The VU Records Management Policy and Procedures;
- e. All relevant University IT policies; and
- f. any standards established by the relevant discipline's professional body;

## Freedom of consent

Your permission to participate in the exercise tests and exercise training is voluntary. You are free to deny consent now or withdraw consent at any time (including during the exercise testing or training) if you do desire, without prejudice.

**We endeavour to create and foster a healthy working relationship with you as a client of our service. However, aggressive or abusive speech or behaviour towards staff, students, other clients or carers will not be tolerated. Generally offensive or objectionable behaviour will lead to a request for the behaviour to cease. If this request should be disregarded, you will be asked to leave the clinic. The Clinic reserves the right to refuse further treatment to any individual who has previously exhibited aggressive or abusive behaviours towards staff, students, other clients, carers or members of the public.**

## Consent form for exercise tests and training at VUCER To be completed by all participants

We would like to invite you to be a participant in the Victoria University Clinical Exercise Rehabilitation program. The aims of the program are:

- 1) To improve your fitness, strength and health
- 2) To increase your confidence in performing exercise and physical activity
- 3) To provide clinical exercise experience to 3rd year students enrolled in exercise science degree and Post-Graduate students enrolled in Clinical Exercise Rehabilitation course
- 4) To provide clinical hours for the students towards their accreditation

### Confirmation by volunteer/participant

I, \_\_\_\_\_  
of (your address) \_\_\_\_\_

confirm that I am at least 18 years old\* and that I am voluntarily giving my consent to participate in the exercise program at VUCER. I certify that the objectives of the program, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the program, have been fully explained to me by:

Name of student/staff: \_\_\_\_\_

and that I freely consent to participation involving any or a combination of the below mentioned procedures:

- ◆ Anthropometric measurements
- ◆ Graded signs and symptoms exercise test, to test your aerobic endurance
- ◆ Muscle strength
- ◆ Test of activities of daily living
- ◆ Lung function test
- ◆ Finger prick blood sampling
- ◆ Exercise training

This clinic requires your consent to collect personal information about you. Please read this information carefully and sign where indicated. Your personal information is obtained for the primary purpose of providing quality health care and stored securely in accordance with relevant laws and policies. We will use your information in the following ways:

- ◆ Administrative purposes in running our clinic
- ◆ Disclosure to others involved in your health care, including treating doctors health care professionals outside this clinic
- ◆ Billing purposes, including Medicare and Health Insurance Commission requirements
- ◆ Disclosure for quality assurance activities.
- ◆ There may be occasions when disclosure of patient information is required for medico-legal purposes.

I have read the information above and understand why information must be collected. I understand that I am obliged to provide any information requested of me and that failure to do so might compromise the quality of the health-care and treatment given to me.

I am aware of my right to access the information collected, except in some circumstances where access might be legitimately withheld.

I consent to the handling of my information by this practice for the purposes set out above.

Name:	Date:	Signature:
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Additionally, I give my permission to be contacted for clinical research projects, understanding that it is my decision whether or not to participate and that my treatment will not be influenced by this decision.

Yes      No

I also give permission for my de-identified data to be used for research purposes including quality control research and research into physical activity and health and functional outcomes.

Yes      No

**Victoria University Clinical Exercise and Rehabilitation (VUCER)**

# CLIENT INFORMATION FORM

## Name and details

First name:	Surname:
Preferred name:	Date of birth:
Title/s:	Personal pronoun/s:
Phone:	Email:
Address:	Postcode:

Emergency contact name:

Relationship to you:	Emergency contact phone:
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## Patients under the age of 16: Parent/guardian details

First name:	Surname:
Relationship to child:	Child lives with:

## Main conditions:

**Are you VU staff/student?** If yes, which department do you work/course you are enrolled.

Yes    No

<b>Do you hold any of the following cards?</b> Seniors    Pensioner    Health care	<b>Do you work for any of the emergency services?</b> Ambulance    Police    Fire
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<b>How did you find out about the clinic?</b> Local paper    Social media    VU global email    Other, please list:	Clinic brochure/poster    Friend/relative    Online
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## Your GP details

Name:	Phone:
Address:	