Blood Flow Restriction (BFR) Training Pre-Screening Questionnaire

Participant Name: _____ **Date:** _____

Blood flow restriction (BFR) training provides unique benefits when used correctly. To ensure safety, it is essential to assess potential risks before beginning. Please complete the following questionnaire to determine if BFR training is appropriate for you.

I have received information on the potential risks and benefits of BFR training. ☐ Yes ☐ No

If you have not received this education, please request it before proceeding with this questionnaire or engaging in BFR training.

Contraindications for BFR Training

1. Do you have peripheral vascular disease (a circulatory issue affecting the arteries in your arms or legs)? ☐ Yes ☐ No
2. Have you had vascular surgery (artery or vein) in your arms or legs? ☐ Yes ☐ No
3. Have you had a skin graft on your arms or legs? ☐ Yes ☐ No
4. Do you have an arteriovenous fistula (an abnormal connection between an artery and a vein that can affect blood flow) in your arms or legs? ☐ Yes ☐ No

If you answered "Yes" to any of the above, do not proceed with BFR training. Consult a healthcare provider before continuing.

Precautions for BFR Training

BFR training **may require medical clearance** if you answer **YES** to any of the following:

1. Do you have a cognitive or physical impairment (e.g., memory issues, balance problems, limited mobility) that may impact your ability to safely perform BFR training? ☐ Yes ☐ No
2. Have you been diagnosed with hypertension (high blood pressure)? ☐ Yes ☐ No
3. Do you have a bleeding disorder (e.g., hemophilia)? ☐ Yes ☐ No
4. Do you have a blood clotting disorder (e.g., lupus, Factor V Leiden thrombophilia)? ☐ Yes ☐ No
5. Do you have a history of deep vein thrombosis (DVT) or pulmonary embolism (PE)? ☐ Yes ☐ No
6. Have you had surgery in the past 12 weeks? ☐ Yes ☐ No
7. Have you had a limb immobilized (e.g., in a cast, brace, or boot) for any reason in the past 4 weeks? ☐ Yes ☐ No
8. Have you ever had a stroke (hemorrhagic or thrombotic) or a transient ischemic attack (TIA)? ☐ Yes ☐ No
9. Have you ever been diagnosed with cancer? ☐ Yes ☐ No
10. Have you been diagnosed with heart disease? ☐ Yes ☐ No
11. Have you ever had rhabdomyolysis (a condition where muscle fibers break down, releasing harmful substances into the bloodstream, which can cause kidney damage)? ☐ Yes ☐ No
12. Have you been diagnosed with diabetes? ☐ Yes ☐ No
13. Do you have sickle cell disease? ☐ Yes ☐ No
14. Have you ever had compartment syndrome (a condition involving increased pressure in a muscle area that can damage nerves and restrict blood flow)? ☐ Yes ☐ No

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Precautions for BFR Training (cont.)

15. Do you have a history of nerve damage or injury? ☐ Yes ☐ No
16. Have you had a previous complication or adverse event related to BFR training? ☐ Yes ☐ No
17. Are you currently pregnant? ☐ Yes ☐ No
18. Are you taking oral contraceptives? (Oral contraceptives may slightly increase clotting risk) ☐ Yes ☐ No
19. Do you have a history of fainting, low blood pressure, or lightheadedness? ☐ Yes ☐ No
20. Have you been diagnosed with a hypermobility spectrum disorder (HSD) such as Ehlers-Danlos syndrome? ☐ Yes ☐ No

☐ Other: _____

Additional Considerations

Do you have any other medical conditions not covered above that should be discussed with a healthcare provider before beginning BFR training? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

If you answered "Yes" to any of the above precautions, please consult with your healthcare provider before starting BFR training to determine if it is safe for you.

This questionnaire does not cover all possible medical conditions that may affect your safety during BFR training. If you have any concerns about your health, it is recommended that you consult a healthcare provider before beginning.

Clinician Review

☐ Clearance provided for BFR training

☐ Further medical evaluation recommended

Resting Blood Pressure: _____ mmHg

Resting Heart Rate: _____ bpm

Clinician Name: _____ **Date:** _____