
UNIVERSAL FITNESS TEST
UNIVERSAL
FITNESS TEST

ABOUT


John Miller

The Universal Fitness Test is the world's premier test of overall fitness. It's a simple assessment, suitable for school students, employees, 'regular folks', athletes and elite force personnel. It's designed to provide people of all ages with a snapshot of their all-round fitness.

It's based on a range of objective health and fitness tests, the aim being to provide a reliable and valid measure of body system health, physical fitness and operational function.

The Universal Fitness test is a **field test**, which means that it is expected that people will strive (to push themselves) to achieve their best results. It's not a set of sub-maximal tests conducted in a laboratory.

The tests which form the basis of the assessment have been chosen because they

- use the smallest number of tests which make a good, all round assessment of physical condition - strength, flexibility and aerobic fitness.
- will be familiar to people who train regularly
- are simple and safe for school students and 'regular folks' to do
- can be administered by groups of people at the same time
- take the shortest possible time to administer
- don't require a lot of scientific equipment
- are easy to replicate in a training situation
- provide reliable and valid measures of the factors of fitness they purport to measure
- provide people with results they can meaningfully understand and standards they can improve in their own time at home.
- give a discriminating range of scores
- sort the fit from the unfit.
- It's the fitness test that we recommend all workplaces require their staff to complete in order to comply with both internal and external workers compensation arrangements.

John Miller

Universal Fitness Test

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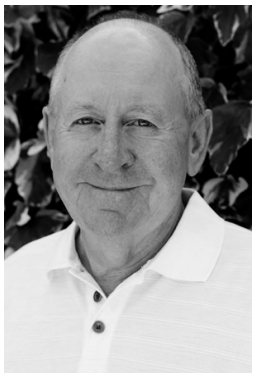
DEDICATION



This book is dedicated to Graham Dodd, my best mate and a great mate of all who know him.

Graham and I first met in 1966 at the start of our PhysEd course at Adelaide University. We became PhysEd teachers and 60 years later we're still PhysEd teachers at heart. Graham had a love of physical activity; he was a good footballer, cricketer, runner, swimmer, tennis player …, self-taught, (who, like myself, was at the top of those who were hopeless and the bottom of those who were any good) which made him a great PhysEd teacher.

In 1970 we wrote and published Australia's first secondary school PhysEd textbooks for years 8 and 9.

In 1975 we both became heavily involved in the national leadership of the Australian Council for Health Physical Education and Recreation (ACHPER) and in 1983 we were involved as editor and publisher of the Daily Physical Education Program.

After that our paths diverged, with Graham continuing his work as an advisory teacher, developer of the TriSkills children's PhysEd program and then becoming a lecturer in PhysEd at the University of South Australia. The extent of his work with infants, children, adolescents, uni students and teachers is without peer.

You'll find evidence of the impact of Graham's PhD thesis '*Toward a Broader Appreciation of Human Motion in Education'* on page 9 where holism meets dualism. At the end of a long and distinguished career, Australia's greatest physical education teacher, my indefatigable mate, Graham finally hung up his tracksuit and retired to the Sunshine Coast in Queensland in 2024.

John Miller

INTRODUCTION

Fit-for-school Fit-for-work Fit-for-life

The **Universal Fitness Test** was originally designed to help corporate organisations:

- keep track of the personally-generated metabolic, musculo-skeletal and psychological dysfunctions of their staff that may contribute to higher levels of absenteeism, presenteeism, workers compensation and staff turnover
- encourage employees to keep themselves fit and healthy to the best of their ability
- determine which staff have the physical competence to do exceptionally demanding work, especially that required in elite forces.

In most occupations, people need a minimum amount of aerobic fitness, strength and flexibility to do the job *without breaking down*, to do the job that normal fit and healthy people take in their stride. Even sitting on a chair all day requires a certain amount of fitness, without which, over the weeks, months, years and decades, people become dysfunctional, in pain and miserable.

The focus of the Universal Fitness Test is on aerobic fitness, strength and flexibility, and a measure of body fat.

