

Table 1. *Comprehensive Health Assessment and Motivation Program for Restoring Eating and Active Lifestyle*



# C.H.A.M.P. for R.E.A.L. HEALTH PASSPORT



## CONGRATULATIONS (PATRICIA) FOR COMPLETING YOUR PASSPORT TO LIFETIME WELLNESS!

First, we would like to thank you for your time and successful completion with the C.H.A.M.P. for R.E.A.L. Program. The following results of the screening tests and information from the assessments administered to you during the C.H.A.M.P. for R.E.A.L. are educational and informational only.

*The Health Passport results, and the recommendations are not intended to provide a diagnosis or a treatment of any disease or health condition. The results and information from this program should not replace a doctor's office visit or another qualified healthcare professional consultation. Only a physician, or another qualified healthcare professional, can diagnose or recommend a treatment program to you. **PLEASE MAKE SURE TO TALK TO YOUR DOCTOR ABOUT ANY HEALTH CONCERNS THAT YOU MIGHT HAVE. PLEASE SHARE THIS EDUCATIONAL TOOL WITH YOUR DOCTOR!***

### Study Test Results & Recommendations

#### Gait Analysis\*\*:

		Left	Right	Avg	Cond.
Gait Deviation Index (Reference = 100)	Current				Barefoot
	Last Analysis				Barefoot
Walking Speed (Reference = 75 m/min)	Current		m/min		Barefoot
	Last Analysis		m/min		Barefoot

#### Gait/Mobility Recommendation:

**\*\* Alternately substitute the "Gait Analysis" test with any other walking tests such as 6-minute walking test, Gross Motor Function Classification System Scale, or Time Up and Go, and any other similar physical and motor tests accordingly to the participant's motor abilities and your familiarity with the test.**

#### Your Strength Test:

Isokinetic Test	Extensors		Flexors	
	Left Leg	Right Leg	Left Leg	Right Leg

Hand Grip Strength (based on the best score of the 3 trials):

Right \_\_\_\_\_ lbs (range 50 - 81 lbs. for females age 20-29 yrs old)  
 Left \_\_\_\_\_ lbs (range 48 - 75 lbs. for females age 20-29 yrs old)

### Physical Fitness Recommendations

#### Physical Activity Plan:

Frequency:

Intensity:

Type:

Duration:

Short-term/Long-term Goals:

Comments/Questions:

About the different exercise programs:

- 1. Aerobic and Strength Training:** Aerobic activity and strength training are at the heart of a program for those affected by disability and frailty. These other options may help and be enjoyed.

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2. **Combo Activities:** Combine aspects of aerobic, strength, coordination, flexibility and balance training during one activity session. Make it fun! Or try things like yoga or Tai Chi.
3. **Flexibility:** Stretch 2 or more days/week to the point of feeling muscle tightness. Hold for 30 to 60 seconds. For example, stretch the calves or the back of the thighs.
4. **Range of Motion** Gently move joints through a full range of motion. Do 10 repetitions of activities such as knee slides, wrist and shoulder circles. Motion is lotion!
5. **Balance:** These activities improve the ability to resist forces that cause falls. For example, walk heel-to-toe, stand (no hands) from a sitting position, stand on one foot, walk on a line, use a balance board or try Tai Chi. Train in an uncluttered area and use a chair or wall for support, if needed.

**Final Words:** People with disability are safe to be active as long as they are guided and properly monitored. Physical activity for people with disability with secondary health conditions should be adjusted based on the person's symptoms and physical status. Progress at a rate that allows the person to adhere and feel comfortable with the exercise program. Exercise in nursing homes or specialized care facilities is encouraged when there are properly trained staff to monitor its safety.

