SIX NATIONS POLICE SERVICE
Six Nations of the Grand River Territory
P.O. Box 758, 2112 4th Line Road
Ohsweken, ON N0A 1M0
Tel: (519) 445-2811 Fax: (510) 445-4894

APPLICATION FORM
For the position of Constable

A. GENERAL INFORMATION

An incomplete application will not be processed without all required information. Failure to provide a complete application form, resume, and proof of documents related to education and any other documentation required within this application will result in denial of your application. Do not leave any blank spaces on the form. If a question is not applicable to you, make note of that using "N/A" in the space provided.

Documentation required with the application form:

- Educational documents (include a copy of a secondary school diploma or a copy of a secondary school transcript - clearly showing level attained; equivalency certificate - clearly showing equivalence to a grade 12 secondary school diploma; copies of diplomas, certificates for post-secondary courses, degrees, etc.)
- An up-to-date resume
- Pre-employment Investigation Form - attached
- Initial Medical Examination Form & Physical Activity Readiness Questionnaire (PAR-Q attached)
- Police Information Check Form - Police Vulnerable Sector Check attached

All applicants are subject to a preliminary Police Information Check-Police Vulnerable Sector Check and a review of the applicant's driving history. Information provided herein could also result in delay or denial of processing an application (i.e. criminal charges, outstanding court or police actions). Form attached.

Applicants must be in good physical and mental health. A doctor's certificate showing proof of this must be provided with this application before it can be processed. The Six Nations Police/Commission is not bound in any way to accept for employment, a candidate who is found "medically fit" by a medical examiner since there are other requirements to be met before employment is offered. The Physical Activity Readiness Questionnaire (PAR-Q) is attached and must be submitted with your application in all cases.

Potential applicants will undergo physical testing as part of the hiring process. Potential applicants may be subject to psychological and aptitude testing. Components of the Six Nations Police Fitness Testing are enclosed with the application package for reference.

Applicants requested to be interviewed are subject to an extensive background and character investigation prior to being given consideration for employment with the Six Nations Police. Applicants may request a meeting with the Chief of Police who acts as the Chairman of the Interview Committee regarding their interview following the selection process.

Successful applicants will be subject to a complete medical examination by a recognized medical practitioner. Successful applicants will be subject to a vision test by a recognized optometrist before being given consideration for employment with the Six Nations Police. The physician and optometrist will be chosen by the Six Nations Police Hiring Committee.

An applicant may be eliminated at any time throughout the hiring process.

Information requested in this application is treated as confidential. Selection and appointment to the Six Nations Police Service is based on criteria set out above.

PLEASE HAND PRINT IN BLOCK CAPITALS

1. SURNAME: ______________________ MAIDEN NAME (if applicable): __________________

   GIVEN NAMES:

   ____

2. **ADDRESS**

   Street Number or Rural Route | City/Town | Province | Postal Code

   ____

   Lot, Concession, Township, or Blue #

   ____

   MAILING ADDRESS (if different from above):

   ____

   EMAIL ADDRESS:

   ____

3. **TELEPHONE NUMBERS**

   a) Home: b) Business: c) Message:

   ____

4. **DATE OF BIRTH**

   Year: Month: Day: SEX: M ( ) F ( ) SOCIAL INSURANCE NUMBER:

   ____

5. Do you have a birth certificate you can produce? Yes ( ) No ( )

   Band & Number/Tribal Affiliation: ____

   Status Card Number: _____________________________ Citizenship: __________________

   Ontario Health Card Number: _____________________

6. Do you use or require visual aid? Yes ( ) No ( ) If yes, please explain:

   ____

   ____

   ____

7. Are you presently a member, or have you ever been a member, of a Police Service? If yes, please provide details:

____

____

____

8. Have you ever applied to the Six Nations Police Service before? If yes, please give date(s):

____

____

9. Have you ever applied to any other police service(s)? If yes, please provide details and date(s):

____

____

10. How long have you lived at your present address? _____ Years _____ Months
Please list all former addresses & periods of residence:

____

____

____

____

11. Do you possess a valid motor vehicle driver's license? Yes ( ) No ( )

If yes, please provide license number: ____

Driver's license issued by (province, state, country): ______________________________

Have you ever had your driver's license and/or driving privileges suspended?
Yes ( ) No ( ) If yes, please give details:

____

____

____

12. Do you own a vehicle? Yes ( ) No ( ) If yes, please list:

Vehicle Make: ________________________ Vehicle Year: _________________________

13. Have you ever been charged (including charges dismissed) with any crime or offence under the Criminal Code of Canada or other Federal Statute?

Yes ( ) No ( ) If yes, please list:

Offence	Location	Date	Disposition*

** Disposition includes: convicted/acquitted/withdrawn/discharged/dismissed*

14. EDUCATION AND TRAINING

NOTE: Educational documents must be forwarded with application form, including diploma for Grade 12, equivalency, or letter of verification clearly showing level attained (please attach resume with application form – include: business, trade, correspondence, or other school courses taken, course of study and whether successfully completed, additional qualifications, skills, hobbies and interests, sports clubs, etc.)

15. Secondary School

Institute attended & location: Years: Level/Diploma:

____

____

____

16. Post Secondary School(s) attended, course(s) of study, & level attained (include college, university, business, trade, correspondence, or other):

Institute: Course/Program: Years: Diploma/Certificate:

____

____

____

17. EMPLOYMENT HISTORY

NOTE: Beginning with your present or last employer and continuing in reverse time order, list and briefly describe every position you have held. Include any military, part-time, and/or summer employment. Details can be included in your attached resume. If you have held two or more positions with the same employer, list and describe each position separately.

