



PEP4U Medical Clearance

Dear Dr. _____,

Your patient, _____, wishes to participate in an intense exercise class offered through PEP4U (Parkinson's Exercise Programs 4 You) www.pep4u.org

This intense exercise class may include exercises/activities on the ground and on an indoor cycling bike. During these classes, heart rate will be challenged at working intervals up to and including 60-80% of heart rate max which will be determined utilizing a graded exercise aerobic threshold field test.[1, 2]

All classes are led by either a licensed physical therapist, licensed physical therapist assistant or a trained fitness instructor.

Those participating in the indoor cycling class will work towards progression of riding at 80-90 RPM for up to one hour.

Please complete this form and add any medical concerns you might have for your patient.

My patient, _____, is medically cleared to participate in a PEP4U intense exercise class.

****Please indicate if He/She is taking any medications that might affect heart rate. Please indicate the medication and the manner of the effect (raises, lowers).****

Other recommendations, precautions or concerns: _____

Physician's Name: _____ **Phone #:** _____

Physician's Signature: _____ **Date:** _____

_____ I hereby give my physician permission to release any pertinent health information to PEP4U and I understand that it will remain confidential.

Participant Signature: _____ **Date:** _____

1. Nielsen, S.G., et al., *The Graded Cycling Test Combined With the Talk Test Is Reliable for Patients With Ischemic Heart Disease*. 2014. p. 276-280.
2. Steen Krawczyk, R., et al., *"Graded Cycling Test with Talk Test" Is a Reliable Test to Monitor Cardiovascular Fitness in Patients with Minor Stroke*. *Journal of Stroke and Cerebrovascular Diseases*, 2017. **26**(3): p. 494-499.

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