

Data Entry Form

This form is a quick and easy way to record student information and develop an appropriate fitness test for students. All possible tests from the Brockport Physical Fitness Test are listed. Simply fill in data for the tests you have a student perform. You can then use this record when completing an individualized Brockport Physical Fitness Test form for analysis of each student's results.

Student name: _____ Gender: ____ Male ____ Female

ID No.: _____ IEP (yes or no): ____ Grade (if applicable): ____

Height (feet and inches): _____ Weight: ____ Month and year: _____

Classification (check one)

____ general (without disability) ____ intellectual disability ____ visual disability

____ spinal cord injury ____ cerebral palsy ____ congenital anomaly or amputation

Subclassification (check subclassification necessary for test item selection and for reporting results)

Visual (check one)

____ runs with assistance

____ runs without assistance

Spinal cord injury (check one)

____ low-level quadriplegia (LLQ)

____ paraplegia: wheelchair (PW)

____ paraplegia: ambulatory (PA)

Cerebral Palsy (check one)

____ C1 ____ C2U ____ C2L ____ C3 ____ C4 ____ C5 ____ C6 ____ C7 ____ C8

Congenital Anomaly (check one)

____ one arm only ____ two arms only ____ one leg only ____ two legs only

____ one arm, one leg (same side) ____ one arm, one leg (opposite sides)

Scores

I. Aerobic Functioning

_____ Mile: run/walk time (min/sec)

_____ 20 m (laps)

_____ 15 m (laps)

_____ TAMT (P/F)

II. Body composition

_____ Height (feet and inches)

_____ Weight (lbs.)

_____ Percent body fat (%)

_____ Triceps (mm)

_____ Triceps + subscapular (mm)

_____ Triceps + calf (mm)

_____ BMI

III. Musculoskeletal Functioning

A. Strength and Endurance

_____ Reverse curl (#)
_____ 40 m push/walk (P/F)
_____ Ramp test (feet)
_____ Push-ups (#)
_____ Seated push-ups (sec.)
_____ Pull-ups (#)
_____ Modified pull-ups (#)
_____ Dumbbell press (#)
_____ Bench press (#)
_____ Grip strength (kg)
_____ Isometric push-ups (sec.)
_____ Extended-arm hang (sec.)
_____ Flexed-arm hang (sec.)
_____ Curl-ups (#)
_____ Modified curl-ups (#)

B. Flexibility or Range of Motion

_____ Trunk lift (in.)
_____ Shoulder stretch, right (P/F)
_____ Shoulder stretch, left (P/F)
_____ Back-saver, right (in.)
_____ Back-saver, left (in.)
_____ Modified Thomas test (0-3)
_____ Modified Apley test (0-3)
_____ Target stretch test (0-2)
_____ Wrist extension, right
_____ Wrist extension, left
_____ Elbow extension, right
_____ Elbow extension, left
_____ Shoulder extension, right
_____ Shoulder extension, left
_____ Shoulder abduction, right
_____ Shoulder abduction, left
_____ Shoulder external rotation, right
_____ Shoulder external rotation, left
_____ Forearm supination, right
_____ Forearm supination, left
_____ Forearm pronation, right
_____ Forearm pronation, left
_____ Knee extension, right
_____ Knee extension, left