Present/Last Employer: ____

Address & Telephone Number: ____

Position Title: ____

Name of Immediate Supervisor: ____

Title of Immediate Supervisor: ____

Date of Employment (month and year) From: _____________ To: ___________________

Brief Description of Duties:

____

____

Reason for Leaving: ____

Final Salary: ____________________________

Indicate whether present employer may be contacted for further information: Yes ( ) No ( )

Previous Employer: ____

Address & Telephone Number: ____

Position Title: ____

Name of Immediate Supervisor: ______________________________________

Title of Immediate Supervisor: _______________________________________

Date of Employment (month and year) From: ____________ To: ______________

Brief Description of Duties:

____

____

Reason for Leaving: ____

Previous Employer: ____

Address & Telephone Number: ____

Position Title: ____

Name of Immediate Supervisor: ______________________________________

Title of Immediate Supervisor: _______________________________________

Date of Employment (month and year) From: ____________ To: ______________

Brief Description of Duties:

____

____

Reason for Leaving: ____

18. CHARACTER REFERENCES

NOTE: List four (4) persons not related to you whom we may consult and who are competent to judge your character, temperament, and industrious habits and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Full Name: ____________________

Telephone Number: ____________________

Address: ____________________

Occupation: ____________________

Years Known: ____________________

Full Name: ____________________

Telephone Number: ____________________

Address: ____________________

Occupation: ____________________

Years Known: ____________________

Full Name: ____________________

Telephone Number: ____________________

Address: ____________________

Occupation: ____________________

Years Known: ____________________

Full Name: ____________________

Telephone Number: ____________________

Address: ____________________

Occupation: ____________________

Years Known: ____________________

DECLARATION

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or result in dismissal.

______________________________ __________________________

Applicant Signature Date

PRE-EMPLOYMENT INVESTIGATION FOR THE POSITION OF SIX NATIONS CONSTABLE

Applicants for the position of Six Nations Constable are hereby notified that information about you including: criminal records, academic, employment, medical, physical, financial, character and personal data is being collected during the recruitment process for the purpose of assessing your qualifications for employment.

Information sought in the course of the Six Nations Police pre-employment investigation for the position of a Six Nations Police member is used to verify applicant concurrence with Six Nations Police basic conditions of appointment and in the determination of applicant suitability and security clearance.

I hereby consent to have a pre-employment investigation conducted in conjunction with my application for a position with the Six Nations Police Service.

Surname Given Name Middle Name

Date of Birth (YYYY/MM/DD) Driver's License Number

Applicant Signature Date

Please address any questions concerning the collection of this information in writing to the Chairman/Chief of Police of the Six Nations Police Hiring Committee.

INITIAL MEDICAL EXAMINATION

This form is to be completed by a physician and returned to the applicant. This form is to be attached to the application form in all cases.

____

Name of Applicant Name of Physician (please print)

Please check (✓) the appropriate choice(s):

☐ This is to certify that I have examined the applicant on ______________________
(date)

OR

☐ This is to certify that I am familiar with the applicant's medical history and current physical condition, and last examined the applicant on ______________________
(date)

AND

☐ In my opinion, this applicant is medically fit to perform the duties of a Six Nations Police Constable; and to take part in any physical fitness testing and training required by the Six Nations Police. The individual is healthy enough to undergo one or all the following test items contained within the Ontario Police Fitness Award physical fitness test; push-ups, trunk forward flexion, 2.4 km run or shuttle run (maximal aerobic effort required), core endurance test.

OR

☐ I consider it advisable to submit a medical report of the applicant to clarify the medical condition. If a report is to be submitted, please forward to: Six Nations Police, P.O. Box 758, Ohsweken, ON N0A 1M0

______________________________ ______________________

Signature, address, and telephone number of physician or nurse practitioner Date

____

NOTE: The appraisal will not be conducted if pre-test heart rate and blood pressure exceed ceiling rates on date of appraisal.

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I hereby authorize the designee of the Six Nations Police to discuss my medical condition and my suitability as a candidate for the Six Nations Police Service.

______________________________	____________________
Applicant Signature	Date
______________________________	____________________
Witness Signature	Date

POLICE INFORMATION CHECK
POLICE VULNERABLE SECTOR CHECK *(Unit 3 must be completed)*

UNIT 1. TO BE COMPLETED BY APPLICANT **Print legibly underneath each heading – this is your FINAL copy**			Date of Request _____/_____/______ day month year		
Last Name	First Name		Middle Name(s)		
# and Street Name	Apt/Unit #		Maiden Name or other Surnames Used	Other First Names	
City	Province	Postal Code	Date of Birth _____/_____/______ day month year	Place of Birth	Gender

Address History – Please fill out if you have resided OUTSIDE of the Region of Six Nations in the past 5 years

Street Name and #	**Apt/Unit #**	**City**	**Province**	**Postal Code**	**# of yrs**

Reason for Request (check box) ☐ Volunteer ☐ Employment ☐ Other (please specify)

Is "Reason for Request" dealing with the Vulnerable Sector (check box) Yes ☐ No ☐ *If yes, **UNIT 3** must be completed

