

TABLE OF CONTENT

ACKNOWLEDGEMENT	2
FOREWORD	3
BACKGROUND	4
TERMS OF REFERENCE	6
AIM	6
STRUCTURE	6
FINANCE	6
ROLES AND RESPONSIBILITIES	8
REGIONAL ADAPTED FITNESS SPECIALIST SOP'S	11
PHYSICAL EXERCISE SPECIALIST SOP'S	15
REFERENCES	18
ANNEXES	
ANNEX OVERVIEW	19
ANNEX A – CF 2018	21
ANNEX A(i) - TRANSFER FORM	22
ANNEX B –CLIENT INTAKE AND ASSESSMENT FORM	23
ANNEX C –CLIENT MONTHLY PROGRES REPORT	24
ANNEX D - BUSINESS MONTHLY REPORT <i>(TO BE DEVELOPED)</i>	25
ANNEX E - BUSINESS ANNUAL REPORT <i>((TO BE DEVELOPED)</i>	26
ANNEX F - STATEMENT OF UNDERSTANDING	27
ANNEX G - PARTICIPANT AGREEMENT/CONSENT FORM	28
ANNEX H – PAR-Q	29
ANNEX Hi – PARMED - X	30
ANNEX Hii – PARMED – X FOR PREGNACY	31
ANNEX I – PARTICIPANT LOGBOOK/ATTENDANCE	32
ANNEX J – BRIEFING NOTE, TRANSFER OF SO PROGRAM	33
LIST OF ACRONYMS	36
FIGURE 1 - MULTI-TEAM APPROACH DIAGRAM	37

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Foreword

1. The 1st Edition of the Terms of Reference/Standard Operating Procedures for the PSP Reconditioning Program was created to offer guidance and support to a very important CMP priority: care for our ill and injured members. This document will provide direction and the roles of key PSP Stakeholders involved, primarily the Regional Adapted Fitness Specialists and the Physical Exercise Specialists.
2. This initiative is a new mandate for PSP; with many obstacles to overcome, however throughout the entire process we have had complete engagement of all the stakeholders. This SOP reflects that interaction and shows how these networks combine to offer optimal services to our CF members.
3. The PSP Reconditioning Program is a great accomplishment for all involved and has come together in a relatively short timeframe. This program is in its infancy phase as a result the SOPs will continue to evolve. It is important to adopt the PSP motto of being flexible and communicative throughout this process, while adhering to these SOPs.

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PSP RECONDITIONING PROGRAM STANDARD OPERATING PROCEDURES

BACKGROUND

PSP Reconditioning Program

1. Results from the 2004 Health and Lifestyle Information Survey (HLIS) (Ref A) illustrated that injuries, physical inactivity and depression were amongst the key factors limiting deployability in the Canadian Forces (CF). In order to address these important issues a shared ownership and multidisciplinary approach was directed and resulted in the publication of the CF Health and Physical Fitness Strategy (Ref B) which directly contributed to the subsequent hiring of 32 Personnel Support Programs (PSP) Physical Exercise Specialists (PES) positions for employment across the CF.
2. Following the creation of the CF Physical Rehabilitation Program and the Joint Personnel Support Unit (JPSU), the Directorate of Fitness (DFit) identified the need to establish a complementary, multi-faceted, specialized physical fitness and sport reconditioning program. They envisioned this program supporting and facilitating any serving Canadian Forces personnel who acquired a permanent or chronic physical or mental health injury or illness while they were a member of the CF (ill and injured soldier) to participate fully in CF activities. This would ensure a seamless transition between medical rehabilitation and a physical fitness and sport reconditioning program, elements which are conducive to optimizing functional independence of military personnel that have been ill and injured and maximizing their chances of returning to full and active duties.
3. Based on further consultation with various stakeholders which included; Soldier On, Director of Casualty Support Management (DCSM), Canadian Forces Health Services (CFHS) and Base and Wing Fitness and Sports Staff, the recommendation was tabled at PMB and approval provided to hire eight (8) Regional Adapted Fitness Specialists (RAFS) to work with CF personnel that are posted to the JPSU and/or are part of the Return to Work (RTW) program within their respective region¹.
4. Although the role of the RAFS and PES are somewhat similar, the RAFS will work predominately with the CF members in their transitional stages of conditioning after rehabilitation when posted to the JPSU and or are part of the RTW program in their respective region. This essential service is intended to complement the services provided by the physiotherapists and occupational therapists in a collaborative effort to maximize recovery and functional independence. A timeline chart outlining the inter-operability of the fitness program delivery to CF personnel requiring conditioning is attached in Figure 1 at the end of this document.

Joint Personnel Support Unit

¹ Pacific, Alberta-Northern Canada, Prairie, Southern Ontario, Eastern Ontario, Quebec, New Brunswick-Prince Edward Island, Nova Scotia-Newfoundland.

5. The JPSU is a Canadian Forces unit, with its own Unit Identification Code (UIC - 6555). JPSU is headquartered in Ottawa.
6. JPSU has eight sub-units to cover regions across Canada. They are referred to as Regional Elements and are located in Halifax (for NS-NFLD), Gagetown (for NB-PEI), Valcartier (for Quebec), Petawawa (for Eastern Ontario), Toronto (for Southern Ontario), Winnipeg (for Saskatchewan, Manitoba, and Northern Ontario), Edmonton (for Alberta and Northern Canada), and Esquimalt (for BC). The Regional elements are under command of an Officer Commanding, and they are responsible for command and control of the first line service delivery organizations or Integrated Personnel Support Centers (IPSC).
7. Service delivery of the JPSU occurs at the IPSC's. Each IPSC consists of two subsections, one is a services section which delivers the core services, in concert with partner organizations such as VAC (Veterans Affairs Canada), SISIP (Financial), Case Management, Operational Stress Injuries Social Support (OSISS), Military Family Resources Centre (MFRC), Administrative Support, Casualty Tracking and Base or Wing co-located partners. The other section is a support platoon which provides for the leadership and supervision of CF members posted to JPSU in that region.
8. RTW Coordination is one of the key services offered at all IPSCs to help facilitate and promote the early return to the workplace of personnel that have recovered from physical and/or mental illness or injury.

TERMS OF REFERENCE

AIM

9. The aim of this section is to provide standardized direction for the provision of a PSP Reconditioning Program for military personnel who have been ill or injured. This document is a working copy and is subject to change as the program continues to evolve.

STRUCTURE

10. **Objectives of the program.** The primary objective of the PSP Reconditioning Program is to provide consistent and seamless physical fitness and conditioning programs and services to ill and injured CF personnel that have completed their rehabilitation.
11. **Command.** The PSP Reconditioning Program will operate under the authority of the CMP. CMP is responsible to provide financial, human and logistical resources for the delivery of both the PSP Reconditioning and the Soldier On programs. The command and coordination function for the PSP Reconditioning Program will be assigned to the PSP Director of Fitness (DFit).
12. **Organization.** Director General of Personnel and Family Support Services (DGPFS) will manage the delivery of both the PSP Reconditioning and the Soldier On program. The RAFS will be accountable to the local base/wing FD and responsive to the JPSU Regional OC in their respective region, while the PES will be accountable to the local base/wing FD or Fitness Coordinator (FC) and responsive to the RAFS. In other words, the RAFS are the responsibility of the FD and react to the needs of the JPSU.

