

CLINICAL EVALUATION OF THE DEGREE OF TOLERANCE TO PHYSICAL EFFORT (STEP TEST)

Mandatory exam established by the M. D. of 18.02.1982 for the release of suitability test for competitive sports.

It 'a test which highlights the cardiovascular response to physical exertion and any possible flaws.

HOW IT WORKS:

First of all, the patient runs the electrocardiograms at rest so that we are able to stress any pathology that would prevent the subsequent tests.

Then the patient should make an effort, according to the legislation, which provides the execution of an exercise step on a measured pre-set for the duration of 3 minutes.

After the exercise, an ECG test will be performed. The result will be registered within first minute.

Later, within the second minute I.R.I. test will be registered for the duration of 30 seconds.

POSSIBLE RISKS:

Complications may occur even when performed with diligence and prudence.

During the test, the athlete must promptly notify any chest pain, dizziness, weakness, malaise, because this signs may be indicative of a state of danger.

However, suitable equipment and trained staff are available in order to deal with such situations.

CONTROINDICATIONS:

Step test is contraindicated for athletes with vascular problems.

During the test, an increase of hemodynamic overload on the heart and on cardiovascular system takes place, as a result of an increase in cardiac output, blood pressure and increased body temperature.

INFORMED CONSENT SHEET FOR THE TEST OF EFFORT (STEP TEST)

The undersigned (surname / name / born in / on the) _____

Read and confirmed to have understood the explanations received and clarified all my doubts.

Aware of the possibility to revoke the present agreement any time before the exam.

Moreover:

- ✓ I agree to any therapeutic measures that may be necessary and appropriate during and after the implementation of the procedure;
- ✓ I agree to fill out any questionnaire about lifestyle habits with epidemiological/statistical purposes;
- ✓ I declare that I have been fully informed about the type of instruments, method and risks connected to the performance of the test.

Implemented the received information I

AGREE

DO NOT AGREE

To the execution of the above-mentioned exam

Date, Atlete's signature

Stamp and doctor's signature

TO BE SIGNED INCASE OF MINORS

Parent: Surname name: _____ date of birth _____ Signature _____

Tutor: Surname name: _____ date of birth _____ Signature _____

AGREEMENT REVOCATION

I _____

born in _____ on the ____/____/_____

REVOKE the agreement given on the _____ to the execution of the above-mentioned exam

Tricesimo,

Patient's or tutor's signature in case of minor

Stamp and doctor's signature