PLEASE FILL OUT BACK OF APPLICATION AFTER UNIT 1 IS COMPLETE – DO NOT WRITE BELOW THIS LINE

UNIT 2 – POLICE USE ONLY – DO NOT WRITE IN THIS AREA

1. RESULTS FOR NAME-BASED CRIMINAL RECORD VERIFICATION

☐	NEGATIVE	**Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant,** a search of the RCMP National Repository of Criminal Records did NOT identify any records with the name(s) and date of birth of the applicant. **Positive Identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.** Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
☐	INCOMPLETE	**Based solely on the name(s) and date of birth provided and the criminal record Information declared by the applicant,** a search of the RCMP National Repository of Criminal Records **could NOT be completed. Positive Identification that a criminal record does or does not exist requires the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company.** Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
☐	POSSIBLE MATCH ***See attached for details***	**Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant,** a search of the RCMP National Repository of Criminal Records **has resulted in a POSSIBLE MATCH to a registered criminal record. Positive Identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. As such, the criminal record information declared by the applicant does NOT constitute a Certified Criminal Record by the RCMP.** Delays do exist between **a** conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

2. RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS

☐ NO RECORDS IDENTIFIED

☐ RECORDS IDENTIFIED – See attached

☐ NOT APPLICABLE

3. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICIES RESULTS

☐ NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies

☐ POSITIVE – See attached page(s) for details

4. RESULTS OF POLICE VULNERABLE SECTOR SCREENING ONLY

☐ A search of pardoned sex offenders was conducted. No information to release.

☐ A search of pardoned sex offenders was conducted. Information authorized for release.

☐ A search of pardoned sex offenders was **NOT** conducted.

Date of Search Clerk

NOT VALID UNLESS EMBOSSED WITH POLICE SEAL

IDENTIFICATION – one form MUST be Government issues & include applicant's name, date of birth, signature & photo	
Type of I.D. (Driver's License preferred)	ID Number
Type of I.D. (Driver's License preferred)	ID Number

CONTACT INFORMATION		
HOME Phone	BUSINESS Phone	CELL Phone

The Police Information Check will include the following information as it exists on the date of the search:

- Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition orders
- Criminal convictions (summary and indictable) from CPIC and/or local databases.
- Absolute and conditional discharges.
- Family court restraining orders.
- Criminal charges resulting in dispositions including, but not limited to, Withdrawn, Dismissed, and cases of Not Criminally Responsible by Reason of Mental Disorder as listed on local indices.
- Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behaviour.

The Police Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search:

- Police contacts including but not limited to theft, weapons. sex offences, or violent, harmful or threatening behavior which may or may not have involved a mental health incident where no charges were laid.
- All pardoned criminal convictions; including non sex offences, identified as a result of a Vulnerable Sector Verification search and authorized for release by the Minister of Public Safety and Emergency Preparedness.

1. I hereby release and discharge the Six nations Police Service and all members and employees of the said Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service. I hereby authorize the Six Nations Police Service to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges, outstanding criminal charges to me and to conduct a local police contact search with any Police Service om Canada.
2. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.

Applicant's Name: (Please Print) ____

Applicant's Signature ____

UNIT 3 – POLICE VULNERABLE SECTOR CHECK (COMPLETE IF REQUIRED)

This section is restricted to applicants seeking employment and/or volunteering with vulnerable individuals.

"Vulnerable persons" means persons who, because of their age, a disability or other circumstances, whether temporary or permanent, (a) are in a position of dependence on others; or (b) are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.

Part 1: Identification of the Applicant

Surname	Given Name	Sex	Date of Birth (day/month/year)
		Male ☐ Female ☐	

Part 2: Reason for Content (Please fill out the following):

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children OR vulnerable persons.

Description of the paid or volunteer position	Name of the person or organization

Details regarding the responsibilities towards children or vulnerable person(s). (Please specify gender & ages)

Part 3: Consent

I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act.*

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant	**Date (day/month/year)**

Contributing Agency SIX NATIONS POLICE Authorized Signature:

Personal information contained on this form is collected pursuant to the Police Services Act, s.41 and is collected for the purpose of processing this police check. Questions concerning this collection should be directed to Six Nations Police.

08/02/2013

2023 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	**YES**	**NO**
1) Has your doctor ever said that you have a heart condition ☐ **OR** high blood pressure ☐?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months? Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:** ____________	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:** ____________	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it **does not limit your current ability** to be physically active. **PLEASE LIST CONDITION(S) HERE:** ____________	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (https://www.who.int/publications/i/item/9789240015128).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME ____________________ DATE ____________

SIGNATURE ____________________ WITNESS ____________

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER ____________________

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

2023 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?
If the above condition(s) is/are present, answer questions 1a-1c — If **NO** ☐ go to question 2

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) — **YES** ☐ **NO** ☐

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? — **YES** ☐ **NO** ☐

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? — **YES** ☐ **NO** ☐

2. Do you currently have Cancer of any kind?
If the above condition(s) is/are present, answer questions 2a-2b — If **NO** ☐ go to question 3

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? — **YES** ☐ **NO** ☐

2b. Are you currently receiving cancer therapy (such as chemotheraphy or radiotherapy)? — **YES** ☐ **NO** ☐

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm
If the above condition(s) is/are present, answer questions 3a-3d — If **NO** ☐ go to question 4

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) — **YES** ☐ **NO** ☐

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) — **YES** ☐ **NO** ☐

3c. Do you have chronic heart failure? — **YES** ☐ **NO** ☐

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? — **YES** ☐ **NO** ☐

4. Do you currently have High Blood Pressure?
If the above condition(s) is/are present, answer questions 4a-4b — If **NO** ☐ go to question 5

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) — **YES** ☐ **NO** ☐

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) — **YES** ☐ **NO** ☐

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes
If the above condition(s) is/are present, answer questions 5a-5e — If **NO** ☐ go to question 6