The Reconditioning Program Governance Framework

Position	Under the Authority of	Accountable to	Responsive to
Regional Adapted Fitness Specialist	CPSP	Fitness Director	JPSU Regional OC
Physical Exercise Specialist	CPSP	Fitness Director or Fitness Coordinator	Fitness Director or Fitness Coordinator and RAFS
Fitness and Sports Instructor	CPSP	Fitness Coordinator	Fitness Coordinator

FINANCE

13. **NPF.** DGPFS/DFit has allocated Non-Public Funding (NPF) for each RAFS to cover Personnel O&M and travel expenses. As per the PSP Financial Delegation of Authority (Ref. C):
- The PSP Mgr, FD and/or the National Physical Fitness Manager (NPFM) may approve eligible expenses; and

- b. The RAFS are responsible to process all NPF claims in accordance with NPF accounting policies, as per AFN-105 (Ref D) and the PSP Travel Policy (Ref E). Eligible expenses are to be coded using the proper NPF GL as per the table below.

Non-Public Funding GL

Category	NPF GL	Eligible expenses
Personnel O&M	556638999	Misc office equipment, supplies, postage, telecom
Travel	556638953	Operational related expenses only including travel, R&Q, indoc training, etc. This also extends to reasonable expenses incurred by the PES while performing duties for clients under the care of the RAFS. <u>Booking airfare</u> Use an existing local public TAN and code it against the Public fin code provided above and/or contact Christina Legault, DGPFS Travel Coordinator, at legault.christina@cfpsa.com

14. **Public Funds.** Only under special circumstances should a claim for public fund reimbursement be processed for expenses related to the business affairs of the RAFS. Public fund claims are to be processed in accordance with all applicable policies using the following coding: Fund C109, Fund Centre 2288AV, Cost Centre 2288FS and appropriate GL (Travel: civilian **2137**, military **2106**, Rations & Quarters: **12401**, Telecom: **2313** (Data Services- mostly Blackberry data charges)). Upon receipt of the direct charge report for Cost Centre 2288FS, DGPFS/DFit will reimburse the Public GL with funds from the appropriate NPF GL.

***Note:** The expenses of the ill and injured CF personnel are the responsibility of the JPSU and/or their parent unit.*

15. Budget Guidelines

- a. **Personnel O&M-** strictly for supplies directly related to the operation of the RAFS position. This includes office supplies and electronics, telecom charges, postage and paper, textbooks, etc. This does not include any type of fitness or adaptive related equipment. Any items purchased must be labelled and remain with the position.
- b. **Travel-** applies specifically to travel related to the daily operations of the RAFS position. This includes travel to meet with members, meetings, or site visits within the RAFS assigned region. This also includes PES travel for clients referred by the RAFS. The travel GL is not to be used for any travel pertaining to professional development, conferences or any other external travel.
- c. **Professional Development-** each RAFS will receive \$2000 for professional development per FY. This includes conferences, courses or training of any type related to professional development dealing with the PSP portion of the Recondition Program. This also includes any travel expenses related to this PD training. Use of

this budget must be approved by the National Physical Fitness Manager through presentation of a business case as to the reasoning and benefits of expenditure.

Note: Other professional development funding is still available through the local PSP Fitness Director's annual PD funding for fitness staff. For information on the process of approval from this local budget, contact the local Fitness Director. Business cases for funding of Soldier On related activities should be sent to Soldier On Manager for approval.

ROLES AND RESPONSIBILITIES

16. The roles and responsibilities contained in this document are a guide for PSP and CF/DND staff who deals with the PSP Reconditioning and the Soldier On programs.

17. **National Physical Fitness Manager.** The NPFM is responsible to:

- a. manage, evaluate, validate and implement corrective procedures for all applicable Canadian Forces (CF) Physical Fitness Programs and Evaluations for Regular Force and Primary Reserve Force members;
- b. authorize and monitor financial transactions/commitments within an approved budget;
- c. conduct Field Operation visits;
- d. apply NPF policies, procedures, regulations and applicable legislation;
- e. liaise with Directors to provide oversight to the program; and
- f. meet with other stakeholders to ensure program success.

18. **Soldier On Manager.** The Soldier On Manager and staff is responsible to:

- a. facilitate and support activities and events for ill and injured CF personnel;
- b. disseminate information about Soldier On activities and events through the appropriate CoC;
- c. provide subject matter expertise to partners and key stakeholders; and
- d. collect and process Soldier On Fund applications.

19. **Officer in Command.** The Officer in Command will provide the following support to RAFS:

- a. provide the RAFS short and long term programming priorities for inclusion into the local PSP Business plan;
- b. advice and feedback to PSP regarding local JPSU element requirements and process enhancements; and
- c. input and recommendations for inclusion in the performance appraisal and annual work plan of the RAFS.

20. **Fitness Director.** The Fitness Director is responsible to:

- a. ensure NPF policies, procedures, regulations, and applicable legislation are being applied to staff and programs;
- b. optimize operational performance by liaising with JPSU and the RAFS; i.e. making recommendations to the RAFS on how to better utilize PES to manage case load;
- c. authorize and administer financial transactions/commitments and manage assets;
- d. oversee budgets for RAFS and provide budgetary guidelines;
- e. complete RAFS Performance Review and Appraisal Report (PRAR) with input from the JPSU OC;
- f. promoting active participation of ill and injured CF personnel in events and activities;

- g. liaise with the other Fitness Directors in their region in regards to the use of the local PES by the RAFS; and
- h. submit monthly and annual report to the NPFM.

21. Regional Adapted Fitness Specialist. As per the Delegation of HR Authority – Staff of the NPF Funds, CF, the RAFS is a member of the Staff of the NPF, Canadian Forces. He or she works directly for the local Fitness Director who ultimately reports to PSP Chain of Command. The RAFS is responsive to the physical fitness programming needs of the JPSU. The RAFS is responsible for:

- a. working directly with CF personnel that are posted to the JPSU and/or part of the Return to Work program within their respective region;
- b. working with the acute ill and injured not posted to the JPSU, but yet transferred to the RAFS only when deemed appropriate by the CFHS HCP who has identified a need for an early conditioning phase before the end of the rehabilitation;
- c. providing standardized direction for the provision of Adapted and re-conditioning physical fitness, recreation and sport programs and opportunities for military personnel IAW paragraphs a. and b.;
- d. collaborating with RTW Coordinators in a multi-disciplinary approach while providing recommendations for establishment of the RTW plan and the restoration phase for CF members;
- e. using available resources to assist CF members who have special requirements;
- f. working with approved fitness, recreation and sport organizations to deliver programs and services;
- g. acting as a regional contact and liaison for the Soldier On program;
- h. promoting active participation of ill and injured CF personnel in Soldier On events and activities;
- i. reviewing Soldier On Fund applications and making recommendations to the Soldier On Fund Manager; and
- j. ensuring that all other responsibilities are being followed as per the Regional Adapted Fitness Specialist job description or as indicated by the Fitness Director.

