

SPORT SCIENCE CONSULTANTS

Strength and Conditioning CPET

Physiological Assessment – Concept II Rower LGET

PARTICIPANT INFORMATION & INFORMED CONSENT

Thank you for booking a Physiological Assessment with Sport Science Consultants. Please read this guide as it will help you get the most out of your assessment. Please print out and sign the consent form and bring it with you when you visit us.

Please do not engage in any strenuous physical activity or any unusual physical activity in the 24 hours prior to your test. Please avoid alcohol the day before your assessment and avoid any caffeinated drinks on the day of your assessment. Please do not eat or drink anything other than water 2 ½ hours prior to your assessment but please feel free to bring water, a carbohydrate drink and/or a snack with you. Please wear comfortable clothing such as normal gym clothing although shorts and vest are recommended for tests involving near maximal/maximal effort and for measurements that require access to skin folds and for postural assessments.

Aims of the test

The aim of the test is to determine your maximum oxygen uptake (VO₂ Max.), ventilatory/blood lactate thresholds and your POWER and HEART RATE training zones utilising a graded exercise test, computerised gas analysis and blood lactate analysis. The tests are performed on a Concept II Rower using a Cortex 3B gas analyser and Lactate Pro blood analyser. You may terminate the test at any time and without providing any reason for doing so.

Prior to the test starting your height and weight will be measured. You will be asked to wear a heart rate monitor around your chest and a fitted face mask. Blood will be taken to determine resting blood lactate levels, and then at every stage of your test. You will be asked to perform a 5 minute warm-up on the Concept II Rower at 40W and whilst wearing the heart rate monitor. During the warm up you will be shown how to slow down and stop and any necessary adjustments to the heart rate monitor and seat position will be made. During the test you will be asked to refer to the RPE (Borg 6-20 scale). If you reach an RPE of 19 the test will be terminated. The test includes work increments of 15W every 4 minutes until you reach certain criteria.

The information this test will provide could help in the design of your training programme or to assess the effectiveness of your training programme. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet and consent form and asked to sign it. You will be given a copy to keep. If you decide to take part you are still free to withdraw at any time and without giving a reason.

When and where will the test take place?

The test will take place in the S&C Suite at Royal Russell School, Coombe Lane, Croydon, Surrey, CR9 5BX.

Data collection

During the test your heart rate and other physiological data will be collected and stored. Your data will be used to design your training programme if you have purchased one. Your information may also be used for statistical purposes and your anonymity, confidentiality and privacy will be ensured.

What if I have a question about the test?

For information and doubts about the tests, please email the Head of Sport Science **Richard Brennan** at rbrennan@royalrussell.co.uk



INFORMED CONSENT

I hereby voluntarily give consent to engage in the Concept II Rower LGET. I understand that the test will involve increasing work and that at any time I may terminate the test for any reason.

I understand there are certain changes which may occur during the exercise test. They include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing.

I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless _____, and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Name	Date
Witness	Date

I give permission to have my photograph taken or videos to be filmed for media purposes on websites and social media. (Please tick)