



A d v a n c e d P e d i a t r i c C a r d i o l o g y , P L L C
S h a b i b A l h a d h e r i , M . D .

1478 W Elliot Rd Ste 102 Gilbert, AZ 85233, Tel: (480) 855-1339, Fax: (480) 857-0313

Exercise Testing Instructions

An exercise stress test helps your doctor find out how well your child's heart, lungs, and muscles work during exercise. The test can also show if there is a lack of blood supply to the heart as your child exercises. It also helps the doctor know the kind and level of activity that is right for your child.

During the test, your child will be hooked up to equipment to monitor his or her heart and blood pressure and may also be asked to breathe into a mouthpiece before, during, and after exercise. Your child will walk slowly on the treadmill. Every few minutes, the speed of the treadmill will get faster and the treadmill will tilt so it will feel like your child is walking up a hill. Your child can stop the test at any time if he/she needs to. Most children walk for 10 to 15 minutes; however, there is no set time limit for the test. Your child will only be asked to work to the best of his/her abilities.

As your child walks on the treadmill, several things will be monitored and recorded for the physician. These include heart rate and heart rhythm, blood pressure, breathing, how tired your child feels and any reported symptoms your child may have.

- Please arrive to the office at least 30 minutes before the scheduled test to allow for registration, obtaining consent and preparation.
- Please notify the office if you or your child has had a fever, cough or vomiting within the past 24 hours or has been on antibiotics for infection within the last 7 days.
- **CLOTHES:** Athletic shoes should be worn (no open-toed shoes or sandals, please). Bring or wear comfortable clothing to exercise in. Shorts or sweatpants and a T-shirt are recommended. No under-wire bras. Jogging bras are preferred.
- **DIET:** No caffeine on the day of the test. This includes energy drinks, coffee and tea. Eat a light meal or snack at least 1 hour before the test. No fried or greasy foods the days of testing. Clear liquids are allowed up to 30 minutes prior to the test.
- **MEDICATIONS:** Take all medications as usual unless instructed otherwise. If this is for a pulmonary (lung) test and you have an inhaler; DO NOT USE the inhaler on the testing date but do BRING the inhaler to the appointment.
- **ACTIVITY:** No strenuous activity 8 hours prior to testing. Notify our office if the child has an injury to the leg, knee or ankle that would limit or prevent walking or running.

Any patient under the age of 18 must have a parent or guardian present at all times during the test. Any patient age 18 or older must be accompanied by a responsible adult who is able to drive.

PATIENT NAME: _____

APPOINTMENT DATE: _____

APPOINTMENT CHECK IN TIME: _____



Advanced Pediatric Cardiology, PLLC

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Informed Consent for Exercise Stress Testing

Purpose and Explanation of the Stress ECG Test.

I consent to voluntarily engage in an exercise stress test to determine my or my child's cardiovascular response to exercise. I understand that the information obtained will help our pediatric cardiologist evaluate my or my child's cardio-respiratory fitness to determine future medical or surgical treatment or to determine participation in physical activities and/or sports. The exercise test will be performed on a motorized treadmill. The intensity of the exercise will begin at a low level (easy) and increase in stages to a moderate to high level (hard) depending on my or my child's fitness level. This increase in effort would continue until you or your child feel symptoms such as fatigue, shortness of breath, chest discomfort or dizziness.

Before the test, I certify that I have completed the pretest history interview and have provided accurate responses to the questions on the history form or as asked by one of our staff members. I understand that I will be interviewed by the physician prior to undergoing the test who will determine if there are any reasons which would make it unsafe for me or my child to perform the test. I understand that it is important that I provide complete and accurate responses to the interviewer and recognize that my failure to do so could lead to possible unnecessary injury to myself or my child during the test.

The test may be stopped at any time because of changes in heart rate or blood pressure, changes in heart rhythm or other ECG changes, signs of fatigue, or other undesired symptoms. I understand and have been clearly advised that it is my right to request that the test be stopped at any point if I feel severe or extreme discomfort or fatigue or if my child appears to be experiencing extreme discomfort or fatigue. I understand that during the test itself, a trained observer will continue to monitor my or my child's responses until the test has ended. I also realize that the true determination of exercise capacity depends on progressing with the test to the point of fatigue.

Attendant Risks and Discomforts.

I have been informed and understand that the possibility exists of adverse changes during the actual test. I have been informed that these changes could include abnormal blood pressure response, disorders of heart rhythm, fainting, stroke, and in very rare instances, heart attack or even death. I have been told that every effort will be made to minimize these occurrences by preliminary examination and by precautions and observation taken during the test. I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, or even death as a result of my or my child's performance of this test, but knowing those risks, I agree to proceed with the test as indicate

Benefits to be Expected.

The results obtained from this exercise test will allow our pediatric cardiologist to assess my or my child's current level of aerobic fitness. There may also be signs observed during the exercise test (such as changes in the ECG or blood pressure) that would warrant further attention by our pediatric cardiologist or other specialist(s).

Use of Medical Information.

I have been informed that the information obtained in this exercise test will be treated as privileged and confidential and will not be released or revealed to any person or entity without my express written consent. Additionally, I do agree to the use of the information obtained during testing for research or statistical purposes provided it does not provide information that could lead to the identification of me or my child. Any and all information obtained will be used only by our pediatric cardiologist to determine future medical or surgical treatment or participation in physical activities or sports.

Inquiries.

Any questions about the procedure used in the exercise test or the results of the exercise test are encouraged. If I have any concerns or questions, I may ask for further explanation.

Freedom of Consent. I hereby consent to voluntarily engage in exercise test to determine my or my child's current state of cardio-respiratory fitness. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point if I so desire.

Name of parent/legal Guardian/patient

DOB

Signature of parent/legal Guardian/patient