22. Physical Exercise Specialist/Strength and Conditioning Specialist (SCS). The PES/SCS is responsible for:

- a. coordinating and delivering Base/Wing/Unit standardized physical fitness programs for CF Members recommended to them by the RAFS, (or other Base/Wing/Unit medical care providers, after appropriate consultation with the Fitness Director and the local medical care providers). This may include CF Members that are completing their rehabilitation only when it is deemed required by the CFHS HCP such as the physiotherapists;
- b. forwarding bi-weekly attendance reports and monthly progress reports, as well as any other pertinent information to the RAFS for the member's PSP Reconditioning Program File;
- c. assisting Base/Wing/Unit health care professionals in the development, implementation and delivery of health and physical fitness related initiatives for CF Members not covered by the JPSU construct;
- d. acting as a personnel exercise physiologist and evaluator for apparently healthy CF Members with specific conditions as determined by the Fitness Director; and
- e. Ensuring that all other responsibilities as per the PES job description or as indicated by the Fitness Director and/or the FC.

23. Strength and Conditioning Specialists (SCS). The Strength and Conditioning Specialist positions uniquely embedded within Special Operations Forces within the CF. The roles and responsibilities of the SCS differ slightly from the PES and RAFS. However, they may be required to fulfill roles and responsibilities of both the RAFS and PES. Local FSR Dir or Chain of Command will identify the specific roles and responsibilities of the SCS at their location. Nevertheless, SCS should follow the same process with regards to the PSP re-conditioning program as outlined in this SOP.

24. Fitness and Sports Instructor (FSI). The FSI is responsible to:

- a. instruct physical fitness training sessions for apparently healthy CF Personnel;
- b. conduct physical fitness evaluations for apparently healthy CF Members;
- c. deliver fitness training sessions for CF Members with medical conditions, functional limitations, mental or physical disabilities, provided the exercise is not related to the direct area of injury or illness. Programs prescribed must be reviewed by the PES and/or RAFS and approved in writing by the FSD; and
- d. ensure all other responsibilities, as indicated in the FSI job description and as indicated by the FC are carried out.

RAFS STANDARD OPERATING PROCEDURES

25. **Clients.** Once cleared for fitness conditioning by health services personnel, the RAFS will primarily work with CF personnel during the early stages of reconditioning and engage the PES during the later stages. Regardless of who is named as the primary fitness delivery provider, the PSP Reconditioning Program File will always remain under the supervision of the RAFS until the date that the member is no longer part of the JPSU or released from the program as per paragraph 31 (Case Termination);

Case activation. CFHS (e.g. Physician, Physiotherapist and/or Occupational Therapist) is responsible to provide clearance for ill and injured CF personnel to participate in physical fitness reconditioning activities, using a CF2018 form and/or electronic medical record chit (see Annex A). At that time, if necessary, more detailed information may be provided to the RAFS regarding the physical and mental limitations, contraindications and capabilities, including any absolute or relative contraindications to certain exercises by using annex A(i) (PSP Reconditioning Program Transfer Form). If further clarifications are required to effectively develop safe physical fitness reconditioning programs, the RAFS may need to communicate directly with the principal health service care provider.

Note: *If the RAFS deems the physical condition of the client to be too severe or unstable to be safely handled or has any concerns about their safety or the safety of others, the RAFS will recommend that the client see a medical care provider prior to the continuation of the physical conditioning program.*

26. Initial assessment.

a. Upon activation of CF 2018, the RTW Coordinator and the RAFS will complete a thorough review and determine if:

- i. additional information is required from the health care service provider;
- ii. if the member will remain under direct supervision of RAFS or will be transferred to PES or FSI. In some cases, the member can also be transferred to other external fitness resources. In such circumstances, the RAFS or PES will provide the member with a personalized program, which may be monitored by the external fitness professional. The RAFS will determine who will deliver the services based on the following criteria:
 - a. client's stage in the recovery process: acute/early or further along;
 - b. amount of supervision required during PT (e.g. one-on-one vice group physical training session);
 - c. workload of the PES as determined by the FD or FC;
 - d. comfort level of the PES with the case; and
 - e. requirement to outsource external resources.

b. Following the initial assessment, based on the results of the evaluation measures, the client may be transferred from the RAFS to the PES.

27. **Client Intake and Assessment Form.** To evaluate the participant's physical fitness capacity, limitations and requirements, the RAFS will be using the Client Intake and Assessment Form (see Annex B). Ideally, the assessment should occur within 10 working days after contacting the RAFS. It is important to conduct the initial assessment in a safe, public environment as per the protocols contained within Section 13 of the Occupational Health and Safety Policy ([Annex L – Working Alone](#)).

NOTE. a baseline test shall be used as a method of tracking performance measures. The type of baseline test is optional based on the injury and the equipment available, provided it is within the RAFS/PES scope of practice.

28. **Reconditioning program.** Each CF personnel will be provided with a written, customized physical fitness reconditioning program. This program may include, but is not limited to, participation in health promotion activities, physical fitness training, sports and recreation, Soldier On events, Soldier On Fund activities and other relevant activities geared towards enabling the CF personnel to achieve their conditioning goals and objectives.

29. **Progression measures.** The progression of CF personnel may be assessed through a combination of functional evaluation measures (baseline tests), planned and unplanned supervised training sessions, attendance records and self-reporting through a fitness journal. The progression measures will be included within the monthly progress report.

a. **Client Monthly Progress Report** (see Annex C). The RAFS will complete a mandatory monthly progress report and submit a copy to the respective RTW Coord and Regional JPSU OC. These reports should be handled in accordance with regulations. When applicable, the PES will forward their Monthly Progress Report to the RAFS. This report is to be filled out as a checklist, void of any comments that may be deemed Protected B information, as this is a Protected A form that will be added to the RAFS member's case file. Any protected information can be recorded separately;

b. **Business Monthly Report** (see Annex D). This report is to be completed by the RAFS monthly and submitted 10 business days after the last day of the month. The report will be submitted to the Regional JPSU OC and the NPFM and contain information on observations, challenges and recommendations for the PSP Reconditioning program; and

c. **Business Annual Report** (see Annex E). This report is to be completed by the RAFS annually, on/or before 1 April and submitted to both the Regional JPSU OC and the NPFM and contain information on observations, challenges and recommendations for the PSP Reconditioning program. The results will then be consolidated into a full report, published as an annual National program report submitted to CMP.

30. **Case Termination.** The RAFS will close their section of the file, in consultation with the PES (when necessary), Case Mgr, MO, Occupational Therapist (OT), Physiotherapist, RTW Coord &/or JPSU OC. The RAFS will close the file for ill and injured client when:

a. They have returned to full and active duty;

- b. They have attained a level of functional independence whereby they self direct physical training or re-integrated into unit physical training;
- c. The client is non-compliant with the Statement of Understanding (SOU) (see Annex F) or the Participant Agreement/Consent Form (Annex J). If this is the case, the RAFS shall consult with the Case Manager, the Medical Care Provider who generated the CF 2018, the local IPSC platoon staff and/or the RTW Coordinator in order to follow-up with the member prior to closing the PSP Reconditioning Program File.

