

# Screening Process

written by David Herbert | June 15, 2016

Once the client intake process begins for any fitness or personal training program and after the contract and waiver of liability/assumption of risk documents are signed, fitness professionals need to consider and implement some form of pre-activity screening for clients. Various organizations within the industry have developed recommendations and documents related to the client screening process. This industry effort is ongoing and is updated from time to time.

The International Health, Racquet & Sportsclub Association (IHRSA) adopted a standard some years ago which provided that member health and fitness clubs shall “offer each adult member a pre-activity screening appropriate to the physical activities to be performed by the member”, IHRSA Standard 8.

The Aerobics & Fitness Association of America (AFAA) also developed a series of screening recommendations for the purposes of determining if clients could safely begin an exercise or training program with or without medical clearance or supervision, AFAA, Personal Fitness Training Theory and Practice (2006). The American College of Sports Medicine (ACSM) as well as the Medical Fitness Association (MFA) and a number of other organizations have also developed criteria to use in the screening process all of which is designed to determine if a client may safely, with or without pre-activity health care clearance or supervision during exercise, begin such an activity program.

Some pre-activity screening devices have been described as Health History Questionnaires (HHQs) which contain detailed questions seeking among other things, medical information about a client.

These forms can be very comprehensive and as a consequence require evaluation by a qualified provider. Other screening documents such as the original PAR- Q form created by the Canadian Society for Exercise Physiology were developed many years ago for easy use during the pre-activity screening process. While this form is commonly referred to as a PAR-Q, the current screening document known as the Par-Q+ is designed to have clients answer but 7 questions the answers to which are all self-administered. If the client answers all the questions truthfully as “NO”, the client is then deemed to be able to commence an activity program without prior medical clearance. However, if any of the PAR-Q+ questions are answered “YES”, the client is then presented with 10 additional questions with various subparts to be answered. Ultimately, the client is then encouraged to see their health care provider for clearance prior to starting an exercise program based upon their inability to answer the original 7 questions with a “NO”.

Self-administered screening documents like the PAR-Q+ don't require interpretation by fitness professionals such as is required with a Health History Questionnaire. Authoritative and respected fitness organizations have determined that there is little risk to clients who begin an exercise program after completing the PAR-Q+ screening process in the event all questions are answered negatively. In that event, no further health care provider clearance is necessary since the process is completed with the client's self-administered questionnaire. Where the completion of the form indicates that health

care provider clearance should first be obtained before the client participates in an activity program, that recommendation is contained within the document. There is very little risk exposure to the fitness professional using these kinds of screening devices with clients since each client is responsible for the provision of correct and truthful answers to the questions and no interpretation of the information is provided. The PAR-Q process has been approved by many respected and authoritative fitness associations and the use of this device is clearly part of the standard of care in this respect although there is scant case law on the subject at least to this date.

Screening documents should be signed by each client, dated and maintained by the fitness professional in a secure location accessible only to fitness staff professionals. Clients should be given a copy as well. If the documents indicate that medical clearance is necessary before activity begins, written documentation of such clearance should be secured and maintained. If the client refuses or neglects to secure health care provider clearance, the fitness professional must decide if the client will be permitted to commence activity in a program without that clearance or whether such a client should be excluded from activity. In this later event, fitness professionals must secure legal advice prior to the exclusion of a client from activity due to the need to secure individualized legal assessment of the impact of various federal and state laws such as the Americans with Disabilities Act, the Rehabilitation Act and similar state statutes upon the process. If clients are to be permitted to begin an activity program where medical clearance is deemed necessary but under circumstances where the client refuses or neglects to secure that clearance, then waivers of liability, releases or at least written assumption of risk documents should be utilized by programs to limit their potential liability.

While no clear legal precedent has yet been judicially imposed upon fitness professionals to mandate screening for their clients prior to the commencement of activity programs, the industry seems to have overwhelmingly adopted some form of pre-activity screening as part of the standard of care owed by fitness professionals to clients. Thought must also be given to establishing some form of on-going and regular screening, perhaps annually or upon any change in a client's health status which might call for the completion of a new screening instrument.

Fitness professionals also need to stay up to date on developments related to the screening process. The American College of Sports Medicine (ACSM) is currently in the process of updating its pre-activity screening recommendations. Professionals interested in the process should review the ASCM publication entitled *Updating ACSM's Recommendations for Exercise Preparticipation Health Survey*, Medicine & Science in Sports & Exercise, November 2015.

While the use of any screening device for clients is no replacement for the application of individual professional judgment, the use of simplified and standardized forms such as a PAR-Q rather than a detailed Health History Questionnaire, should meet the requisite standard of care as to the screening process for the protection of clients and fitness professionals alike.

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