

FUNCTIONAL FITNESS TEST

STAFF DIRECTIONS



Back Scratch Test

Equipment and materials

- Measuring tape (on assessment form)
- Chair
- Assessment Packet (Staff Directions, Participant Assessment Form and Quick Exercise Guide)
- Pens
- Consent form below
- Clipboards (optional)

Preparation

- Set up one universal testing station, or individual testing stations, with the necessary equipment.
- Be sure to have assessment packets, clipboards and pens ready.

Directions

- Explain the assessment to the participant. Have the participant read and sign the waiver below. Demonstrate the assessment and then have the participant perform the assessment.
- Record the participant's scores and share the Quick Exercise Guide. Encourage him or her to visit **SilverSneakers.com** to find a location and go to a SilverSneakers® class or take advantage of the club amenities.
- Collect signed waivers and send to the location noted by the event specialist for this event.

This fitness assessment is appropriate for healthy community-dwelling older adults and may not be appropriate for every participant. This chair sit and reach test may be contraindicated for people with osteoporosis or low back pain. Participants should be advised to follow their health care provider's directives, avoid straining or forced stretching when performing the assessment, and stop if they feel any pain.

Back Scratch Test

Equipment:

- Measuring tape (on assessment form)

Purpose:

To assess upper-body (shoulder) flexibility, which is important in tasks such as combing hair, putting on overhead garments, and reaching for a seat belt.

Description:

With one hand over the shoulder and one up the middle of the back, measure the number of inches between the extended middle fingers.

Waiver I hereby release and forever discharge Tivity Health, Inc., its subsidiaries and affiliates and their respective officers, directors, members, partners, employees and agents (collectively, the "Released Parties"), from and against any and all liability, including all claims, demands, and causes of action which I may have against the Released Parties, arising out of my participation in the Functional Fitness Test. I further acknowledge and agree that the Released Parties have not made and expressly disclaim any warranty, representation, or guarantee, whether express or implied in fact or in law, with respect to the Functional Fitness Test.

Name (Please print.)

Signature

Date

Date of birth

()
Phone number

Email

SilverSneakers ID number (if available):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INTERNAL USE ONLY – NOT FOR MEMBER DISTRIBUTION

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved. EVNT6500FFTESTSTAFFINSBACK0319