31. **Communication.** There should be regular communications with the RAFS, the RTW Coordinator; Fitness Directors; PES and other service providers to review PSP Reconditioning Program Files, monitor progression and address issues, ensuring all information is handled in accordance with all applicable regulations.

a. Handling of information. All Protected B information must be handled in accordance with all applicable Protected B regulations. The CF 2018 is a Protected A document. Regardless of designation, personal information held by PSP shall not be shared with other service partners or agencies without the consent of the member.

b. Understanding your region. The RAFS should meet with internal and external stakeholders and service delivery agencies, including but not limited to the following, to establish a comprehensive understanding of programs and services available in the respective region:

- i. JPSU and IPSC staff and partners in your region ;
- ii. DGPFFSS staff at all bases/wings/units in your region (Fitness and Sports Directors, PES, Health Promotion, Fitness and Sport Coordinators, Recreation staff, MFRC, etc);
- iii. Medical care providers in your region; and
- iv. Para-sport and recreation organizations.

32. **Equipment.** The funding for equipment procurement is a local base/wing/unit responsibility. Where possible, use existing fitness and testing equipment and resources. If a piece of additional equipment is required, follow the equipment procurement process established for the base/wing/unit.

33. **Emergency Plan.** Each RAFS should be fully aware of the procedures to take in the event of an emergency. Consult with the local PSP staff for the security plan.

34. **Training & Professional Development.**

- a. Training opportunities include, Weight Wellness, Top Fuel for Top Performance, Suicide Intervention Training, Stress: Take Charge and Alcohol, other Drug Addictions and Gambling. Consult with your local Health Promotion specialist for more information on these and other training opportunities;

- b. NPF employees have access to professional development funds and tuition reimbursement. Please consult with your local Human Resource specialist for more information. Training and professional development opportunities should be managed and budgeted by the FD.

35. **Performance Measures.** Performance measures for the Reconditioning Program are currently being developed conjunctly with the RAFS performance measures.

PES STANDARD OPERATING PROCEDURES

36. Clients.

The PES will primarily work with CF personnel during the later stages of reconditioning and will be engaged in the process by either the RAFS or the local medical service providers (MO, physiotherapists, etc.).

- a. Once cleared for fitness conditioning by health services personnel, the RAFS may forward clients to the PES who will then provide individual exercise programs to CF Regular or Primary Reserve (Class A, B and C) personnel posted to the JPSU and/or on the RTW Program. PES will directly supervise exercise programs that shall include the frequency, intensity, time and type of activities, and be linked to operational fitness requirements.

37. **Case Activation.** CFHS (e.g. Physician, Physiotherapist and/or Occupational Therapist) is responsible to provide clearance for the CF personnel that was ill and injured to participate in physical fitness conditioning activities, using a CF 2018 form and/or electronic medical record chit (see Annex A). At that time, if necessary, more detailed information may be provided to the PES regarding the physical and mental limitations, contraindications and capabilities, including any absolute or relative contraindications to certain exercises by using annex A(i) (PSP Reconditioning Program Transfer Form). If further clarifications are required to effectively develop safe physical fitness reconditioning programs, the PES may need to communicate directly with the principal health service care provider.

38. PES can receive clients from the RAFS, for members who are part of the RTW program, or directly from the local CFHS.

39. Initial Assessment.

- a. Once the participant's file is received by the PES, if not already completed by the RAFS, an evaluation of the participant's physical fitness capacity and limitations using the Intake & Assessment Form (see Annex B) will be completed. The assessment should occur within 10 working days after being referred to the PES. It is important to conduct the initial assessment in a safe, public environment.
- b. Upon their initial assessment with the member, should the PES deem the member's condition to be more severe than anticipated, the RAFS will be contacted for guidance, and if necessary the CF member can be returned to the transferring agent for a second consultation, or to be fully supervised. The portion of the form titled 'Other Requirements' will be managed by the RAFS, with assistance from the PES for recommendation to the local Health Promotion staff.

- c. A baseline test shall be used as a method of tracking performance measures. The type of baseline test is optional based on the injury that happened and the equipment available, provided it is within the RAFS/PES scope of practice.
40. **Reconditioning program.** Each CF member will be provided with a written, customized physical fitness reconditioning program. This program may include, but is not limited to, participation in health promotion activities, physical fitness training, sports and recreation, Soldier On events, Soldier On Fund activities and other relevant activities geared towards enabling CF personnel to achieve their conditioning goals and objectives.
41. **Progression measures.** The progression of CF personnel may be assessed through a combination of functional evaluation measures (baseline tests), planned and unplanned supervised training sessions, attendance records and self-reporting through a fitness journal. The progression measures will be included within the monthly progress report. Based on the results of the evaluation measures, the client may be assigned/reassigned from the RAFS to the PES or vice versa for a case review with a possible file closure:
- a. **Client Monthly Progress Report** (see Annex H). To be filled out as a checklist, void of any comments that may be deemed Protected B information, as this is a Protected A form that will be added to the member's file. Any protected information can be recorded separately. When necessary the information will then be forwarded to the RAFS, as they are responsible for the RTW program in their respective region. When applicable, a monthly report will need to be provided to a health care provider (if requested);
 - b. **Business Monthly Report** (see Annex I). This report is to be completed by the RAFS monthly on or before 1 April and submitted to the Regional JPSU CO and NPFM. It will be based on the PES reports and will contain information on observations, challenges and recommendations for the Physical Fitness Reconditioning Program. The results are then consolidated into a full report, published yearly.
42. **Case Termination.** The PES will close their section of the file, in consultation with the RAFS (when necessary), or the referring agent from the CFHS. The PES will close the file for the member when:
- a. they have returned to work full time;
 - b. they have attained a level of functional independence whereby they require limited to no direct supervision or assistance in conducting physical fitness training; or
 - c. the client is non-compliant with the Statement of Understanding (SOU) (see Annex F) or the Participant Agreement/Consent Form (Annex J). If this is the case, the PES shall consult with the RAFS or the Medical Care Provider who generated the CF 2018, in order to follow-up with the member prior to closing the PSP Reconditioning Program File.
43. **Communication.** There should be regular communication between the PES and the partners involved (RAFS and/or CFHS referring agents). Such issues as poor attendance or other client related information should be communicated as soon as possible, ensuring that protected information is handled appropriately.

44. **Handling of information.** All Protected B information must be handled in accordance with all applicable Protected B regulations.

Note: CF 2018 is a Protected A document. Regardless of designation, personnel information held by PSP shall not be shared with other service partners or agencies without the consent of the member.

45. **Equipment.** Where possible, use existing equipment and resources. If a piece of additional equipment is required, follow the equipment procurement process established for the base/wing/unit.

46. **Emergency plan.** Each PES should be fully aware of the procedures to take in the event of an emergency. Consult with the local PSP staff for the security plan.

47. **Training & professional development.**

- a. The indoctrination training for the PES is currently offered by the PSP Training Centre. Contact the Training Office Coordinator at the PSP Training Centre for the course dates;
- b. Other training opportunities include, Weight Wellness, Top Fuel for Top Performance, Applied Suicide Intervention Skills Training, Stress Take Charge and Alcohol, other Drug Addictions and Gambling. Consult with your local Health Promotion specialist for more information on these and other training opportunities; and
- c. NPF employees have access to professional development funds and tuition reimbursement. Please consult with your local Human Resource specialist for more information. Training and professional development opportunities should be managed and budgeted by the Fitness Director.

48. **Performance Measures.** Performance measures for the Physical Fitness Reconditioning Program are currently being developed conjunctly with the PES performance measures.

