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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.\_\_\_\_kg  2.\_\_\_\_kg  3.\_\_\_\_kg  Report the highest value | Due to discomfort, another handle position than 2: □ no □ yes  Adjusted handle position: \_\_\_  □ Right handed □ Left handed  Test 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.\_\_\_\_kg  2.\_\_\_\_kg  3.\_\_\_\_kg  Report 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 |  |