

APPENDIX A

INFORMED CONSENT

I, _____ have completed the
 (full name of prospective participant)

questionnaire and understand all the questions. I have had the opportunity to discuss all unclear aspects with the Biokineticist. I hereby give my permission to be evaluated and agree to follow the prescribed exercise programme.

I further agree that I or any of my relatives, executor, administrator or legal representatives will not impose any claim against the biokineticist or practice, except in case of negligence or malpractice by the biokineticist.

I understand I am using the facilities and equipment at my own risk.

 Signature of prospective participant

 Date

 Signature of witness

 Date

G	A	P
G	A	P
G	A	P
G	A	P

APPENDIX B

PERSONAL INFORMATION SHEET

Unique no: _____ Date: _____
 Name: _____
 Department: _____ Tel. no: _____
 Age: _____

MEDICAL AND HEALTH HABITS QUESTIONNAIRE

(Encircle the applicable answer)

1. Do you suffer from any injuries? Y/N _____
2. Do you take medication on a regular basis? Y/N _____
3. Do you have high blood pressure? Y/N _____
4. Do you exercise regularly? Y/N _____
5. Do you smoke? Y/N _____
6. Do you often experience stress? Y/N _____
7. Do you suffer from low back pain? Y/N _____
8. Do you experience PC (personal computer) stress? Y/N _____
9. Do you eat three balanced meals a day? Y/N _____

PRACTICAL EVALUATIONS

Blood pressure	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>G</td><td>A</td><td>P</td></tr></table>	G	A	P	_____ mm/Hg
G	A	P			
Fitness	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>G</td><td>A</td><td>P</td></tr></table>	G	A	P	_____ b/min.
G	A	P			
Fat percentage	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>G</td><td>A</td><td>P</td></tr></table>	G	A	P	_____ %
G	A	P			
Flexibility	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>G</td><td>A</td><td>P</td></tr></table>	G	A	P	_____ cm.
G	A	P			

GOOD AVERAGE POOR

APPENDIX C

Biokinetic exercise card













INTERHEALTH BOKINETICS

Your partner in lifestyle, workstyle and healthstyle

Tel: 013 - 656 2815/6 (W)
Tel: 013 - 656 2814(F)
PR No 7591632

Name: _____ Tel. No.: _____ Diagnosis: _____

ANAEROBIC EXERCISES:	Sets	Sets	Reps
Dips 			20
Push-up 			20
Knee-flexion 			20
Straight leg raise 			20
Crunch 			20
Hiplift 			20
Calf Raises 			20

FLEXIBILITY EXERCISES:	Sets	Sets	Time
Thigh 		3	Hold 20 sec
Hamstring 		3	Hold 20 sec
Shoulder 		3	Hold 20 sec

AEROBIC EXERCISES: Cycling Soccer Jogging Walking **20 MINUTES**