REFERENCES

- A. 2004 Health and Lifestyle Information Survey (HLIS)
<http://www.forces.gc.ca/health-sante/pub/hlis-sssv-eng.asp>

- B. CF Health and Fitness Strategy
<http://www.cmp-cpm.forces.gc.ca/pub/hpfs-sscp/index-eng.asp>

- C. PSP Financial Delegation of Authority
DGPFS 7331-1 (CPSP) 15 Sep 2010

- D. AFN-105
http://www.cfpsa.com/en/corporate/resources/library/manuals/afn_105/index.asp

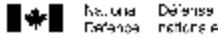
- E. PSP Travel Policy
http://www.cfpsa.com/en/corporate/services/travel/Travel_Directive_e.asp

ANNEX OVERVIEW

49. **Description of Forms (RAFS & PES).** Unless otherwise stated, all forms are mandatory and serve an important purpose in the PSP Reconditioning Program. When a member is under directed physical training with the PES, and was transferred by the RAFS, a copy of all documents must be forwarded to the RAFS to add to the member's PSP Reconditioning Program File (note that only Protected A information will be added to the member's PSP Reconditioning Program File, all protected B information will remain between the PES and the RAFS). If a client is transferred from the local CFHS directly to the PES, CFHS will remain the ones responsible for the documentations related to this particular case.
50. **Client Intake Form (see Annex B).** To be completed by the designated fitness service provider. The listed steps below should be followed during the client intake process:
- a. complete Annex B;
 - b. establish training objectives, discuss obstacles and help find solutions, evaluate motivation, and determine if there is a need for a physical fitness evaluation;
 - c. explain administrative procedures: how attendance is tracked, reporting, who to call when you can't make it, etc; and
 - d. book next appointment to present the personalized training program (timetable, training sessions, etc) and provide info on other pertinent programs (health promotion, Para-sport organizations, events/activities, etc).
 - e. a baseline test shall be used as a method of tracking performance measures. The type of baseline test is optional based on the injury that was sustained and the equipment available, provided it's within the RAFS/PES scope of practice.
51. **Client Monthly Progress Report (see Annex C).** To be filled out as a checklist, void of any comments that may be deemed Protected B information, as this is a Protected A form that will be added to the member's file. Any protected information can be recorded separately.
52. **Business Monthly Report (see Annex D).** To be filled out by the service provider to collect data on the amount of clients they are dealing with throughout the duration of the month and what kind services were provided. This monthly report must capture how many referrals they have received from their various referring agents. This report is to be submitted to both the JPSU OC and the NPFM 10 business days after the last day of the month.
53. **Business Annual Report (see Annex E).** This report is to be completed by the RAFS annually on or before 1 April and submitted to the Regional JPSU OC and NPFM. It will be based on the PES reports and will contain information on observations, challenges and recommendations for the Physical Fitness Reconditioning Program. The results are then consolidated into a full report, published yearly
54. **Statement of Understanding (see Annex F).** This document assures that the client understands the purpose, procedures and requirements of the PSP Reconditioning Program. It states that this is the direction of their unit and that non-attendance and/or non-compliance will be reported to the client clinician and CoC.

55. **Participant Agreement (see Annex J).** The primary fitness service provider and the client shall sign the Participant Agreement Form, agreeing to accept responsibility for the completion of the conditioning program. This form serves as a contract between the member and the service provider. It is an important document for the member's file, thus must be completed for each member.
56. **PAR-Q (see Annex L). A PAR-Q (and when applicable a PARmed-X (see Annex Li) and PARmed-X for Pregnancy (see Annex Lii)** shall be administered to all the participants who are taking part in the PSP Reconditioning Program. A copy of the questionnaire shall be kept in the client's personal file.
57. **Participant Logbook/Attendance (see Annex M).** There is some flexibility to the method of tracking members and their progress. This document may be a logbook of exercises, used to track progression and attendance, or could be created as two separate documents: a logbook and an attendance sheet. Method will be determined at the base level between each PES and the RAFS. All missed appointments and sessions must be reported to RAFS for documentation in member's PSP Reconditioning Program File. If the PES is the primary service provider, a weekly attendance report is to be sent to the RAFS. The format can be developed locally. The PES will be required to complete a Participant Logbook/Attendance with the referral from the local CFHS.
58. **Briefing Note for DGPFSS (see Annex N).** Transfer of the Soldier On Program from PSP to DCSM by outlining the roles and responsibility of Soldier On, PSP/DFIT and Associate DGPFSS staff.

Annex A - CF 2018



PROTECTED A (When completed)

CF H Svcs Gp Employment Limitations for Return to Work Worksheet

(See reverse for Instructions)

Facility Providing Care		Current date					
SN	Surname	Init.	Rank				
MOSID	Unit						
CF component	V	CV	H	G	O	A	Date recommended
<input type="checkbox"/> Regular							
<input type="checkbox"/> Reserve							
Sick leave	Excused duty	Next medical due	Reassessment date				
Days	Days (2 max)						
Initial visit	F/U visit	Recurrence	Time in	Time out			

Bradma Card

Possible duty injury
 Possible duty illness
 Apparent non-duty injury
 Apparent non-duty illness
 Undetermined

FIT - Full duties
 Grounded/Unfit diving: ___ days
 Review by: _____ Date _____
 Estimated time until FIT - Full duties: _____ (If > 6 months, UNIT may consider SPHL)

Modified Duties: ___ (max. 30 days)
 Temporary category (months): 3 6 12
 Permanent category recommendation: pending D MED POL +/- AUMB review.

Geographic Employment Limitations

1. Requires medical follow-up every ___ week(s) ___ month(s) or Immediately if suffers a crisis related to the medical problem.
 This follow-up must be done locally, or at other locations (review with MO). (see Additional details section)

2. To avoid known specific agents that may provoke a medical crisis. To carry self-administered medication at all times.

Occupational Employment Limitations

3. May do unit PT self-directed PT professionally directed PT no PT (see Additional details section)

4. Can perform CF EXPRES test without any limitations step test instead of shuttle no CF EXPRES test (see Additional details section)

5. Should avoid contact sports high impact activities running.

6. Requires rest every ___ minutes and/or the opportunity to change physical position.

7. Should avoid _____ (activity) on a daily basis as this may aggravate the chronic medical problem.

8. Unable to do repetitive tasks with the _____ (body part) for more than ___ minutes.

9. Unable to lift greater than ___ kg and/or repetitively and/or overhead.

10. Unable to tolerate shift work (but can tolerate full-time hours) or irregularly scheduled meals.

11. May work ___ hours per day ___ day(s) per week.

12. Unable to tolerate drill and parades.

13. Sedentary and light physical tasks only.

14. Not to drive DND vehicles.

15. Unable to remain alert/vigilant.

16. Unable to supervise personnel.

17. Flexibility in work schedule is required.

18. Unable to safely work in specific environments (i.e., on unstable platforms, at heights, with hazardous equipment) where sudden incapacitation may result in a risk of significant injury to self or others.

19. Unable to wear personal protective equipment (specify type) _____.

20. OTHER (including modified aircrew activities, unfit diving, unfit weapons handling, etc. - see Additional details section)

Additional details:

Clinician Name	Clinician Signature	CDU No.	Telephone	Date
----------------	---------------------	---------	-----------	------

I have read and acknowledge this form.

