COMPARISON OF FITNESSGRAM & BROCKPORT PHYSICAL FITNESS TEST

Fitnessgram

Aerobic Capacity
- The Pacer
- One Mile Run
- The Walk Test

Body Composition
- Skinfold Measurements
- Body Mass Index

Muscle Strength, Endurance & Flexibility

Abdominal Strength
- Curl-up

Upper Body Strength
- Push-up
- Modified Pull-up
- Pull-up
- Flexed Arm Hang

Trunk Extensor, Strength & Flexibility
- Trunk Lift

Flexibility
- Back Saver Sit & Reach
- Shoulder Strength

Brockport

Aerobic Functioning
- The Pacer 20 Meter
- The Pacer 16 Meter
- One Mile Run/Walk
- Target Aerobic Movement Test (TAMT)

Body Composition
- Skinfold Measurements
- Body Mass Index

Musculoskeletal Functioning

Abdominal Strength
- Curl-up
- Modified Curl-up

Upper Body Strength
- Push-up
- Seated Push-up
- 40 Meter Push/Walk
- Reverse Curl
- Bench Press
- Wheelchair Ramp Test
- Dumbbell Press
- Extended Arm Hang
- Flexed Arm Hang
- Dominant Grip Strength
- Isometric Push-up
- Pull-up
- Modified Pull-up

Trunk Extensor, Strength & Flexibility
- Trunk Lift
- Modified Apley Test
- Shoulder Strength
- Modified Thomas Test

Flexibility
- Back Saver Sit & Reach
- Target Stretch Test

FITNESSGRAM Modifications Form

Name of Student _____ Grade_____
(last) (first)

The following modifications will be made for the above named student from specific areas of the fitness assessment as indicated below:

☐ Brockport Fitness Evaluation (covers all subtests of the FITNESSGRAM)

Modifications by Subtest

1. Aerobic Capacity

☐ No modifications necessary
☐ Shorter pacer (Distance_____)
☐ Endurance testing utilizing wheelchair or walker (Distance or Time_____)
(time elapsed before stopping or distance traveled in allotted time)
☐ One Mile Walk/Jog
☐ ¼ Mile Walk
☐ Target Aerobic Movement Test
☐ Other _____

SCORE ☐ ☐ ☐

Date _____ Date _____ Date _____

2. Body Composition

☐ No modifications necessary
☐ Approximate height and weight based on parent report, recent physical, nurse, etc.
☐ Wheelchair users who can transfer independently or with minimal assist - obtain height measurement while lying down

HEIGHT _____ WEIGHT _____ BMI _____

3. Trunk Extensor, Strength and Flexibility

☐ No modifications necessary
☐ Students can perform the Trunklift while utilizing hands/forearms to raise trunk

SCORE ☐ ☐ ☐

Date _____ Date _____ Date _____

4. Upper Body Strength

☐ No modifications necessary
☐ Isometric Push-up (timed)
☐ Isometric Push-up with Bent Knees (timed)
☐ Bent Knee Push-ups
☐ Wall Push-ups
☐ Other _____
☐ Wheelchair Push-ups (seated)
☐ Bench Press (Weight_____)
☐ Extended Arm Hang (timed)
☐ Dominant Grip Strength
☐ Dumbbell Press (Weight____)

SCORE ☐ ☐ ☐

Date _____ Date _____ Date _____

FITNESSGRAM Modifications Form

(Continued)

Name of Student _____
(last) (first)

5. Abdominal Strength

- ☐ No modifications necessary
- ☐ Feet anchored
- ☐ Hands across chest
- ☐ Hand on thighs, curl-up until hands slide to the top of the knees
- ☐ Guide with support (i.e. some hand held assist for regular sit-ups)
- ☐ Alternate Leg Lifts (reps)
- ☐ Other _____

SCORE ☐ ☐ ☐

Date _____ Date _____ Date _____

6. Back Saver Sit and Reach or Shoulder Stretch

- ☐ No modifications necessary
- ☐ Student may touch knees or shins
- ☐ Student touches object or designated spot place in front of him/her
- ☐ Allow student to bend or use straight legs while reaching

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- ☐ Student touches back of neck
- ☐ Student touches top of head
- ☐ Student touches nose

SCORE ☐ ☐ ☐

Date _____ Date _____ Date _____

Form to be completed by the ARD Committee at the annual ARD or may be completed by parent and school personnel as amendment to the ARD.

_____ _____

Individual completing form **TITLE** **Date**

_____ _____

Parent/Guardian Signature **Date**