

BRUCE Treadmill Exercise Tolerance Test

The Bruce Protocol is a maximal exercise test where the employee works to complete exhaustion as the treadmill speed and incline is increased every three minutes. During the test, heart rate, blood pressure and rate of perceived exertion are collected.

The test is conducted by trained physicians and nurses to determine how your heart reacts to exercise. The level of exercise can be quite vigorous, and you may experience unanticipated adverse reactions such as dysrhythmias (heart irregularities), extreme blood pressure changes, fainting, and myocardial infarction (heart attack). Although extremely rare, sudden deaths have occurred during treadmill exercise testing. At great risk for complications are individuals with known heart disease. To minimize such risk, you will be interviewed by a physician who will also listen to your heart and evaluate a pre-exercise electrocardiogram to determine if you have any existing evidence of heart abnormality. Should the pre-test evaluation indicate the possibility of you having any significant abnormality, the treadmill test will not be performed and you will be referred to your private physician for further evaluation and/or cardiology.

The health unit physician will remain present during your treadmill test. Your blood pressure, pulse and electrocardiogram will be monitored during your test. Medication and equipment necessary to treat possible complications are present in testing area. At any time during test, should you develop any symptoms, especially chest pain or dizziness, please report your symptoms immediately to the physician. You should expect some degree of shortness of breath which is normal during strenuous exercise. If you begin to feel exhausted, immediately inform the physician and the treadmill will be stopped. To avoid possible injury, please do not attempt to get off of the treadmill while it is still moving.

Your test records and results are medically confidential and privilege information, and will not be released or revealed to any person without your expressed, written consent. The information may be used for statistical or scientific purpose in the absence of any personal identifying information.

I have read the above, my questions have been satisfactorily answered, and I consent to have the BRUCE Treadmill Exercise Tolerance Test.

Patient Signature

Date

Physician Signature

Date

Witness Signature

Date