Refer to Case Manager Refer to RTW Coordinator
 RTW Case Conference Required Case Conference required

Original to member's CF 2034
 Copy 2 to Unit
 Copy 3 to Member

PROTECTED A (When completed)

Design: Forms Management 613-993-4050/613-993-4062 (04-2010)

Annex A(i) - PSP Reconditioning Program Transfer Form (optional)



PROTECTED A (when completed)

**PSP RECONDITIONING PROGRAM
TRANSFER FORM**

- Fitness & Sports Instructor Physical Exercise Specialist Regional Adapted Fitness Specialist

Member (Last/First/Rank)		Contact Information	
Service number			
Primary Area(s) of Focus <input type="checkbox"/> Core Stability <input type="checkbox"/> Back Fitness <input type="checkbox"/> Flexibility <input type="checkbox"/> Specific Muscular Strength/Endurance <input type="checkbox"/> Balance/Coordination/Proprioception <input type="checkbox"/> Other: _____		General Area(s) of Focus <input type="checkbox"/> Body Composition Management <input type="checkbox"/> Cardiovascular Fitness <input type="checkbox"/> General Muscular Strength/Endurance <input type="checkbox"/> Functional Training: _____ <input type="checkbox"/> Other: _____	
Secondary Area(s) of Focus <input type="checkbox"/> Speed/Agility/Quickness/Power <input type="checkbox"/> Functional Training: _____ <input type="checkbox"/> Other: _____			
Precautions / Contraindications _____ _____ _____ _____		Training Goals (Personal/Occupational) <input type="checkbox"/> Return to Unit PT <input type="checkbox"/> Return to Full Duties/No Restrictions <input type="checkbox"/> Improve Fitness around Limitations <input type="checkbox"/> Occupational/Environmental Testing <input type="checkbox"/> Other _____	
I would like to receive a progress report on the above member's status: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> As requested <input type="checkbox"/> Other: _____			
Recommended Health Promotions Programs: <input type="checkbox"/> Top Fuel Top Performance <input type="checkbox"/> Weight Wellness <input type="checkbox"/> Stress: Take Charge <input type="checkbox"/> Basic Relationship Training <input type="checkbox"/> Managing Angry Moments <input type="checkbox"/> Mental Fitness and Suicide Awareness <input type="checkbox"/> Butt Out <input type="checkbox"/> Alcohol, Other Drugs and Gambling Awareness <input type="checkbox"/> Injury Reduction Strategies for Sports and Physical Activity			

PROTECTED A (when completed)

Annex B – PSP Reconditioning Program Client Intake and Assessment Form

PROTECTED B



PSP RECONDITIONING PROGRAM INTAKE AND ASSESSMENT FORM

Intake date _____

I understand that all information that I provide in the context of this intake and assessment is strictly voluntary. Though I am not obliged to divulge any medical information to any fitness provider, I understand that the safety and effectiveness of my program are dependant upon an open and free exchange of information. Initials: _____

Name and Rank		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Tel. #:
SN	Unit	Name of superior and Tel. #:		
Member e-mail:				
Physiotherapist		Next appointment with health services		
Physician		Scheduled date of physical fitness test		
Case Manager				
Perception of current physical fitness level <input type="checkbox"/> VG <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> VP Lifestyle Perception of current nutrition habits <input type="checkbox"/> VG <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> VP Perception of current sleep habits <input type="checkbox"/> VG <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> VP		Training objectives: Past sports and fitness interests/participation: Physical activity over past 2 weeks:		
Nature of Injury				
Mechanism of Injury				
Functional limitations				

PROTECTED B

Annex C – PSP Reconditioning Program Client Monthly Progress Report



PROTECTED A

PSP RECONDITIONING PROGRAM PROGRESS REPORT

Name and rank:		Date of report	
Service number		Unit	
Overall assessment	<input type="checkbox"/> Improving	<input type="checkbox"/> Maintaining	<input type="checkbox"/> Regressing
Specific comments Could Include: FITT progressions Progressions related to physical limitations (MELS-CF 2018) Notes on behavioral issues (ie. Motivation/Attitude) Note Plateau/Flare ups (dates/action) Programs/Courses (ie. Health Promotion)			
Compliance	<input type="checkbox"/> Good Nearly all sessions	<input type="checkbox"/> Inconsistent More than half	<input type="checkbox"/> Poor Less than half
Recommendations	<input type="checkbox"/> Continue PT program as prescribed	<input type="checkbox"/> Bridge to group PT	<input type="checkbox"/> Exit from conditioning program
	<input type="checkbox"/> Re-assessment by CF H Svcs		
	Professionally Directed PT by		
	<input type="checkbox"/> PES	<input type="checkbox"/> RAFS	<input type="checkbox"/> FSI
	<input type="checkbox"/> Other _____		
Report prepared by	<input type="checkbox"/> PES	<input type="checkbox"/> RAFS	<input type="checkbox"/> FSI
	<input type="checkbox"/> Other _____		
	Name	Local	
	Signature	Date	

PROTECTED A

Annex D – PSP Reconditioning Program Business Monthly Report (To be developed)

Annex E – PSP Reconditioning Program Business Annual Report (To be developed)

Annex F – PSP Reconditioning Program – Statement of Understanding



PROTECTED A (when completed)

PSP RECONDITIONING PROGRAM STATEMENT OF UNDERSTANDING

You have been transferred to the PSP Reconditioning Program. This means that you would be working with a PSP fitness provider (FSL, PES or RAFS). At this point, if you have not already been in contact with your PSP fitness provider, it is your responsibility to do so. You must inform your CoC that you have been referred to the PSP Reconditioning Program. We recommend that this program is done in lieu of unit and self-directed PT; understanding that this is at the discretion of your unit. The program is an adjunct to your rehabilitation. The primary objective of the PSP Reconditioning Program is to provide consistent and seamless physical fitness and conditioning programs and services to ill and injured CF personnel. It is a parade and attendance will be recorded. Non-attendance and/or non-compliance will be reported to your clinician and CoC.

If you have increased symptoms, you **MUST** inform your PSP fitness provider and your clinician.

I have read and understand my responsibilities as written above. I also understand that full compliance on my part to the prescribed reconditioning program is required in order to achieve the expected outcomes.

_____ CF Personnel Printed Name	_____ CF Personnel Rank/SN	_____ Unit
_____ CF Personnel Signature	_____ CF Personnel Contact Info	_____ Date
_____ Supervisor Name Printed	_____ Supervisor Signature	_____ Date
_____ FSL/PES/RAFS Name Printed	_____ FSL/PES/RAFS Signature	_____ Date

PSP Comments

PROTECTED A (when completed)

Annex G – PSP Reconditioning Program Participant Agreement Form



PROTECTED A

PARTICIPANT AGREEMENT

Participant Information

1. Arrive on time for all classes.
2. Wear appropriate PT gear for indoor or outdoor activities. On Pool days, please bring your dry land gear as well in case the pool is closed for some reason.
3. Participants are expected to complete their conditioning program AS PRESCRIBED.
4. While completing your workout, fill out your workout sheet/training log to ensure that your work-out is recorded in your file.
5. You may stop if you are uncomfortable during any portion of the exercise class or program; however, you should inform the Regional Adaptive Fitness Specialist so that your program or exercises can be modified.

Attendance Requirements

RTW CF pers must understand that the only way they may be helped is if they actively participate in their conditioning by following the advice of the Regional Adaptive Fitness Specialist and completing their program, as and when prescribed.