5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? — **YES** ☐ **NO** ☐

5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. — **YES** ☐ **NO** ☐

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? — **YES** ☐ **NO** ☐

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? — **YES** ☐ **NO** ☐

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? — **YES** ☐ **NO** ☐

01-11-2022

2023 PAR-Q+

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b — If **NO** ☐ go to question 7

6a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
6b.	Do you have Down Syndrome **AND** back problems affecting nerves or muscles?	YES ☐ NO ☐

7. Do you have a Respiratory Disease? *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

If the above condition(s) is/are present, answer questions 7a-7d — If **NO** ☐ go to question 8

7a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
7b.	Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	YES ☐ NO ☐
7c.	If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	YES ☐ NO ☐
7d.	Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	YES ☐ NO ☐

8. Do you have a Spinal Cord Injury? *This includes Tetraplegia and Paraplegia*

If the above condition(s) is/are present, answer questions 8a-8c — If **NO** ☐ go to question 9

8a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
8b.	Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	YES ☐ NO ☐
8c.	Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?	YES ☐ NO ☐

9. Have you had a Stroke? *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

If the above condition(s) is/are present, answer questions 9a-9c — If **NO** ☐ go to question 10

9a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
9b.	Do you have any impairment in walking or mobility?	YES ☐ NO ☐
9c.	Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	YES ☐ NO ☐

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c — If **NO** ☐ read the Page 4 recommendations

10a.	Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months?	YES ☐ NO ☐
10b.	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	YES ☐ NO ☐
10c.	Do you currently live with two or more medical conditions?	YES ☐ NO ☐

PLEASE LIST YOUR MEDICAL CONDITION(S) AND ANY RELATED MEDICATIONS HERE: ____________________

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

2023 PAR-Q+

If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

If you answered **YES** to **one or more of the follow-up questions** about your medical condition:
You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+ at www.eparmedx.com** and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ **at www.eparmedx.com** before becoming more physically active.
- Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME ______________________________ DATE ______________________

SIGNATURE __________________________ WITNESS ____________________

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER ______________________________

For more information, please contact
www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+
Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

Key References
1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

01-11-2022

Table 4.1: OPFA 7 STEP PRE-SCREENING CHECKLIST

PARTICIPANT: ____________________ **APPRAISER:** ____________________

DATE: ________________ **LOCATION:** ____________________

	7 STEP PRE-SCREENING CHECKLIST		CONCERN		OK
1.	**PAR Q+** Answered "yes" to one or more of the questions		(≥ 1 "Yes" – Physician Referral)		
2.	**Heart Health Risk Assessment (Table 4.2)** (Male >40 years old) Age ______ (Female >50 years old)		□ Low Risk ≤ 2 risk factors □ High Risk > 2 risk factors (High Risk – Physician Referral)		
	Positive Risk Factors	**Defining Criteria**			
	Family history	Premature cardiovascular disease (heart attack or chest pain due to heart disease) in family history for males; sudden death/disease before 55 years of age in father or other male first degree relative or before 65 years of age in mother or female first degree relative			
	Cigarette smoking	Current smoker or quit within last 6 months			
	Sedentary lifestyle	Physical inactivity 3 times a week for < 30 minutes per day of light to moderate activity physical activity/exercise			
	Dyslipidemia	Total blood cholesterol >5.2 mmol/L of or if known fractions: LDL > 3.4 mmol/L or HDL < 1.0 mmol/L men, <1.3 mmol/L women on lipid lowering medication			
	Hypertension	Systolic BP>140 mmHg or diastolic >90 mmHg confirmed by measurements on at least 2 separate occasions or on antihypertensive medication			
	Obesity	Body mass index > 30 or waist girth >102 cm for men and >88 cm for women			
	Diabetes (impaired 12 hour fasting glucose)	Fasting blood glucose > 7 mmol/L confirmed by measurements on at least 2 separate occasions			
3.	**Physical Activity History**		Preferred Aerobic Assessment		
	◊ No regular physical activity (<3x/wk., @ min. 70% of Max, <20 min)		□ Inactive – Submax Tests Only		
	◊ Regular PA (light- mod), no recent max effort (>90%) in last 2 months		□ Regular PA, no max–Preferred Submax		
	◊ Regular, vigorous PA, recent max effort in last 2 months		□ Regular PA, recent max–Max Preferred		
4.	**Informed consent form**		□ Signed – can proceed □ Does not signed – cannot proceed		
5.	**General Pre-Test Control Items Prior to Test**	☐ abstained from alcohol > 6 hours ☐ abstained from smoking > 2 hours prior ☐ abstained from caffeine and/or other stimulant products > 2 hours prior ☐ avoided a heavy meal > 2 hours ☐ avoided vigorous exercise > 6 hours			
	Cleared on the following Observations	□ no acute infection, illness or fever □ no lower limb or hand extremity swelling □ no difficulty breathing at rest	□ has no persistent cough □ reported her pregnancy □ not taken any medication including puffers or inhalers		
6.	**Resting heart rate exceeding 99 bpm**		HR 1=	HR 2 =	
7.	**Resting blood pressure exceeding 144/94 mmHg**		BP 1 =	BP 2 =	

☐ **OK TO PROCEED WITH TEST**

☐ **REQUIRES MEDICAL CLEARANCE TO PROCEED**

Date: ______________ **SIGNATURE OF APPRAISER:** ____________________

TABLE 1
MALE PUSH-UPS
RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60+
20	49+	37+	31+	29+	28+
19	48	36	30	28	25-27
18	36-47	30-35	22-29	21-27	18-24
17	32-35	25-29	20-21	15-20	13-17
16	29-31	22-24	17-19	13-14	12
15	27-28	21	16	12	11
14	25-26	20	15	11	10
12	24	19	13-14	10	9
10	21-23	16-18	12	9	7-8
8	18-20	14-15	10-11	7-8	6
6	16-17	11-13	8-9	5-6	4-5
4	11-15	8-10	5-7	4	2-3
2	10	7	4	3	1

