

PARmed-X (Physical Activity Readiness Medical Examination adapted with permission from the Canadian Society for Exercise Physiology)

	<b>Absolute Contraindications</b>	<b>Relative Contraindications</b>	<b>Special Prescriptive Conditions</b>	<b>Advice</b>								
	<i>Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase.</i>	<i>Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted. Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable.</i>	<i>Individualized prescriptive advice generally appropriate. Limitations imposed; and/or special exercises prescribed. May require medical monitoring and/or initial supervision in exercise program.</i>									
Cardiovascular	<ul style="list-style-type: none"> <li>• Aortic aneurysm (dissecting)</li> <li>• Aortic stenosis (severe)</li> <li>• Crescendo angina</li> <li>• Decompensated Congestive Heart Failure</li> <li>• Myocardial Infarction (acute)</li> <li>• Myocarditis (active or recent)</li> <li>• Pulmonary or systemic embolism (acute)</li> <li>• Thrombophlebitis</li> <li>• Ventricular tachycardia and other dangerous dysrhythmias (e.g multi-focal ventricular activity)</li> </ul>	<ul style="list-style-type: none"> <li>• Aortic stenosis (moderate)</li> <li>• Subaortic stenosis (severe)</li> <li>• Marked cardiac enlargement</li> <li>• Supraventricular dysrhythmias (uncontrolled or high rate)</li> <li>• Ventricular ectopic activity (repetitive or frequent)</li> <li>• Ventricular aneurysm</li> <li>• Hypertension-untreated or uncontrolled severe systemic or pulmonary</li> <li>• Hypertrophic cardiomyopathy</li> <li>• Compensated congestive heart failure</li> </ul>	<ul style="list-style-type: none"> <li>• Aortic (or pulmonary) stenosis</li> <li>• Mild angina pectoris and other manifestations of coronary insufficiency (e.g. post acute-infarct)</li> <li>• Cyanotic heart disease</li> <li>• Shunts (intermittent or fixed)</li> <li>• Conduction disturbances- complete AV block, Left BBB, WPW syndrome</li> <li>• Dysrhythmias (controlled)</li> <li>• Fixed rate pacemakers</li> </ul>	Clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any). Slow progression of exercise to levels based on test performance and individual tolerance Consider individual need for initial conditioning program under medical supervision (indirect or direct)								
			<ul style="list-style-type: none"> <li>• Intermittent claudication</li> </ul>	Progressive exercise to tolerance								
			<ul style="list-style-type: none"> <li>• Hypertension: SBP 160-180; DBP <math>\geq</math> 105</li> </ul>	Progressive exercise; care with medications (serum electrolytes; post-exercise syncope)								
Infections	<ul style="list-style-type: none"> <li>• Acute infectious disease (regardless of etiology)</li> </ul>	<ul style="list-style-type: none"> <li>• Subcutaneous/chronic/recurrent infectious diseases (e.g., malaria, others)</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic infections</li> <li>• HIV</li> </ul>	Variable as to condition								
Metabolic		<ul style="list-style-type: none"> <li>• Uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)</li> </ul>	<ul style="list-style-type: none"> <li>• Renal, hepatic and other metabolic insufficiency</li> </ul>	Variable as to status								
			<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Single kidney</li> </ul>	Dietary moderation, and initial light exercises with slow progression								
Lung			<ul style="list-style-type: none"> <li>• Chronic pulmonary disorders</li> </ul>	Special relaxation and breathing exercises								
			<ul style="list-style-type: none"> <li>• Obstructive lung disease and/or Asthma</li> </ul>	Breath control during endurance exercises to tolerance; avoid polluted air								
			<ul style="list-style-type: none"> <li>• Exercise induced bronchospasm</li> </ul>	Avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication								
Musculoskeletal			<ul style="list-style-type: none"> <li>• Low back conditions</li> </ul>	Avoid or minimize exercise that precipitates or exasperates e.g. forced extreme flexion; extension, and violent twisting; correct posture, proper back exercises								
			<ul style="list-style-type: none"> <li>• Arthritis- acute (infective, rheumatoid, gout)</li> </ul>	Treatment of condition, judicious blend or rest, splinting and gentle movement								
			<ul style="list-style-type: none"> <li>• Arthritis-subacute</li> </ul>	Progressive increase of active exercise therapy								
			<ul style="list-style-type: none"> <li>• Arthritis- chronic (osteoarthritis and above conditions)</li> </ul>	Maintenance of mobility and strength; non-weight-bearing exercises to minimize joint trauma.								
			<ul style="list-style-type: none"> <li>• Orthopedic</li> </ul>	Highly variable and individualized								
			<ul style="list-style-type: none"> <li>• Hernia</li> </ul>	Minimize straining and isometrics; strengthen abdominal muscles								
CNS			<ul style="list-style-type: none"> <li>• Convulsive disorder not completely controlled by medication</li> </ul>	Minimize or avoid exercise in hazardous environments and/or exercising alone (e.g. swimming, mountain climbing, etc.)								
			<ul style="list-style-type: none"> <li>• Recent concussion</li> </ul>	Thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage								
Blood			<ul style="list-style-type: none"> <li>• Anemia- severe ( &lt; 10 gm/dl)</li> <li>• Electrolyte disturbances</li> </ul>	Treatment and control preferred, exercise as tolerated								
Medications			<table border="0"> <tr> <td>Antianginals</td> <td>Antiarrhythmics</td> </tr> <tr> <td>Antihypertensives</td> <td>Anticonvulsants</td> </tr> <tr> <td>Beta-blockers</td> <td>Digitalis preparations</td> </tr> <tr> <td>Diuretics</td> <td>Ganglionic blockers</td> </tr> </table>	Antianginals	Antiarrhythmics	Antihypertensives	Anticonvulsants	Beta-blockers	Digitalis preparations	Diuretics	Ganglionic blockers	Note: consider underlying condition. Potential for: exertional syncope, electrolyte imbalance, bradycardia, dysrhythmias, impaired coordination and reaction time, heat intolerance. May alter resting and exercise ECG's and exercise test performance
Antianginals	Antiarrhythmics											
Antihypertensives	Anticonvulsants											
Beta-blockers	Digitalis preparations											
Diuretics	Ganglionic blockers											
Other			<ul style="list-style-type: none"> <li>• Post-exercise syncope</li> </ul>	Moderate program								
			<ul style="list-style-type: none"> <li>• Heat intolerance</li> </ul>	Prolong cool-down with light activities; avoid exercise in extreme heat								
			<ul style="list-style-type: none"> <li>• Temporary minor illness</li> </ul>	Postpone until recovered								