1. You are required to sign the attendance book.
2. You are required to inform the Regional Adaptive Fitness Specialist at least 24 hours in advance, by email if possible, if you will be absent.

Reporting Procedure

1. Absenteeism will be noted in correspondence to the Return to Work Coordinator and cc'd to you.
2. Attendance and Progress Reports will be sent regularly to the Return to Work Coordinator and cc'd to you and to your CO upon request.

Non-Compliance

1. If a participant is non-compliant with his/her conditioning program, an email will be forwarded to the Return to Work Coordinator.

Annex H - PAR-Q

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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Annex Hi – PARmed - X

Physical Activity Readiness Medical Examination (revised 2002)

PARmed-X

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant's evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Certified Personal Trainer™ or CSEP-Certified Exercise Physiologist™). To assist in this, the following instructions are provided:

PAGE 1: - Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.

PAGES 2 & 3: - A checklist of medical conditions requiring special consideration and management.

PAGE 4: - Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.
- Physical Activity Readiness Conveyance/Referral Form - an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

This section to be completed by the participant

<p>A PERSONAL INFORMATION:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE _____</p> <p>BIRTH DATE _____ GENDER _____</p> <p>MEDICAL No. _____</p>	<p>B PAR-Q: Please indicate the PAR-Q questions to which you answered YES</p> <p><input type="checkbox"/> Q 1 Heart condition</p> <p><input type="checkbox"/> Q 2 Chest pain during activity</p> <p><input type="checkbox"/> Q 3 Chest pain at rest</p> <p><input type="checkbox"/> Q 4 Loss of balance, dizziness</p> <p><input type="checkbox"/> Q 5 Bone or joint problem</p> <p><input type="checkbox"/> Q 6 Blood pressure or heart drugs</p> <p><input type="checkbox"/> Q 7 Other reason:</p>
---	---

<p>C RISK FACTORS FOR CARDIOVASCULAR DISEASE: Check all that apply</p> <p><input type="checkbox"/> Less than 30 minutes of moderate physical activity most days of the week.</p> <p><input type="checkbox"/> Excessive accumulation of fat around waist.</p> <p><input type="checkbox"/> Currently smoker (tobacco smoking 1 or more times per week).</p> <p><input type="checkbox"/> Family history of heart disease.</p> <p><input type="checkbox"/> High blood pressure reported by physician after repeated measurements.</p> <p><input type="checkbox"/> High cholesterol level reported by physician.</p> <p style="border: 1px solid red; padding: 2px; font-size: small;">Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.</p>	<p>D PHYSICAL ACTIVITY INTENTIONS:</p> <p>What physical activity do you intend to do?</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	---

This section to be completed by the examining physician

<p>Physical Exam:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">HT</td> <td style="width: 20%;">WT</td> <td style="width: 10%;">BP () / ()</td> <td style="width: 10%;">/</td> </tr> <tr> <td></td> <td></td> <td style="border-top: 1px solid black;">BP () / ()</td> <td style="border-top: 1px solid black;">/</td> </tr> </table> <p>Conditions limiting physical activity:</p> <p><input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Abdominal</p> <p>Tests required:</p> <p><input type="checkbox"/> ECG <input type="checkbox"/> Exercise Test <input type="checkbox"/> X-Ray</p> <p><input type="checkbox"/> Blood <input type="checkbox"/> Urinalysis <input type="checkbox"/> Other</p>	HT	WT	BP () / ()	/			BP () / ()	/	<p>Physical Activity Readiness Conveyance/Referral:</p> <p>Based upon a current review of health status, I recommend:</p> <p><input type="checkbox"/> No physical activity</p> <p><input type="checkbox"/> Only a medically-supervised exercise program until further medical clearance</p> <p><input type="checkbox"/> Progressive physical activity:</p> <p><input type="checkbox"/> with evidence of: _____</p> <p><input type="checkbox"/> with inclusion of: _____</p> <p><input type="checkbox"/> under the supervision of a CSEP-Certified Exercise Physiologist™</p> <p><input type="checkbox"/> Unrestricted physical activity—start slowly and build up gradually</p>
HT	WT	BP () / ()	/						
		BP () / ()	/						

<p>Further Information:</p> <p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> To be forwarded</p> <p><input type="checkbox"/> Available on request</p>
--

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Annex Hii – PARmed-X for Pregnancy

Physical Activity Readiness
Medical Examination for
Pregnancy (2002)

PARmed-X for PREGNANCY PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

PARmed-X for PREGNANCY is a guideline for health screening prior to participation in a prenatal fitness class or other exercise.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserves. PARmed-X for PREGNANCY is a convenient checklist, and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

Instructions for use of the 4-page PARmed-X for PREGNANCY are the following:

- The patient should fill out the section on PATIENT INFORMATION and the PRE-EXERCISE HEALTH CHECKLIST (PART 1, 2, 3, and 4 on p. 1) and give the form to the health care provider monitoring her pregnancy.
- The health care provider should check the information provided by the patient for accuracy and fill out SECTION C on CONTRAINDICATIONS (p. 2) based on current medical information.
- If no exercise contraindications exist, the HEALTH EVALUATION FORM (p. 3) should be completed, signed by the health care provider, and given by the patient to her prenatal fitness professional.

In addition to prudent medical care, participation in appropriate types, intensities and amounts of exercise is recommended to increase the likelihood of a beneficial pregnancy outcome. PARmed-X for PREGNANCY provides recommendations for individualized exercise prescription (p. 3) and program safety (p. 4).

NOTE: Sections A and B should be completed by the patient before the appointment with the health care provider.

A PATIENT INFORMATION

NAME _____

ADDRESS _____

TELEPHONE _____ BIRTHDATE _____ HEALTH INSURANCE No. _____

NAME OF PRENATAL FITNESS PROFESSIONAL _____ PRENATAL FITNESS PROFESSIONAL'S PHONE NUMBER _____

B PRE-EXERCISE HEALTH CHECKLIST

PART 1: GENERAL HEALTH STATUS

In the past, have you experienced (check YES or NO):

	YES	NO
1. Miscarriage in an earlier pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Other pregnancy complications?	<input type="checkbox"/>	<input type="checkbox"/>
3. I have completed a PAR-Q within the last 30 days.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to question 1 or 2, please explain: _____

Number of previous pregnancies? _____

PART 2: STATUS OF CURRENT PREGNANCY

Due Date: _____

During this pregnancy, have you experienced:

	YES	NO
1. Marked fatigue?	<input type="checkbox"/>	<input type="checkbox"/>
2. Bleeding from the vagina ("spotting")?	<input type="checkbox"/>	<input type="checkbox"/>
3. Unexplained faintness or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Unexplained abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sudden swelling of ankles, hands or face?	<input type="checkbox"/>	<input type="checkbox"/>
6. Persistent headaches or problems with headaches?	<input type="checkbox"/>	<input type="checkbox"/>
7. Swelling, pain or redness in the calf of one leg?	<input type="checkbox"/>	<input type="checkbox"/>
8. Absence of fetal movement after 28 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Failure to gain weight after 28 months?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above questions, please explain: _____

