

New Jersey Sports Medicine and Performance Center

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AUTHORIZATION AND CONSENT FOR VO2 MAX-Lactate Testing

INFORMATION STATEMENT

As part of The New Jersey Sports Medicine and Performance Center LLC, a fitness evaluation test will be performed. The test is designed to estimate and describe: 1. the maximum aerobic power (MAP) while cycling or speed while running; 2. the maximum oxygen uptake (VO2max); 3. the evolution pattern of the heart rate as power output or speed increases; 4. the evolution pattern of blood lactate levels as power output increases or speed; 5. the athlete's maximum heart rate. Before the test you will be screened by a physician experienced in exercise testing. For the test, you will ride your own bicycle mounted to a Computrainer or run on a treadmill. For cyclists: you will pedal seated at a steady cadence of 90 revolutions per minute (RPM) against a progressively higher resistance until you can no longer maintain the target cadence. The test is a progressive and maximal test whose results depend on your ability to go as far as possible before voluntarily stopping the test. If you experience such symptoms as excessive fatigue, breathlessness, chest pain, muscle pain, or any other symptoms out of your ordinary, you will stop the test. **You can stop the test voluntarily at any time.**

Blood pressure will be taken prior to the test and if elevated, the test will be postponed. Your RPMs, heart rate, power output in watts, blood lactate levels, and expiratory gases will be monitored during the test.

RISKS of testing include musculoskeletal injury, infection, breathing difficulty, fainting, abnormal heart rhythm, heart attack, anaphylaxis, and death.

BENEFITS of testing include assessment of fitness and development of training zones. The knowledge gained from the test facilitates development of a training program, evaluation and monitoring of training progress, and prevention of overtraining and injury.

CONSENT

Your signature on the line provided below indicates: (1) you have read, understood, and agreed to all of the above statements; and, (2) you had an opportunity to ask questions about the exercise test, the test has been adequately explained to you, and you have sufficient information regarding the test and its risks and benefits; and, (3) your consent to take the exercise test is given voluntarily as you have the right not to take the test if you so choose.

I HEREBY CONSENT TO THE PERFORMANCE OF THE FITNESS TEST UNDER THE SUPERVISION OF:

Marc R. Silberman M.D.

(Physician's Name)

(Patient's Signature)

(Witness)

(Parent or Guardian Signature, if athlete < 18 years)

(Date/Time)