

FLG 331 – CLIENT ASSESSMENT NOTES

Everything included in this document is important, **highlighted sections** are possible questions

Why do we conduct a client assessment ?

- Areas of concern that need to improve
- Healthy performance indicators are used

Process of screening:

- Informed consent form must be signed
- Full knowledge of tests that will be conducted
- Risks
- Alternative procedures
- Benefits (over 6 weeks then results)
- Provide opportunity for client enquiry

1) SELECTION AND SEQUENCE OF ASSESSMENTS

1. **Heart rate:** resting
2. **Blood pressure:** resting
3. **Body composition:** height and weight, body mass index, waist-to-hip ratio, skinfolds, and/or bioelectrical impedance
4. **Cardiovascular assessment:** Rockport 1-mile walk test procedures, 1.5-mile run test procedures, Queens College Step Test, and/or Submaximal Cycle Ergometer tests
5. **Muscular fitness:** muscle strength, muscular endurance
6. **Flexibility:** sit-and-reach tests

2) HEART RATE

- Heart rate (HR)—number of times heart contracts (beats per minute):
- **Max HR (MHR) = 220-age**
- Resting heart rate (RHR) is measured (see point 3 below)
- **Target HR = % (MHR-RHR) + RHR**
- Resting HR
- Exercise HR
- Recovery HR

3) MEASUREMENT OF HEART RATE

- Manual palpation
- HR monitor/watch
- Electrocardiogram

4) PALPATION OF PULSE

- Radial
- Brachial
- Carotid



5) MEASUREMENT OF EXERCISE HEART RATE

- 15- or 30-second count: – Convert to 1-minute rate (bpm)
- 15-second count x 4
- 30-second count x 2
- 30-second count is more accurate
- 15-second count is more common (HR decreases during recovery)

6) BLOOD PRESSURE

- Measured in mm Hg
- Systolic blood pressure (SBP) maximum pressure in arteries when heart ventricles contract
- Diastolic blood pressure (DBP) minimum pressure in arteries when ventricles relax
- Hypertension—high BP
- Hypotension—low BP

Classification	Systolic (mm Hg)	Diastolic (mm Hg) (5th phase)
Normal	<120	<80
Prehypertension	120–139	80–89
Hypertension		
Stage 1	140–149	90–99
Stage 2	>160	>100

7)

MEASUREMENT OF BP

- Integral component of fitness assessment
- Average two resting BP recordings on two separate days
- Client seated and relaxed
- Correct size BP cuff

8) KOROTKOFF SOUNDS

- Phase 1 (SBP): Clear, repetitive tapping
- Phase 2: Soft tapping
- Phase 3: Loud tapping
- Phase 4 (true DBP): Muffling of sound
- Phase 5 (clinical DBP): Complete disappearance of sound

9) INSTRUMENTS USED FOR BP MEASUREMENT

- Sphygmomanometer:
 - Manometer
 - BP cuff
- Stethoscope

10) PROCEDURES FOR RESTING BP MEASUREMENT

- Position yourself and the client correctly
- Use the same arm for resting and exercise measurements
- Center the cuff over the brachial artery and secure snugly at the heart level
- Place the stethoscope bell over the artery
- Inflate the cuff, using one of three inflation methods
- Deflate the pressure slowly
- Record SBP and DBP in even numbers
- Rapidly deflate the cuff

11) BODY COMPOSITION

- Relative proportion of fat and fat-free tissue in the body:
 - Strong correlation between obesity and increased risk of chronic diseases
 - Establish target, desirable, or optimal weight for individual

12) HEIGHT AND WEIGHT

NB!

- No obstruction due to clothing feet parallel to the floor
- Measure client's height (centimeters or inches)
- Measure client's weight (kilograms or pounds)
- Compare to published height–weight tables