

The 5th Hong Kong Transplant and Dialysis Games

Stress Test Arrangement for local participants of the 5th Hong Kong Transplant and Dialysis Games

The following participants are required to provide cardiopulmonary stress test results, which should be completed within 6 months prior to the competition (10/4 - 20/7) and submitted them together with the enrollment form (deadline on 20/7/2024).

1. Heart or lung transplant recipients (to be handled by heart transplant team).
2. Patients with confirmed or suspected coronary heart disease.
3. All Transplant and dialysis patients aged 50 or above wishing to participate in high-load sports events.
4. Male dialysis patients aged over 50 and female dialysis patients over 55 wishing to participate in table tennis competitions.

| Low Load | Medium Load | High Load |
|-----------------|--------------|-----------|
| Petanque | Table Tennis | High Jump |
| Ball Throw | | Long Jump |
| Racewalk | | Running |
| Ten Pin Bowling | | Badminton |
| Gate Ball | | Swimming |
| Darts | | Road Race |
| Lawn Bowls | | |

The following options are recommended for participants' medical check-ups.

1. To be handled by individual hospital units (Categories 1, 2, 3, 4).
2. Attend stress test provided by Tung Wah College (Categories 3 & 4).
3. Attend stress test provided by the Centre for Sports and Exercise of the University of Hong Kong (Categories 3 and 4).
4. Attend stress test provided by Dr Sunny Tsang, Cardiologist, Medicare Group (Category 2, 3, 4).

Physical Examination Locations:

1. Tung Wah College

Person in charge: Wong Chun Ho (Lecturer, Department of Physiotherapy)

Address: 7/F, Ma Kam Chan Memorial Building, 31 Wylie Road, Ho Man Tin, Kln.

Testing time: (Mon, Tue, Fri) 6:00pm-8:00pm (from 26/4/2024)

Number of persons: 4 persons per session

Fee: Free

* On-site electrocardiogram

Enrolment: First-come-first-served

2. HKU Sports Centre for Sports and Exercise

Person in charge: Kevin Tang

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Address: 1/F, Novum Place, 460 Queen's Road West (Exit B1, Hong Kong University Station)

Testing time: 29/5 and 5/6 (Wed) 1:30pm-4:00pm

Number of participants: 20 per session

Fee: \$200 (\$100 subsidy from the Organizer)

Enrolment: First-come-first-served

* Electrocardiogram (ECG) must be completed in this unit first.

3. Medicare Group

Physician in charge: Dr TSANG Chun-fung (Cardiologist)

Address: Unit 2601-11, 26/F, Tower A, Miramar Plaza, 132 Nathan Road, Tsim Sha Tsui

Test time: To be notified by the clinic

* Recommended for Type 2 patients (those with confirmed or suspected heart disease)

Fee: \$500 (\$250 subsidy from the Organizer)

Procedure:

- (1) Participants are advised to make enquiry and obtain the documents at their medical check-up centres.
- (2) Participants who wish to participate in the medical check-up provided by the Organizer, please WhatsApp Hong Kong Transplant Sports Association (HKTSA) (Tel: 55445321 Ms. Tse) and specify the location of the physical examination of your choice.
- (3) If no documents are provided by your medical check-up centre, HKTSA will WhatsApp a copy of the physical stress test information and consent form (Attachment a), the medical record (Attachment b) and this document to the participant.
- (4) Participants should fill in the medical information, and ask their medical check-up centre to countersign the document +/- ECG (ECG is required for HKU Centre for Sports and Exercise), and WhatsApp it back to HKTSA.
- (5) HKTSA/HKTDG after confirming the eligibility of the participant, will assign the appointment according to the availability of the venue chosen, and WhatsApp the participants the appointment date (Participation in the Medicare Group test will be notified by the Medicare Group directly).
- (6) One week before the test date, HKTSA will WhatsApp the list of participants and their medical records to the testing unit for preparation.
- (7) Participants are required to bring along the physical stress test information and consent form (Attachment a), and medical history (Attachment b) to the test site on time on the test day (**Please take / bring along the required blood pressure medication (if applicable) to ensure the blood pressure will be stable).
- (8) Arrive at the test site, take blood pressure, (ECG will be performed if you attend the Tung Wah College test and to be confirmed by HKTDG doctor).
- (9) If blood pressure is stable and ECG is confirmed, participant will sign a consent form to undergo the test. Based on the result, we will suggest the sports events the participant can take part in (**Please note that if the blood pressure or ECG is not normal, the test will not be conducted).
- (10) One copy of the test result will be given to the participant to bring back to the clinic for the doctor to fill in the participant's information, and one copy will be retained by HKTDG (to be destroyed after the competition).
- (11) If payment is needed, please retain the receipt as proof of payment.
- (12) If you want to claim the subsidy, please inform HKTSA that the test has been completed and HKTSA will arrange a refund once the test is confirmed.