### ANTHROPOMETRIC TEST RESULTS

Waist \_\_\_\_\_ centimeters      Hip \_\_\_\_\_ centimeters      Waist-to-Hip Ratio \_\_\_\_\_

Waist to Hip Ratio Chart:

Male	Female	Health Risk Based Solely on WHR
0.95 or below	0.80 or below	Low Risk
0.96 to 1.0	0.81 to 0.85	Moderate Risk
1.0+	0.85+	High Risk

Weight \_\_\_\_\_ pounds      Height \_\_\_\_\_ inches      BMI \_\_\_\_\_

Ideal Female BMI \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Ideal Female Weight for Height \_\_\_\_\_ lbs \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Ideal Male BMI \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Ideal Male Weight for Height \_\_\_\_\_ lbs \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

### BMI VALUES FOR HEALTHY WEIGHT, OVERWEIGHT, AND OBESITY

Weight	BMI values	Corresponding weight in pounds (approximate)	
		Man 5'9" tall (average height)	Woman 5'4" tall (average height)
Healthy weight	18.5–24.9	121–163	108–144
Overweight	25.0–29.9	164–195	145–173
Obese	30 and above	196 and above	174 and above

Source: <http://www.cdc.gov/nchs/data/nhanes/databriefs/adultweight.pdf>

### BLOOD TEST RESULTS

Test	Result	Reference	Within Normal Range?	
			Yes	No
Total Cholesterol	_____ mg/dL	< 190	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Triglycerides	_____ mg/dL	< 150	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HDL	_____ mg/dL	> 45	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LDL	_____ mg/dL	< 120	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glucose	_____ mg/dL	60 - 105	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insulin	_____ μIU/mL	0 – 29.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CK-S	_____ U/L	30 - 135	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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My cholesterol level is \_\_\_\_\_ mg/dl  
 Less than 185 mg/dL (Great)   
 Between 185-200 mg/dL (Be careful)   
 Greater than 200 mg/dL (Too High)   
 My cholesterol / HDL ratio is \_\_\_\_\_ mg/dL  
 Less than 4:1 (Great)   
 Between 4-5:1 (Be careful)   
 Greater than 5:1 (Too high)   
 My triglyceride level is \_\_\_\_\_ It is between 10-150 mg/DL (Great)

**Blood Pressure**

My blood pressure is \_\_\_\_\_ mm Hg  
 Systolic below 140 mm Hg \_\_\_\_\_ (Great)   
 Diastolic below 90 mm Hg \_\_\_\_\_ (Great)   
 My resting heart rate is \_\_\_\_\_ beats/min

**Metabolic syndrome** : Yes \_\_\_ No \_\_\_ as defined according to the National Cholesterol Education Program Adult's Treatment Panel (NCEP-ATP) III (2004) criteria with at least three of five factors:

1. \_\_\_\_\_ **waist circumference** = WC  $\geq$ 102 cm in men \_\_\_\_\_ or  $\geq$ 88 cm in women \_\_\_\_\_
2. \_\_\_\_\_ **blood pressure** =  $\geq$ 130/85 mm Hg
3. \_\_\_\_\_ **HDL-C** = HDL-C  $<$ 40 mg/dL in men \_\_\_\_\_ or  $<$ 50 mg/dL in women \_\_\_\_\_
4. \_\_\_\_\_ **triglyceride** = TGs  $\geq$ 150 mg/dL
5. \_\_\_\_\_ **glucose** =  $>$ 110 mg/dL (includes current diabetes)

**General Health & Wellness Recommendation:** Write here specific recommendations accordingly to the tests results.

PHYSICAL HEALTH: \_\_\_\_\_  
 BMI: \_\_\_\_\_  
 CHOLESTEROL: \_\_\_\_\_  
 BLOOD PRESSURE: \_\_\_\_\_  
 METABOLIC SYNDROME: \_\_\_\_\_

**Blood Laboratory General Recommendations:**

**YOUR LIFESTYLE AND QUALITY OF LIFE ASSESSMENT**

**Physical Activity Levels Recommendation:**

**Diet Recommendation:**

**Risky Behaviors Recommendation:**

**Mental Health Recommendations:**

**Self-Care Recommendations:**

**Quality of Life Recommendation:**

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