

PARmed-X for PREGNANCY PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

C CONTRAINDICATIONS TO EXERCISE: to be completed by physician

Absolute Contraindications			Relative Contraindications		
<i>Does the patient have:</i>			<i>Does the patient have:</i>		
	YES	NO		YES	NO
1. Ruptured membranes, premature labour?	<input type="checkbox"/>	<input type="checkbox"/>	1. History of spontaneous abortion or premature labour in previous pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent second or third trimester bleeding/placenta previa?	<input type="checkbox"/>	<input type="checkbox"/>	2. Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Pregnancy-induced hypertension pre-eclampsia or toxemia?	<input type="checkbox"/>	<input type="checkbox"/>	3. Anemia or iron deficiency? (Hb < 10 g/dl)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Incompetent cervix?	<input type="checkbox"/>	<input type="checkbox"/>	4. Very low body fatness, eating disorder (anorexia, bulimia)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence of intrauterine growth retardation?	<input type="checkbox"/>	<input type="checkbox"/>	5. Twin pregnancy after 28th week?	<input type="checkbox"/>	<input type="checkbox"/>
6. Multiple pregnancy (e.g., triplets)?	<input type="checkbox"/>	<input type="checkbox"/>	6. Other significant medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder?	<input type="checkbox"/>	<input type="checkbox"/>	Please specify: _____		
			NOTE: Risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.		
PHYSICAL ACTIVITY RECOMMENDATION:			<input type="checkbox"/> Recommended/Approved <input type="checkbox"/> Contraindicated		

Prescription for Aerobic Activity

RATE OF PROGRESSION: The best time to progress is during the second trimester since risks and discomfort of exercise are lowest at that time. It is not advisable to begin a new exercise program or increase the amount of exercise prior to the 14th week of pregnancy or after the 28th week. Aerobic exercise should be gradually and progressively increased during the second trimester from a minimum of 15 minutes per session to a maximum of approximately 30 minutes per session.

WARM-UP/COOL-DOWN: Aerobic activity should be preceded by a brief (10-15 min.) warm-up and followed by a short (10-15 min.) cool-down. Low intensity calisthenics, stretching and relaxation exercises should be included in the warm-up/cool-down.

PRESCRIPTION/MONITORING OF INTENSITY: The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods.

F	I	T	T
FREQUENCY	INTENSITY	TIME	TYPE
Begin at 3 times per week and progress to four or five times per week	Exercise within an appropriate RPE range and/or target heart rate zone	Attempt 15 minutes, even if it means reducing the intensity. Rest intervals may be helpful	Non weight-bearing or low-impact endurance exercise using large muscle groups (e.g., walking, stationary cycling, swimming, aquatic exercises, low impact aerobics)

TARGET HEART RATE ZONES	
Age	Heart Rate Range
< 20	140-155
20-29	135-150
30-39	130-145
≥ 40	125-140

The heart rate zones shown below are appropriate for most pregnant women. Work during the lower end of the HR range at the start of a new exercise program and in late pregnancy.

RATING OF PERCEIVED EXERTION (RPE)	
6	
7	Very, very light
8	
9	Somewhat light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Very, very hard
20	

Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.

"TALK TEST" - A final check to avoid overexertion is to use the "talk test". The exercise intensity is excessive if you cannot carry on a verbal conversation while exercising.

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D. of Queen's University, Kingston, Ontario. The muscular conditioning component was developed by M.F. Mottola, Ph.D. of The University of Western Ontario, London, Ontario. It has been revised by an Expert Advisory Committee assembled by the Canadian Society for Exercise Physiology and the Fitness Program-Health Canada (1996).

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To order additional printed copies of the PARmed-X for PREGNANCY, the PARmed-X and/or the PAR-Q, (for a nominal charge) contact the:

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