Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neo-ACT Testing Recording Sheet**

*Questions to ask before testing:*

|  |  |
| --- | --- |
| Vigorous physical activity within the last 24 hours?  | □ no □ yes |
| Last intake of food or beverage before visit? | \_\_\_\_\_\_\_ hours |
| Intake of alcohol-containing beverages within the last 24 hours?  | □ no □ yes |
| Intake of caffeine-containing beverages within the last 2 hours?  | □ no □ yes |
| Smoking within the last 2 hours?  | □ no □ yes |
| Taking beta blockers? | □ no □ yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mask on during exercise tests | □ no □ yes |
| Acute infections or inflammations?  | □ no □ yes |
| Any other information that could be relevant for training/testing? | □ no □ yes ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***At pre-surgery*** |  |
| *Have there been any new or worsening* ***Adverse Events*** *since the last visit related to physical activity in the study (this concerns both the intervention and the usual care group)? Yes/No\** | □ no □ yes |
| *Have there been any new or worsening* ***Serious******Adverse Events*** *since the last visit related to physical activity in the study (this concerns both the intervention and the usual care group)? Yes/No\*\** | □ no □ yes |

**\*Adverse Events** (AE) are defined as muscle soreness, injuries and/or “new” pain that require adjustments in exercise program or use of pain medication

**\*\*Serious Adverse Events** (SAE) are defined are AEs that require hospitalization or treatment in emergency care or outpatient care. *Complete separate reporting sheet for SAE.*

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| --- |
| **PRE ASSESSMENT MEASURES** |
|  | **Outcome measures** | **Other relevant information** | **Notes for Assessor** |
| 1 | Resting heart rate (bpm) |  |  |  |
| 2 | Resting blood pressure (mmHg) | systolic:diastolic: | If severe **hypertension (sys: >180mmHg, dias: >110mmHg)**, stop testing here.Body side of measurement:□ right □ left |  |
| 3 | Height (cm) |  |  |  |
| 4 | Weight (kg) |  |  |  |
| **BIOELECTRICAL IMPEDANCE ANALYSIS** |
|  | **Outcome measures**  | **Other relevant information** | **Notes for Assessor** |
| 5 | Body Fat Percent (%) |  |  |  |
| 6 | Fat Mass (kg) |  |
| 7 | Lean Muscle Mass (kg) |  |
| 8 | Phase angle at 50Hz (degrees) |  |

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| --- |
| **EXERCISE CAPACITY TEST - EKBLOM-BAK CYCLE TEST** |
|  | **Outcome measures** | **Other relevant information** | **Notes for Assessor** |
|  |  |  | Seat height: \_\_\_\_Pedal adjustment: □ no □ yes |  |
| 12 | Resting arterial oxygen saturation (in per cent)  |  | No testing due to desaturation (<95%):□ no □ yes |  |
| 13 | Pre-test heart rate (bpm) |  |  |  |
| 14 | Average heart rate (bpm) during the 4th min warm-up (30 W /60 rpm) |  | Test stopped early due to pain or discomfort: □ no □ yes**Circle** reason for premature termination- (1) pain - (2) anxiety - (3) discomfort - (4) low motivation | Last minute:3:15­­­\_\_\_\_\_\_\_3:30\_\_\_\_\_\_\_3:45\_\_\_\_\_\_\_4:00\_\_\_\_\_\_\_ |
| 15 | Final higher load(watt) |  | RPE (Borgs) after 1 min at higher load (60 rpm): \_\_\_\_\_\_\_ \*If load is increased repeat RPE again after 1 min: \_\_\_\_\_\_\_ | \*If the participant indicates:< 10, increase the load by two watt levels and repeat.10 - 11, increase load one watt level and repeat.12 - 16, maintain the selected load and continue.17 or higher, stop the test and allow the participant to rest for 20 minutes before repeating the test. |
| 16 | RPE (Borgs) after 4 min at higher load (60 rpm) |  |  |  |
| 17 | Average heart rate (bpm) during the 4th min at higher load (60 rpm) |  |  | Last minute:3:15\_\_\_\_\_\_\_3:30\_\_\_\_\_\_\_3:45\_\_\_\_\_\_\_4:00\_\_\_\_\_\_\_ |
| **HAND DYNAMOMETRY** |
|  | **Outcome measures** | **Other relevant information** | **Notes for Assessor** |
| 10 | Grip strength right hand (kg)  | 1.\_\_\_\_kg2.\_\_\_\_kg3.\_\_\_\_kgReport the highest value  | Due to discomfort, another handle position than 2: □ no □ yesAdjusted handle position: \_\_\_□ Right handed □ Left handedTest stopped early due to pain or discomfort: □ no □ yes**Circle** reason for premature termination- (1) low arm power - (2) pain - (3) discomfort - (4) low motivation |  |
| 11 | Grip strength left hand (kg) | 1.\_\_\_\_kg2.\_\_\_\_kg3.\_\_\_\_kgReport the highest value  |

|  |
| --- |
| **HYPOTHETICAL ONE-REPETITION MAXIMUM (LEG PRESS)** |
|  | **Outcome measures** | **Other relevant information** | **Notes for Assessor** |
| 18 | 12 repetition maximum (kg) |  | Trial 1: \_\_\_\_kg \_\_\_\_\_repetitions |  |
| Trial 2: \_\_\_\_kg \_\_\_\_\_repetitions |
| Trial 3: \_\_\_\_kg \_\_\_\_\_repetitions |
| Trial 4: \_\_\_\_kg \_\_\_\_\_repetitions |
| 19 | Calculated h1RM (kg)(use excel spreadsheet for calculation) |  | Test stopped early: □ no □ yes**Circle** reason for premature termination- (1) pain - (2) anxiety - (3) discomfort - (4) low motivation |  |