Points to note:

1. Before the test, do not drink alcohol. Do not be too hungry or overeat. Get enough rest, and wear comfortable clothing. Take a blood pressure and bring along any necessary medication.
2. You may feel tired after the test, so it is best to have a friend or relative with you.

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Attachment a

Physical Stress Test Information and Consent Form

Purpose:

To provide cardiopulmonary fitness test for athletes preparing for the 5th Hong Kong Transplant and Dialysis Games in order to assist them in selecting suitable competition events.

The following participants are required to provide test results, which should be completed within 6 months before the competition (10/4-20/7).

- (1) Heart or lung transplants
- (2) Patients with confirmed or suspected coronary heart disease
- (3) All Transplant or dialysis patients aged 50 or above who wish to participate in high load sports events
- (4) Male dialysis patients aged over 50 and female dialysis patients over 55 who wish to participate in table tennis events

| Low load | Medium load | High load |
|-----------------|--------------------|------------------|
| Petanque | Table tennis | High jump |
| Ball throw | | Long jump |
| Racewalk | | Running |
| Tenpin bowling | | Badminton |
| Gate ball | | Swimming |
| Darts | | Road Race |
| Lawn Bowls | | |

Procedure

During the test, the participants will walk on a treadmill or ride on a bicycle. The speed of the bicycle, the incline of the treadmill and the walking speed will gradually increase until the participant's heart rate reaches or approaches 85% of the maximum age-predicted heart rate. If the participant experiences any discomfort or abnormal symptoms during the test, the test will be stopped.

Participant's Responsibilities

Participants are required to provide basic medical history and the items for which they are prepared to participate. If the participants feel unwell during the test, they are required to notify the medical staff immediately.

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Risks

Physical exercise testing can be dangerous. During the test, the health care provider will monitor the heartbeat and try to minimize the risk. The risk of this test is lower than that of an electrocardiogram, but there are no reference data on its own risk at this time.

Exercise ECG may induce:

Severe heart rate irregularities such as ventricular tachycardia, ventricular fibrillation, myocardial infarction, and stroke (1:5,000)

Mortality rate: about 1:20,000 (0.005 per cent)

For use by the participant

1. I have read and understood the reference material on physical stress test.
2. The doctor/therapist has explained to me and I understand the reasons, benefits, risks and testing procedures of the test.
3. I * agree / disagree to conduct this test.

| | | |
|-----------|------|------|
| Signature | Name | Date |
|-----------|------|------|

For use by doctors/therapists:

I have explained to the participant the reasons, benefits, risks and testing procedures of the physical stress test.

| | | |
|-----------|------|------|
| Signature | Name | Date |
|-----------|------|------|

For use by the witness:

| | | |
|-----------|------|------|
| Signature | Name | Date |
|-----------|------|------|

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Name: (English) _____ Follow-up Hospital: _____