TABLE 2
FEMALE PUSH-UPS
RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60+
20	38+	37+	33+	31+	31+
19	37	36	32	30	30
18	30-36	27-35	24-31	21-29	17-29
17	24-29	22-26	20-23	15-20	13-16
16	21-23	20-21	15-19	12-14	12
15	20	17-19	14	11	10-11
14	18-19	16	13	10	9
12	16-17	14-15	12	9	6-8
10	14-15	12-13	10-11	5-8	4-5
8	11-13	10-11	7-9	3-4	2-3
6	9-10	7-9	4-6	1-2	1
4	5-8	4-6	2-3	---	---
2	4	3	1	---	---

TABLE 3
MALE TRUNK FORWARD FLEXION
RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60+
10	45+	44+	41+	42+	45+
9.5	44	43	39-40	40-41	40-44
9	40-43	38-42	37-38	37-39	36-39
8.5	37-39	35-37	35-36	35-36	32-35
8	34-36	33-34	32-34	33-34	29-31
7.5	33	32	29-31	30-32	26-28
7	32	31	27-28	27-29	24-25
6	31	29-30	25-26	25-26	22-23
5	29-30	27-28	23-24	22-24	18-21
4	26-28	24-26	20-22	18-21	16-17
3	23-25	21-23	16-19	15-17	14-15
2	18-22	17-20	12-15	12-14	11-13
1	17	16	11	11	10

TABLE 4
FEMALE TRUNK FORWARD FLEXION
RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60+
10	46+	46+	44+	44+	41+
9.5	45	45	42-43	42-43	39-40
9	41-44	41-44	40-41	40-41	37-38
8.5	39-40	38-40	38-39	38-39	35-36
8	37-38	36-37	36-37	36-37	33-34
7.5	36	35	34-35	34-35	31-32
7	35	34	32-33	32-33	29-30
6	34	33	29-31	30-31	27-28
5	32-33	31-32	26-28	28-29	25-26
4	29-31	28-30	24-25	25-27	23-24
3	26-28	25-27	22-23	22-24	21-22
2	22-25	21-24	19-21	19-21	18-20
1	21	20	18	18	17

TABLE 5
MALE CORE ENDURANCE TEST
RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60+
20	3:00	3:00	2:45-3:00	2:41-3:00	2:00-3:00
19	2:50-2:59	2:43-2:59	2:30-2:44	2:21-2:40	1:53-1:59
18	2:40-2.49	2:27-2:42	2:10-2:29	2:00-2:20	1:44-1:52
17	2:31-2:39	2:13-2:26	1:55-2:09	1:50-1:59	1:35-1:43
16	2:21-2:30	2:01-2:12	1:39-1:54	1:40-1:49	1:26-1:34
15	2:12-2:20	1:48-2:00	1:23-1:38	1:27-1:39	1:17-1:25
14	2:00-2:11	1:42-1:47	1:19-1:22	1:17-1:26	1:09-1:16
12	1:50-1:59	1:36-1:41	1:14-1:18	1:06-1:16	1:01-1:08
10	1:39-1:49	1:31-1:35	1:10-1:13	0:54-1:05	0:52-1:00
8	1:35-1:38	1:19-1:30	0:59-1:09	0:43-0:53	0:42-0:51
6	1:30-1:34	1:07-1:18	0:45-0:58	0:31-0:42	0:30-0:41
4	1:26-1:29	0:56-1:06	0:32-0:44	0:20-0:30	0:20-0:29
2	≤1:25	≤0:55	≤0:31	≤0:19	≤0:19

TABLE 6
FEMALE CORE ENDURANCE TEST
RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59	AGE 60+
20	3:00	3:00	3:00	2:36-3:00	2:29-3:00
19	2:51-2:59	2:51-2:59	2:46-2:59	2:13-2:35	2:00-2:28
18	2:41-2:50	2:43-2:50	2:33-2:45	1:50-2:12	1:31-1:59
17	2:32-2:40	2:36-2:42	2:20-2:32	1:38-1:49	1:14-1:30
16	2:24-2:31	2:28-2:35	2:07-2:19	1:26-1:37	0:57-1:13
15	2:15-2:23	2:20-2:27	1:54-2:06	1:14-1:25	0:39-0:56
14	2:04-2:14	2:11-2:19	1:43-1:53	1:06-1:13	0:33-0:38
12	1:53-2:03	2:01-2:10	1:32-1:42	0:56-1:05	0:26-0:32
10	1:42-1:52	1:52-2:00	1:20-1:31	0:47-0:55	0:19-0:25
8	1:30-1:41	1:35-1:51	1:08-1:19	0:37-0:46	0:15-0:18
6	1:18-1:29	1:18-1:34	0:55-1:07	0:26-0:36	0:11-0:14
4	1:06-1:17	1:01-1:17	0:42-0:54	0:15-0:25	0:06-0:10
2	≤1:05	≤1:00	≤0:41	≤0:14	≤0:05

