



## FitGreyStrong services and programs

### INFORMED CONSENT

#### **Purpose of exercise program**

I understand that my exercise program is individually tailored to meet the goals, objectives and specific considerations relevant to ensure that participation is safe and effective and is agreed upon by FitGreyStrong and myself.

#### **Description of the Exercise Program**

I understand that my exercise program will involve active participation in several different types of activities primarily based upon movement of the musculoskeletal system and that these physical movements on occasion will be difficult and challenging. The exercises and activities selected will vary depending upon the initial assessment and interview, and this will assist toward establishing the parameters of the program that will yield the most favourable adaptations to improve physical function, fitness and quality of life. The activities and exercises selected by FitGreyStrong will include some, or all of the following, which will be dependent upon the program designed: 1) aerobic exercise, including but not limited to, walking and/or running outside and/or on treadmills, stationary bicycles, step-ups on benches, boxing exercises, circuit training; 2) strength, power and muscular endurance exercises including, but not limited to, the use of free weights, weight machines, body weight exercises, plyometric exercises, resistance band exercises, isometric exercises both individually and/or partnered; 3) neuromotor exercise, including but not limited to, movements that challenge balance, agility and proprioception; 4) flexibility exercise, including but not limited to, static, dynamic and proprioceptive neuromuscular facilitation stretching and range of motion increasing movements. The makeup of the entire exercise program will be discussed and agreed upon by myself and FitGreyStrong. The initial subjective and objective assessment will also include components of the abovementioned and will be fully explained and demonstrated prior to testing. Some of the pre-exercise testing may be challenging and fatiguing, which could lead to some general fatigue and muscle soreness for a few days subsequent. The level of testing will be selected as individually appropriate and safe, and is

not designed to be exhaustive but to establish current levels of function and fitness so that a fully informed exercise prescription is possible.

### **Description of potential risks**

I understand that no exercise program is without inherent risks regardless of the care taken by FitGreyStrong and that whilst all reasonable measures and efforts will be made to mitigate these risks, personal safety cannot be guaranteed. I acknowledge that my participation in any exercise prescribed by FitGreyStrong, particularly those that stress cardiovascular function, poses a very small possibility of serious injury (e.g., myocardial infarction, stroke, or other cardiovascular accidents) or catastrophic incident (e.g., death, paralysis). Other exercise-induced side-effects, such as anginal or chest pain, palpitations or tachycardia, dizziness, dyspnoea and/or intermittent claudication may occur during exercise. This would indicate that possible underlying disease may exist suggestive of cardiovascular, metabolic or renal disease. This would therefore require immediate cessation of exercise with further investigation by the appropriate medical specialist/GP recommended before continuance of the exercise program would be allowed. Likewise, I am aware that engaging in power, strength, muscular endurance and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), less frequent, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g., death, paralysis). Other exercise-induced minor issues that may arise during or after training sessions include, but are not limited to, muscle fatigue and soreness, general fatigue and body aching, joint pain, general and/or specific oedema (for example, areas in relation to surgery), transient mood and negative psychological effects, sleep issues, and difficulties carrying out activities of daily living (ADLs). I acknowledge that my participation in this program is entirely voluntary and that I can cease it at any time I deem fit.

### **Safeguards in relation to exercise**

I am aware that Sean Wilson of FitGreyStrong is an Exercise Physiologist accredited with Exercise and Sports Science Australia (ESSA), has current first aid and CPR qualifications, and is suitably qualified to advise, design and implement exercise programs. In case of injury or an unforeseeable accident, I have taken appropriate care to organize and have medical emergency and treatment contingencies in place to assist me in my time of need.

### **Description of potential benefits**

I understand that physical activity and regular exercise has been shown to have clear and definite benefits to general health and well-being. I acknowledge that the benefits outweigh the risks and may include, but are not limited to: 1) decreased risk of morbidity and premature death, particularly the risk of developing heart disease; 2) improvement of cardiovascular structure and function; 3) lowering of blood pressure; 4) improvement of blood lipids; 5) improvement of glycaemic control (blood glucose), decreased insulin

resistance and improved insulin sensitivity; 6) improvement of power, strength and muscular endurance; 7) improvement of gait, balance, posture and agility; 8) improvement of flexibility; 9) increased skeletal muscle mass; 10) reduction of body fat and loss of weight; 11) improvement of sleep architecture and; 12) improvement of overall improved quality of life.

### **Social media**

FitGreyStrong has an active social media presence and regularly posts on several different platforms such as Facebook, Twitter, Instagram and YouTube. I acknowledge that FitGreyStrong may ask, on occasion, to share photographic or video of my exercises to social media. I am aware that I am under no obligation when partaking in a FitGreyStrong program to agree to photos or videos of myself being shared on social media and, if shared, require my express approval of the content before FitGreyStrong can post.

### **Confidentiality and privacy**

I am aware that any of my personal information will be stored electronically on an external hard drive or PC and will be protected by a secured password. Any paper data, such as consent forms or pre-exercise screening documents, will be stored securely in a filing cabinet.

### **Participant responsibilities**

I understand that it is my responsibility to 1) fully disclose any health issues or medications that are relevant to participation in a program designed by FitGreyStrong; 2) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury) during training and; 3) clear my participation with my physician.

### **Appointment or training session cancellation**

Twenty-four hours (24) notice is required for cancellation of an appointment or training session unless there are extenuating circumstances. Cancellations made 24 hours or less before the scheduled appointment will incur a \$75 fee.

### **Participant acknowledgements**

On agreeing to this exercise program designed by FitGreyStrong:

- I acknowledge that my participation is completely voluntary.
- I understand the potential physical risks involved in the program and believe that the potential benefits outweigh those risks.
- I understand that the achievement of my goals cannot be guaranteed.
- I have been able to actively participate and contribute to planning and approving the activities selected for my program.

- I have been able to ask questions regarding any concerns I might have, and those questions have been answered to my satisfaction.
- I am aware that this program is designed to facilitate recovery and improve physical fitness from any previous treatment I have had, irrespective of the nature of that condition, and that my physician(s) are supportive and endorse participation in this program.
- I have been advised to cease activity immediately if I experience unusual discomfort and feel the need to stop.

**I have read and understand the above agreement; I have been able to ask questions regarding any concerns I might have; I have had those questions answered to my satisfaction; and I am freely signing this agreement.**

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Signature of Patient	Printed Name	Date
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Signature of Exercise Physiologist	Printed Name	Date
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