Test result 85% HR Max (age predicted):

| | | | | |
|------------------------|---------|--------|---|--|
| Resting | BP | | HR | |
| | RPE | | S/S | |
| | ECG | N/Abn | Dr's Endorsement. _____ Dr's Name. _____ | |
| Stage 1 ___ MET | 2nd min | HR/RPE | | |
| | 3rd min | HR/RPE | | |
| Stage 2 ___ MET | 2nd min | HR/RPE | | |
| | 3rd min | HR/RPE | | |
| Stage 3 ___ MET | 2nd min | HR/RPE | | |
| | 3rd min | HR/RPE | | |
| Stage 4 ___ MET | 2nd min | HR/RPE | | |
| | 3rd min | HR/RPE | | |
| Stage 5 ___ MET | 2nd min | HR/RPE | | |
| | 3rd min | HR/RPE | | |
| Stage 6 ___ MET | 2nd min | HR/RPE | | |
| | 3rd min | HR/RPE | | |
| Recovery | BP | | HR | |
| | RPE | | S/S | |

MET _____

PT's Signature: _____

PT's Name: _____

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Physical Fitness (MET) Requirements for Each Competition Event

| | |
|-----------------------------------|------|
| Running: 7.5 min per mile (8 mph) | 11.8 |
| 8.5 min per mile (7 mph) | 11 |
| 10 min per mile (6 mph) | 9.8 |
| 12 min per mile (5 mph) | 8.3 |
| High jump: | 6 |
| Long Jump: | 8 |
| Swimming: | |
| Butterfly | 13.8 |
| Frog | 10.3 |
| Freestyle | 9.8 |
| Backstroke | 9.5 |
| Badminton | 7 |
| Table tennis | 4 |
| Bowling | 3.8 |
| French Roller Balls | 3.5 |
| Lawn Bowls | 3.3 |
| Refers to darts | 2.5 |

Recommendation:

Based on your test results, you can participate in the following events.

- | | | | |
|-------------------------------------|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Running | <input type="checkbox"/> High Jump | <input type="checkbox"/> Long Jump | <input type="checkbox"/> Race walking |
| <input type="checkbox"/> Ball Throw | <input type="checkbox"/> Badminton | <input type="checkbox"/> Swimming | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Lawn Bowls | <input type="checkbox"/> Petanque | <input type="checkbox"/> Darts | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Gate Ball | <input type="checkbox"/> Road Race | | |

Results and recommendations:

1. The participants is eligible to participate in all the events he/she is prepared to participate.
2. The participant who is unable to meet the requirements of some of the events is recommended to choose events with lower load levels.
3. The participant who does not meet some of the requirements for the events may consider choosing Medicare Group for a more detailed physical examination.

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Basic Medical Record of the Participant

Attachment b

Name. _____ Sex: _____

Date of Birth. _____ Age. _____

* Please circle those that apply

* Transplant: Heart / Lung / Liver / Kidney / Bone Marrow / Cornea Year of Transplant: _____

* Dialysis: Haemodialysis / Peritoneal Dialysis (if applicable)

* Medical history: Hypertension / Diabetes / Heart Disease (History of angioplasty / Stent / Bridge) / Other _____

* Electrocardiogram (ECG): Done / Not done (ECG is required for those who choose HKU Centre for Sports and Exercise)

* Select test venue: Tung Wah College / HKU Centre for Sports and Exercise / Medicare Group

* Events prepared to participate:

| Low load | Medium load | High load |
|----------------|--------------|-----------|
| Petanque | Table tennis | High jump |
| Ball throw | | Long jump |
| Racewalk | | Running |
| Tenpin bowling | | Badminton |
| Gate ball | | Swimming |
| Darts | | Road Race |
| Lawn Bowls | | |

Declaration:

I confirm that the above information is correct.

Signature: _____ Name: _____

Date: _____ Contact Phone Number: _____

Follow-up Hospitals: _____ Signature of hospital administrator: _____

HKTSA / HKTDG: * Endorsed, date of notification to participant _____

(official use) * Stress test failed. Follow-up advised: _____

TWC _____ Date/time of stress test: _____

HKU _____ Date/time of stress test: _____

Medicare _____ Date/time of stress test: to be notified by Medicare Group