TABLE 7
<u>1.5 MILE RUN – MALES</u>

RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-34	AGE 35-39	AGE 40-49	AGE 50+
50	≤ 9:00	≤ 9:20	≤ 10:06	≤ 10:54	≤ 11:59
47.5	9:01-9:30	9:21-9:50	10:07-10:37	10:55-11:41	12:00-12:51
45	9:31-10:00	9:51-10:20	10:38-11:10	11:42-12:17	12:52-13:31
42.5	10:01-10:30	10:21-10:50	11:11-11:42	12:18-12:52	13:32-14:07
40	10:31-10:56	10:51-11:20	11:43-12:14	12:53-13:28	14:08-14:49
37.5	10:57-11:22	11:21-11:50	12:15-12:47	13:29-14:04	14:50-15:28
35	11:23-11:46	11:51-12:20	12:48-13:19	14:05-14:39	15:29-16:07
30	11:47-12:10	12:21-12:50	13:20-13:52	14:40-15:15	16:08-16:47
25	12:11-12:35	12:51-13:20	13:53-14:24	15:16-15:50	16:48-17:25
20	12:36-12:59	13:21-13:50	14:25-14:56	15:51-16:26	17:26-18:05
15	13:00-13:30	13:51-14:20	14:57-15:29	16:27-17:02	18:06-18:44
10	13:31-14:00	14:21-14:50	15:30-16:01	17:03-17:37	18:45-19:23
5	14:01-14:30	14:51-15:20	16:02-16:34	17:38-18:13	19:24-20:02

TABLE 8
1.5 MILE RUN – FEMALES

RESULTS AND SCORES

SCORE	AGE 20-29	AGE 30-34	AGE 35-39	AGE 40-49	AGE 50+
50	≤10:35	≤11:00	≤ 11:53	≤13:04	≤ 14:22
47.5	10:36-11:10	11:01-11:35	11:54-12:31	13:05-13:46	14:23-15:08
45	11:11-11:52	11:36-12:10	12:32-13:08	13:47-14:27	15:09-15:53
42.5	11:53-12:34	12:11-12:45	13:09-13:46	14:28-15:08	15:54-16:38
40	12:35-13:00	12:46-13:20	13:47-14:24	15:09-15:50	16:39-17:25
37.5	13:01-13:26	13:21-13:55	14:25-15:02	15:51-16:32	17:26-18:11
35	13:27-13:42	13:56-14:30	15:03-15:40	16:33-17:14	18:12-18:57
30	13:43-13:57	14:31-15:05	15:41-16:17	17:15-17:55	18:58-19:42
25	13:58-14:12	15:06-15:40	16:18-16:55	17:56-18:21	19:43-20:11
20	14:13-14:27	15:41-16:15	16:56-17:33	18:22-19:18	20:12-21:14
15	14:28-14:42	16:16-16:50	17:34-18:11	19:19-20:06	21:15-22:00
10	14:43-14:57	16:51-17:25	18:12-18:49	20:07-20:41	22:01-22:45
5	14:58-15:12	17:26-18:00	18:50-19:26	20:42-21:22	22:46-23:30

TABLE 11

SHUTTLE RUN – MALES/FEMALES

RESULTS AND SCORES

SCORE	AGE 20-29		AGE 30-34		AGE 35-39		AGE 40-49		AGE 50+	
	M	F	M	F	M	F	M	F	M	F
50	≥12	≥9.5	≥11.5	≥9	≥10.5	≥8	≥9	≥6.5	≥7.5	≥5.5
47.5	11.5	9	11	8	10	7.5	8.5	6	7	5
45	11	8-8.5	10.5	7.5	9-9.5	7	7.5	5-5.5	6.5	4.5
42.5	10-10.5	7.5	9.5	7	8	6-6.5	7	4.5	5.5	4
40	9-9.5	7	8.5-9	6.5	7.5	5.5	6	4	5	3.5
37.5	8.5	6.5	8	6	7	5	5.5	3.5	4.5	2.5
35	8	6.0	7.5	5	6.5	4.5	5	3	4	2
30	7.5	5.5	7	4.5	6	4	4.5	2.5	3.5	1.5
25	7	5	6.5	4	5.5	3.5	4	2	3	1
20	6.5	4.5	6.0	3.5	5	3	3.5	1.5	2.5	.5
15	6	4.0	5.5	3	4.5	2.5	3	1	2	----
10	5.5	3.5	5.0	2.5	4	2	2.5	.5	1.5	----
5	5	3	4.5	2.0	3	1.5	2.0	----	1	----

Note: Age 35-39 year old females, age 40-49 year old females, and age 50+ males and females must complete a minimum of level 2 to be scored.

PROTOCOLS OF OPFA TESTING COMPONENTS
5.7 PUSH-UPS

Push-ups are a test of muscular endurance (upper body – chest and triceps) which is defined as the ability of a muscle to perform repeated contractions over a period of time.

Procedure:

It is imperative that the participant is well instructed in the correct performance of the push-up procedure prior to beginning the test. The push-ups are to be performed consecutively and without a time limit. Do not count incorrectly performed push-up.

The test is terminated when the participant:

- has completed as many push-ups as possible without pausing
- is unable to maintain the proper push-up technique over 2 consecutive repetitions

Male Protocol:

The participant lies on his stomach, legs together. His hands, pointing forward, are positioned under the shoulders. To begin the participant pushes up from the mat by fully straightening the elbows using the toes as the pivotal point.

The upper body must be kept in a straight line. The participant returns to the starting position, chin to the mat. Neither the stomach nor thighs should touch the mat. The participant may not flex the hip, strain forcibly and or hold their breath.

Figure 5.4 Male Push Ups start position. Toes on floor as pivots, feet together, hands under shoulder, fingers facing forward with stomach and thighs touching floor.

