



RECOMMENDATION TO PARTICIPATE FORM

To be completed by a Medical Practitioner

WHAT IS LIFT FOR LIFE?

Lift for Life® is an evidence-based resistance training program for people with or at risk of type 2 diabetes. The program was developed from research conducted by the Baker IDI Heart and Diabetes Institute and also has relevance for the prevention and management of a range of chronic conditions including arthritis, osteoporosis and obesity.

Lift for Life® has demonstrated the following:

- Reduction in HbA_{1c} levels by 0.8 percentage points, which may substantially reduce the risk of diabetes complications if maintained in the long term²
- Increased muscle size and an improvement in muscle strength¹ which is essential for functional independent living
- Excellent participant adherence to the program of up to 90% as a result of close program supervision¹, smaller group settings and a high level of social interaction

More about the program

Your patient can participate in Lift for Life® through a health and fitness centre that has been approved to deliver the program. Key features:

- Accredited and experienced Lift for Life® trainers
- Small supervised exercise sessions
- Comprehensive assessment prior to entering the program
- Program tailored to individual needs

What you need to do

By completing this form, your patient has started the journey towards participation in regular, supervised exercise. Whilst most individuals will be suitable to participate in the program, the 'Recommendation to Participate Form' allows contraindications to exercise to be assessed, ensuring that only suitable candidates enter the program. For more information on Lift for Life®, please call 1300 211 311 or visit www.liftforlife.com.au

Would you prefer an electronic version of this form? This form is also available as a self-populating electronic template suitable for Medical Director software. To obtain a copy please contact the Lift for Life® Team or visit www.liftforlife.com.au/begin_referring/

1. MEDICAL PRACTITIONER DETAILS

Name: _____ Practice: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

E-mail: _____

Does this client have diabetes? Yes No

If yes Pre-diabetes (IGT/IFG) Type 1 Type 2 Diagnosed on: ____ / ____ / ____

Most recent HbA_{1c} result: _____ Date: ____ / ____ / ____

Current Treatment: Lifestyle changes oral hypoglycemic agents Insulin

Most recent blood pressure result: _____ Date: ____ / ____ / ____

2. PARTICIPANT DETAILS

Male Female Miss / Ms / Mrs / Mr / Other: _____

First Name: _____ Last Name: _____ Date of Birth: ____ / ____ / ____

1 Dunstan DW, Daly RM, Owen N et al. High-intensity resistance training improves glycemic control in older patients with type 2 diabetes. *Diabetes Care* 2002;25:1729-1736

2 Stratton IM, Adler AI, Neil HA et al. Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study. *BMJ* 2000; 321: 405-412

PLEASE TURN OVER. BOTH SIDES ARE TO BE COMPLETED AND SIGNED.

Please indicate any relevant contraindications.

Contraindications to Exercise Participation ^{3, 4, 5}

Absolute Contraindications

Exercise participation should not be granted to the participant with absolute contraindications as listed below, until those conditions are stabilised or adequately treated.

- A recent significant change in resting ECG suggesting significant ischemia, recent myocardial infarction (within 2 days), or acute cardiac event
- Unstable angina
- Uncontrolled cardiac dysrhythmias causing symptoms or hemodynamic compromise
- Uncontrolled symptomatic heart failure
- Symptomatic severe aortic stenosis
- Suspected or known dissecting aneurysm
- Acute myocarditis or pericarditis
- Acute thrombophlebitis or intracardiac thrombi
- Acute pulmonary embolus or pulmonary infarction
- Untreated high risk proliferative retinopathy
- Recent significant retinal haemorrhage
- Acute or inadequately controlled renal failure
- Acute systematic infection, accompanied by fever, body aches, or swollen lymph glands

Relative Contraindications

In some instances, individuals with these conditions can participate in physical activity with caution and/or using low-level end points, especially if they are asymptomatic at rest and if the benefits of physical activity outweigh the risk of exercise.

- Fasting blood glucose >16.7 mmol/L or >13.9 mmol/L with urinary ketone bodies
- Uncontrolled hypertension with resting systolic blood pressure >160 mmHg or diastolic blood pressure >100 mmHg
- Severe autonomic neuropathy with exertional hypotension
- Moderate stenotic valvular heart disease
- Hypertrophic cardiomyopathy and other forms of outflow tract obstruction
- Tachyarrhythmias or bradyarrhythmias
- High-degree atrioventricular block
- Ventricular aneurysm
- Electrolyte abnormalities (for example hypokalemia, hypomagnesemia)
- Uncontrolled metabolic disease (for example thyrotoxicosis, myxedema)
- Chronic infectious disease (for example mononucleosis, hepatitis, AIDS)
- Neuromuscular, musculoskeletal, or rheumatoid disorders that are exacerbated by exercise
- Microvascular complications (retinopathy, neuropathy, nephropathy)
- Macrovascular complications (cerebrovascular, CVD, PVD)
- Left main coronary stenosis
- Mental or physical impairment leading to inability to exercise adequately
- Complicated pregnancy

List any other conditions that the Lift for Life® Trainers need to be alerted to when prescribing an exercise program for, and when supervising, this client.

- Long history of sedentary behaviour: _____
- Cardiovascular: _____
- Metabolic: _____
- Musculoskeletal: _____
- Respiratory: _____
- Neuropathic: _____
- Psychosocial: _____
- Other: _____

As the supervising doctor, I found this individual was medically stable at the time of this examination and therefore approve their participation in Lift for Life®. I have indicated relevant contraindications to my knowledge and understand that should the participant experience a significant medical incident whilst participating in the program, I will be informed immediately.

Medical Practitioner's signature: _____

Date: / / _____

Baker IDI Heart and Diabetes Institute, Fitness Australia Limited and your chosen program provider respect your right to privacy. We are bound by the National Privacy Principles contained in the Privacy Act 1988 which came into effect from the 21st December 2001. Those Principles regulate our activities with respect to personal information collected, stored, used and disclosed by us. Please change this sentence to: For further information or to request access to personal information we hold about you please contact BHD's Privacy Officer on (03) 9258 5050 and/or FAL's Privacy Officer on (02) 8338 3010.

- 3 'Contraindications to exercise participation' adapted from Gordon NF, 'The exercise prescription' in Ruderman N, Devlin JT, Schneider SH, Eds. Handbook of Exercise in Diabetes. American Diabetes Association, Alexandria 2002.
- 4 Whaley M, Brubake P, Otto R. ACSM's Guidelines for Exercise Testing and Prescription Seventh Edition. Lippincott Williams and Wilkins, Baltimore 2006.
- 5 Williams M, Haskell W, Ades P, Amsterdam E, Bittner V, Franklin B, Gulanick M, Laing S, Stewart K. Resistance Exercise in Individuals With or Without Cardiovascular Disease: 2007 Update: A Scientific Statement From the American Heart Association Council on Clinical Cardiology and Council on Nutrition, Physical Activity and Metabolism. Lippincott, Williams and Wilkins, Baltimore 2007.