



APPENDIX B: CARDIO ASSESSMENT DATA RESULTS SHEET

DATE: _____
NAME: _____
GOAL: _____

1. Heart Rate

Estimated Heart Rate Max (HRmax): _____
[220-age] or if on *beta-blocker medication* [162 x (0.7 x age)]

2. Estimated Training Heart Rate Zones

Zone I: _____ to _____
[HRmax X 0.65 to 0.75]

Zone II: _____ to _____
[HRmax X 0.80 to 0.85]

Zone III: _____ to _____
[HRmax X 0.86 to 0.90]

3. Blood Pressure (if necessary)

Systolic: _____
Diastolic: _____

4. Body Fat (if desired)

Biceps: _____ Triceps: _____ Subscap: _____ Iliac: _____
TOTAL: _____
(See Appendix C)

5. Cardio Assessments

Step Test

CV score: _____ Rating: _____ Base Training Program: _____

$$\frac{\text{Time (180 sec)} \times 100}{\text{Recovery Pulse (for 30 sec)} \times 5.6}$$

Astrand Treadmill Test

VO₂ score: _____ Rating: _____ Base Training Program: _____

$$(\text{Time} \times 1.444) + 14.99 = \text{VO}_2 \text{ score}$$

Meter Shuttle Run Test

Score: _____ - _____ VO₂ score: _____ Rating: _____
Base Training Program: _____ (See Appendix D)

For VO₂ calculation: <http://www.topendsports.com/testing/beephone.htm>



6. Movement Assessments
(See Appendix E for solutions)

Overhead Squat

View	Kinetic Chain Checkpoints	Movement Observation	Right	Left
Anterior	Feet	Turn out		
	Knees	Move inward		
		Move 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 Observation	Right	Left
Anterior	Foot	Foot flattens		
	Knees	Move inward		
		Move outward		
	Lumbo-pelvic-hip complex	Lateral hip shift		

Muscles to be Stretched:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Strengthening Exercises:

- 1.
- 2.
- 3.
- 4.