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 **Suggested Modifications for Fitness Test Items**

**All students need to learn and practice fitness activities, modified to meet their needs.  Use SAME modifications at the beginning and end of the year.**

**1.  Aerobic Capacity:** PACER

Shorter distance; run every other lap; run with buddy; increase time

between lines; run/walk until tired.

Visually Impaired: tether to buddy; guide runner; sound or light source (can be scored).

Mobility Impaired: Use wheelchair, walker, crutches; buddy to assist;

alternative form of locomotion (roll, crawl, creep, scoot); table top hand pedlar; move arms or any body part in a continuous motion.

**2.  BMI:**  Height and Weight (ALL students should have this recorded.)

Non-ambulatory:  Ask for assistance from EC staff, nurse, PT, ask parent, use school records.

Height: Measure student stretched out on mat.

**3.  Abdominal Strength:**  Regulation curl-up with measuring strip

Hold feet; slide hands up thighs; assisted pull to initiate movement; start in up position and lean back down; V-sit for time.

From sitting position (wheel)chair: lift knee(s), lean forward or sideways and come back up; twists using exercise tubing/bands.

**4.  Trunk Extensor Strength:**  Trunk Lift in prone position.

Assist to initiate movement; change hand position; hold feet or hips to stabilize; any alternate exercise for glutes, or hamstrings.

**5.  Upper Body Strength/Endurance:** Push ups.

Modified push-up (wall; step; knee); plank position for time; wheelchair push ups on wheels or arm rests

Any exercise for shoulders, pecs, and/or triceps using weights/exercise tubing/bands such as supine chest press.

**6.  Flexibility:**  Sit and Reach, Shoulder Stretch

V-sit; long sit with back to wall; timed/or distance; allow bend knees; from wheelchair position legs at seat height or lean forward and reach for feet.

 **Fitness Testing Modified Score Sheet**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   GENDER:\_\_\_\_\_   GRADE:\_\_\_\_\_ TEACHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRE TEST DATE:\_\_\_\_\_\_\_ POST: \_\_\_\_\_

**1.BMI:**     **Height**:\_\_\_\_\_\_**Weight**:\_\_\_\_\_\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. AEROBIC CAPACITY** (circle test used)

**a. Pacer: \_\_\_\_\_\_\_\_\_**     **b. Mile Walk/Run \_\_\_\_\_\_\_\_\_\_**

Modifications (check):  Distance\_\_\_\_\_ Buddy   \_\_\_ Staff \_\_\_\_ Time \_\_\_\_

Mobility Device (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c. UBE Pedlar** \_\_ or **Alternate movement** \_\_\_\_ min \_\_\_\_\_ distance \_\_\_\_\_

**3. ABDOMINAL STRENGTH** **Curl Up \_\_\_\_\_\_\_\_\_**

Hold Feet  \_\_\_\_ Hands on legs \_\_\_\_ Pull to initiate \_\_\_\_\_

Alternate exercise (equipment/reps) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. TRUNK EXTENSOR STRENGTH** **Trunk Lift \_\_\_\_\_\_\_\_\_**

Hand Position: at side \_\_\_\_ in front \_\_\_\_ at shoulders \_\_\_\_

Assistance: Hold feet \_\_\_\_ Hold hips \_\_\_\_

Alternate exercise (equipment/reps) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.  UPPER BODY STRENGTH/ENDURANCE** **Push-Up**

Modifications: knees \_\_\_\_ wall \_\_\_\_ chair \_\_\_\_\_ plank \_\_\_\_\_

Alternate exercise (weight/reps/equipment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.  FLEXIBILITY** **Sit & Reach**

Modifications: V-sit \_\_\_Long Sit \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_