Figure 5.5 Male Push Ups end position. Toes remain on floor with hands under the shoulders. Fingers remain facing forward with shoulder, hips and knees aligned. There is no pause in motion at the top of the push up movement.

Female Protocol:

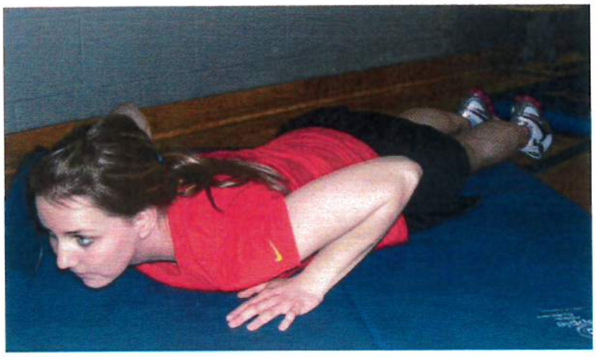


Figure 5.6 **Female Push Ups start position.** Same as men's with hands under shoulders, fingers pointing straight ahead. Chest, hips and thighs flat on floor.

Figure 5.7 Female Push Ups end position showing full range of motion. Body shows rigid posture with the shoulders, hips and knees aligned. Hands remain under shoulders, fingers facing forward. Hands remain in neutral position. Knees remain on mat as pivot point.

The participant lies on her stomach with legs together. Her hands, pointing forward, are positioned under her shoulders. She then pushes up from the mat by fully straightening the elbows using the knees as the pivot point.

The upper body must be kept in a straight line. The participant returns to the starting position, chin to the mat. The stomach should not touch the mat. The participant **must** have the lower leg remain in contact with the mat, ankles plantar-flexed. The participant may not flex the hip, strain forcibly and hold their breath.

Figure 5.8 Female Push Ups - Knees as pivot for end point with feet in plantar-flexed position. (showing knee and foot weight bearing)

It is not acceptable for either males or females to have their feet against a wall or for a mat to be placed under their chin. See Chapter 6 for results.

5.8 Trunk Forward Flexion

Flexibility depends upon the elasticity of the muscles, tendons and ligaments and is the ability to bend without injury (Whitney et al., 1990). It is defined as the range of motion across a joint or series of joints. The trunk forward flexion test measures the flexibility of the hamstring and lower back muscles acting across the hip joint.
Flexibility depends upon the elasticity of the muscles, tendons and connecting tissue across the hip joint to be held in a stretched position statically, without bouncing or jerking. It also depends on core and muscle temperature, with warmer muscles, tendons and connective tissues achieving a greater range of motion. Therefore, flexibility testing should be completed soon after a cardiovascular test, when the body is the warmest.

The position of maximum flexion must be held for approximately two seconds. Advise the participant that lowering the head and exhaling will maximize the distance reached. Remind the participant that the knees cannot flex or the trial does not count. Both results are recorded with the higher result scored. Record both readings and record the maximum reading to the nearest 0.5 cm.

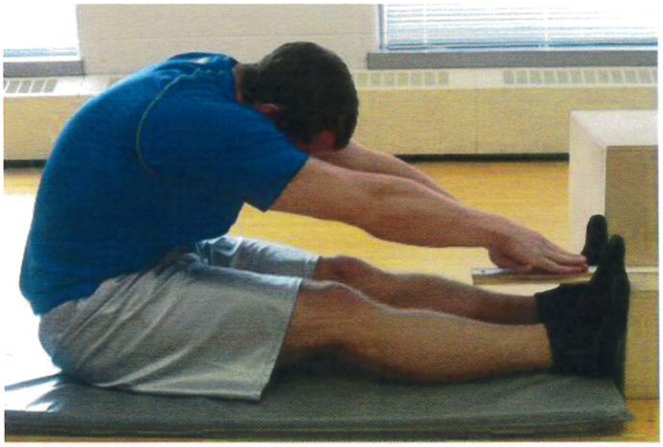
Procedure:

Participant is seated, without shoes, with legs fully extended and the soles of the feet placed flat against the flexometer. The insoles of the left and right foot must be 6 inches apart. Keeping the knees fully extended, arms evenly stretched, and palms down, participants bends and reaches forward while slowly exhaling.

See Chapter 6 for results and scores.

Figure 5.9 Start point for Sit and Reach. Hands together, fingers equally extended, knees remain fully extended without flexion through stretch. Extend the hands along the ruler (trunk flexion) as far forward as possible without bouncing or jerking in one smooth movement.

Figure 5.10 End position for Sit and Reach. While keeping legs down, exhale and hold at the end of range of motion for 2 seconds. Feet remain flat against upright supports and apart from center divider.



All flexibility tests show maximum results when the core temperature is raised at least 1 degree Celsius. Client scores are maximized if they test following a warm up.

Have participants follow a general warm up with a specific pretest static modified hurdle stretch on both legs before the trials of the actual sit and reach movement.

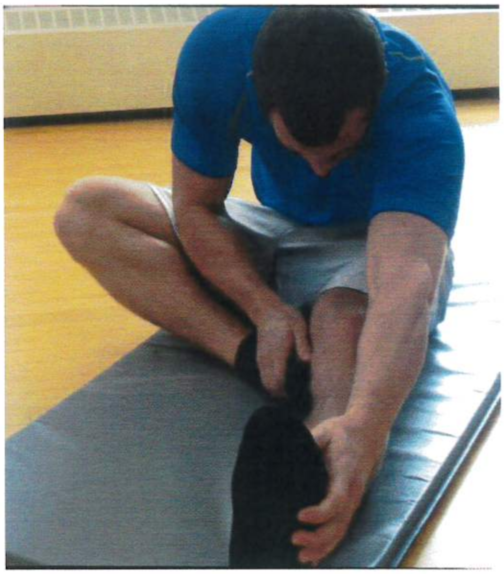


Figure 5.11. A Modified Hurdle Stretch is used as a static warm up stretch to prepare the participant for the sit and reach. Hold in a static stretch for 30 seconds each leg. Repeat twice.

