

# APPENDIX 1: BLOOD FLOW RESTRICTION PRE-SCREENING QUESTIONNAIRE

Athlete Name:

Date:

I have been informed about the potential risks and benefits associated with the use of BFR: Yes No

Please request this education before progressing any further with the questionnaire or BFR training.

## BFR contradictions

Do you have peripheral vascular disease (circulatory problem involving the arteries to your arms or legs)? Yes No

Have you had vascular (artery or vein) surgery to your arms or legs before? Yes No

Have you had a skin graft to your arms or legs? Yes No

Do you have an arteriovenous fistula in your arms or legs? Yes No

BFR training is contraindicated in the case of answering yes to any of the questions above. Do not proceed with BFR training. Discuss with your doctor if clarification about your condition or history is required.

## BFR precautions

Do you have a cognitive impairment or physical impairment? Yes No

Have you ever been diagnosed with hypertension / high blood pressure? Yes No

Do you have a bleeding disorder (e.g. haemophilia)? Yes No

Do you have a blood clotting disorder (e.g. SLE (lupus), factor-V Leiden thrombophilia)? Yes No

Do you have a past history of deep vein thrombosis (DVT) or pulmonary embolism (PE)? Yes No

Have you had surgery in the last 12 weeks? Yes No

Have you had one or both legs, or arms, immobilised for some reason in the last 4 weeks (e.g. prolonged bed rest, or having your leg or arm in plaster or a 'moon boot')? Yes No

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Have you ever had a stroke (haemorrhagic or thrombotic) or a transient ischaemic attack (TIA)?	Yes	No
Have you ever been diagnosed with cancer?	Yes	No
Have you been diagnosed with heart disease?	Yes	No
Have you ever had rhabdomyolysis?	Yes	No
Have you been diagnosed with diabetes?	Yes	No
Do you have sickle cell disease?	Yes	No
Have you ever had compartment syndrome?	Yes	No
Do you have a history of nerve damage or injury?	Yes	No
Have you had a previous complication or adverse event following BFR training?	Yes	No
Do you have any other medical conditions not covered above, that you think should be discussed with a doctor prior to commencing BFR training?	Yes	No
Are you pregnant?	Yes	No

**If you answer yes to any of the questions above, do not proceed. Please arrange a consult with a doctor before commencing BFR training, to assess whether it is safe for you**

Are you taking the oral contraceptive pill?	Yes	No
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**The oral contraceptive pill may slightly increase the risk of blood clots. You may wish to discuss your individual risk further with your doctor before commencing BFR training.**

Do you have any other medical conditions not covered above, that you think should be discussed with a doctor prior to commencing BFR training?	Yes	No
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**Please arrange a consult with a doctor before commencing BFR training, to assess whether it is safe for you.**

**It is important to acknowledge that this is not an exhaustive list of medical conditions that should prompt medical review. Any participant with medical concerns should be encouraged to err on the side of caution and seek medical review prior to commencing BFR training.**