PART 3: ACTIVITY HABITS DURING THE PAST MONTH

1. List only regular fitness/recreational activities:

INTENSITY	FREQUENCY (times/week)			TIME (minutes/day)		
	1-2	3-4	4+	<20	20-40	40+
Heavy	___	___	___	___	___	___
Medium	___	___	___	___	___	___
Light	___	___	___	___	___	___

2. Does your regular occupation (job/home) activity involve:

	YES	NO
Heavy lifting?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent walking/stair climbing?	<input type="checkbox"/>	<input type="checkbox"/>
Occasional walking (>crossfit)?	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged standing?	<input type="checkbox"/>	<input type="checkbox"/>
Mainly sitting?	<input type="checkbox"/>	<input type="checkbox"/>
Normal daily activity?	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you currently smoke tobacco? YES NO


4. Do you consume alcohol? YES NO


PART 4: PHYSICAL ACTIVITY INTENTIONS

What physical activity do you intend to do? _____

Is this a change from what you currently do? YES NO

***NOTE: PREGNANT WOMEN ARE STRONGLY ADVISED NOT TO SMOKE OR CONSUME ALCOHOL DURING PREGNANCY AND DURING LACTATION.**

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Reported by:  Health Canada Santé Canada

1

Annex I - Participant Logbook/Attendance



PROTECTED A

ATTENDANCE LOG BOOK

DATE: _____ TO _____

RANK & LAST NAME	UNIT	WEEK 1							WEEK 2							WEEK 3							WEEK 4							MONTHLY ATTENDANCE	ABSENT	
		M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun		Without NOTICE	With NOTICE

PROTECTED A

Annex J - Briefing Note for DGPFS, Transfer of the Soldier On Program from PSP to DCSM

copy to
C PSP
DCSM
VP HR

(h)

BRIEFING NOTE FOR DGPFS

TRANSFER OF THE SOLDIER ON PROGRAM FROM PSP TO DCSM

PURPOSE

1. The purpose of this Briefing Note is to facilitate the transfer of the Soldier On program from PSP to DCSM by outlining roles and responsibilities of Soldier On, PSP/DFIT and Associate DGPFS staff.

BACKGROUND

2. Created in 2006 with the aim of optimizing functional independence, the Soldier On program provides opportunities for injured or ill Canadian Forces personnel to participate in physical fitness, health promotion and sports programs. Under the command and control of PSP since 2007, the Soldier On program and complementary Soldier On Fund have grown considerably in response to the needs of the injured or ill and its high profile within the Canadian Forces and public at large.

3. The provision of sports and fitness programming is now seen as an integral component of a broader program for injured or ill that includes social networking, mental health, information sharing and outreach programs. The creation of the JPSU, under the command of DCSM, is the organization responsible to provide this broader program and one stop services for all injured or ill CF personnel. The vision of the JPSU is to *"enable the coordination and facilitation of the best possible integrated supports services for all injured and ill Canadian Forces personnel, veterans and their families"*.

4. In December 2009, the CDS directed the transfer of the Soldier On program from the PSP division to the DCSM. While the transfer of Soldier On to the DCSM will centralize all ill and injured programs under one directorate, a link between Soldier On, PSP and A/DGPFS must be maintained to ensure that the needs of injured or ill continue to be represented in the development and provision of Health Promotion, Physical Fitness and Sports programs.

DISCUSSION

5. The transfer of the Soldier On program to DCSM will delink the Soldier On program from both the Soldier On Fund and the Regional Adapted Fitness Specialists. The Soldier On Fund will fall under the authority of the Associate DGPFS with technical oversight from the Military Families Fund Senior Manager. The Regional Adapted Fitness Specialists will remain under the authority of CPSP. The governance framework will be as follows:

Position	Under the Authority of	Accountable to	Responsive to
Soldier On Manager (NPF)	DCSM	DCSM 6	DCSM 6
Soldier On Fund Manager (Military)	Associate DGPFFS	Military Families Fund Senior Manager	SO Manager
Soldier On Outreach Program (Military)	DCSM	SO Manager	ISN Mgr
Regional Adapted Fitness Specialists (NPF)	CPSP	Fitness and Sports Director	JPSU CO

6. *Soldier On Program Funding.* PSP O&M funds in the amount of \$96,719 (2288 SO) shall be baseline transferred to DCSM on 01 April 10 while salary for the Soldier On Manager position will continue to be funded through PSP PEN 0383. Should the incumbent Soldier On Manager vacate the position, DCSM will be responsible to replace the NPF position with a public servant position and arrange for a baseline transfer in the amount of \$93,571 with PSP at that time.

7. *Soldier On Fund.* The Soldier On Fund shall fall under the authority of the Associate DGPFFS with technical oversight by the Military Families Fund Senior Manager. The Soldier On Fund Manager shall be responsive to the Soldier On Manager for processing of fund requests in accordance with the Soldier On Fund Terms of Reference. DCSM will be consulted on all changes to the Terms of Reference for the Soldier On Fund while the Military Families Fund Senior Manager is to be kept informed of Fund spending. The approval for fund generation will reside within the Associate DGPFFS organization.

8. *Adapted Fitness.* The adaptive fitness program shall remain with PSP including oversight of the Regional Adaptive Fitness Specialists. PSP/DFit shall be responsible for program policy, direction and day to day program administration of the adaptive fitness program. The Soldier On Manager shall be the OCI for program policy and direction of the adaptive fitness program, representing the interests of DCSM and injured or ill CF personnel and former personnel.

9. *Soldier On Program.* The Soldier On program shall facilitate, support and integrate opportunities for injured/ill military personnel to fully and actively participate in physical fitness, health promotion and sport activities. The Soldier On Staff shall continue to create and implement program policy, day to day program administration and special projects.

CONCLUSION

10. The Soldier On Program is an integral part of the support provided to our injured or ill CF personnel. Its integration into DCSM will allow Soldier On to align itself with other DCSM programs while still maintaining a close link with PSP and Associate DGPFFS. These changes will, in the long run, better serve injured or ill CF personnel while ensuring the long term viability and success of the Soldier On Program and complementary Soldier On Fund.

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Date: 07 January 2010

APPROVED / ~~NOT APPROVED~~



D.E. Martin, DGPFS

14 / 1 / 10

Date

LIST OF ACRONYMS

CF	Canadian Forces
CFHS	Canadian Forces Health Services
CMP	Chief of Military Personnel
CMT	Casualty Management Team
CPSP	Chief of Personnel Support Programs
DGPFSS	Director General of Personnel and Family Support Services
DFit	Director of Fitness
FC	Fitness Coordinator
FD	Fitness Director
FSI	Fitness and Sport Instructor
HLIS	Health and Lifestyle Information Survey
IPSC	Integrated Personnel Support Centre
JPSU	Joint Personnel Support Unit
MO	Medical Officer
MFRC	Military Family Resource Centre
NPFM	National Physical Fitness Manager
O & M	Operation and Maintenance
OSISS	Operational Stress Injuries Social Support
PD	Professional Development
PSP	Personnel Support Programs
PSP Mgr	Personnel Support Programs Manager
PES	Physical Exercise Specialist
RAFS	Regional Adapted Fitness Specialist
RTW	Return to Work
SOP	Standard Operating Procedures
SOU	Statement of Understanding
TOR	Terms of Reference
VAC	Veterans Affairs Canada

Figure 1: Multi-Team Approach