5.9 Core Endurance Test

Back injury is one of the most common reasons for people to have to take time off of work. Those who work in the policing environment are also subject to back injury whether they are on the road in a vehicle or sitting at a computer writing reports. For this reason a back assessment was chosen as one of the components of the PIN test that would be added as of 2012. The assessment tool that was chosen was the modified Biering-Sorensen test that is endorsed by the Canadian Society for Exercise Physiology and used in the Canadian Physical Activity, Fitness and Lifestyle Approach (Appraisal).

The assessment is for those participants that are asymptomatic and pass the pre-screening for having no back problems. The participant has filled out their PAR-Q and have no restrictions.

Pre-screening:

The participant lies face down on a mat and performs a straight leg extension with the right leg and then the left. If there is no pain, then they are told to do the same movement but now have the opposing arm outstretched and lift the opposite leg at the same time. They only need to lift and return to starting position. If no pain is indicated then they proceed to the next movement.

Figure 5.12 Pre-screening. Leg lift only

Figure 5.13 Pre-screening cont'd. Leg lift with opposite arm. Repeat on each side.

Equipment:

1. Stopwatch or clock with second hand.
2. Padded bench or flat surface that is at least 40 centimeters off the floor (with a mat on top of it).
3. Securing straps or a partner to hold the participant.

Procedure:

The client lies face down on top of the bench with lower body on the bench. The iliac crest is positioned on the edge of the bench. The client needs to be secured by either the straps or a partner. Before starting the test the client is told to recruit their core muscles throughout the test. A towel may be placed under the ankles to add support. This may allow the calves to stay in a relaxed state.

Once the client is secured they raise up until they are parallel with their lower body. Their arms are placed across their chest with the hands on the opposing shoulders. The entire body forms one straight line with no rotation or lateral shifting. The client stays in this position as long as possible to a maximum of three minutes (180 seconds). They are allowed one warning to re-position themselves if they drop below parallel. Record the length of time that the test is performed.

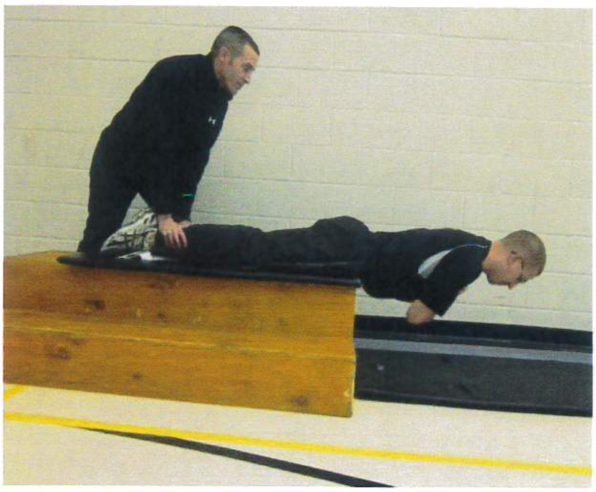


Figure 5.14 Correct body position

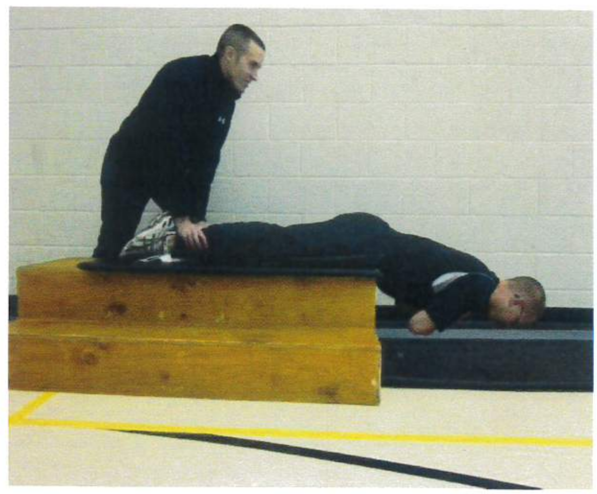


Figure 5.15 Incorrect body position (one warning then test finished)

Figure 5.16 Body position using straps

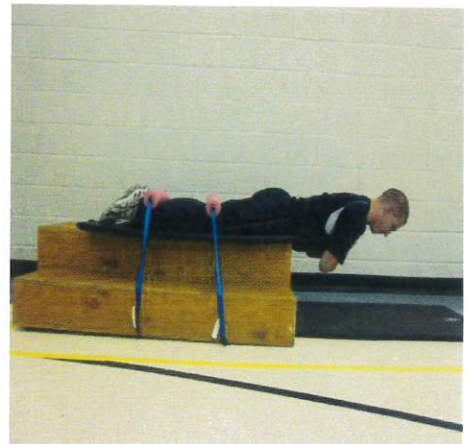


Figure 5.17 Full body view using straps

Cautions:

1. Do not raise your head. It should be parallel with the floor.
2. Keep neck straight and neutral.
3. Do not arch your back.
4. Breathe normally.

See **Chapter 6** for results and scores