The Universal Fitness Test has been tailored so that it is also appropriate to school students, sporting teams and adults of all ages.

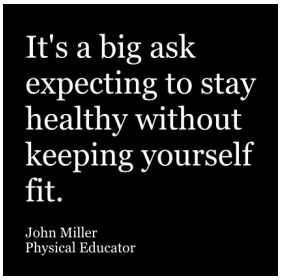
Our ambition is to have it used in every medical surgery and fitness centre. Any medical check-up that doesn't also include an assessment of fitness is seriously deficient.

It doesn't need a doctor or fitness practitioner to supervise the test. You can do it yourself at home.

It's an essential tool for workers compensation and income protection insurers, helping them to rate their premiums against risk. In Australia it is illegal for private medical insurers to rate their premiums against risk. Nevertheless, knowing how fit their premium holders are and encouraging them to keep themselves fit and healthy to the best of their ability makes eminently good sense.

The good thing about it is that the tests are based on common fitness exercises. The more you practice them the better your performance in the test.

The 20m run test is the gold standard aerobic fitness test.



THE AIM OF THE TEST

When I designed the Universal Fitness Test my aimed was to: -

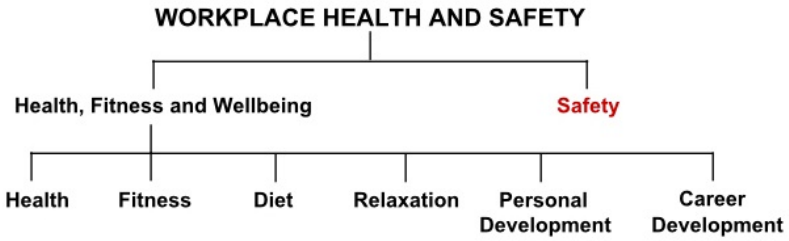
1. elevate the conversation about physical fitness in the community and let people and their doctors know that there was a simple test that could be done to measure it
2. reduce the pressure on the medical system by encouraging doctors to prescribe, measure, manage and monitor the physical fitness of their clients. It's not sufficient to just measure blood pressure and send people off for a few pathology tests. Fitter people are healthier people and need fewer medical interventions.
3. inspire and motivate people to keep themselves fit and healthy to the best of their ability
4. assist corporate organisations to reduce and better manage the risk of
   - absenteeism
   - presenteeism
   - workers' compensation
   - staff turnover
5. provide organisations with the means to select suitable staff for strenuous work
6. encourage workers compensation insurers to rate their premiums against individual risk.

HEALTH, FITNESS AND WELLBEING IN THE WORKPLACE

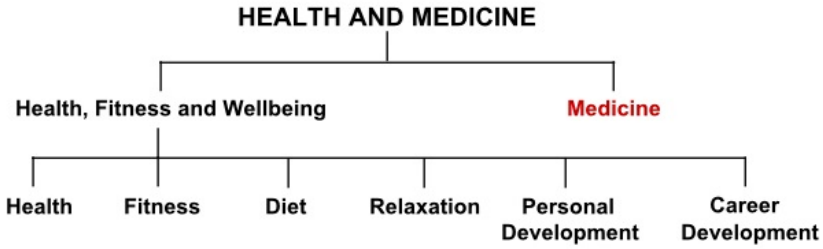
In a sedentary society it's a big ask expecting people to be healthy without keeping themselves fit.

We work with organisations who want to focus on the health, fitness and wellbeing side of the Workplace Health and Safety (WHS) equation; on dysfunction rather than injury. These days, most of the WHS costs are being accrued from people with low levels of health and fitness, people with personally-generated metabolic, musculo-skeletal and mental health problems - not from people tripping over cords and falling off ladders.

In fact a high proportion of costs are coming from people who sit down all day. Their personally-generated dysfunctions are being accepted by their employers as work-related injuries. This is not something organisations have to put up with. Using the Universal Fitness Test they can identify where the risks are.



Many organisations are currently at great risk of paying out workers compensation claims, not for work-related injuries, but for body system dysfunctions that are personally generated.



THE EPIDEMIC OF POOR HEALTH

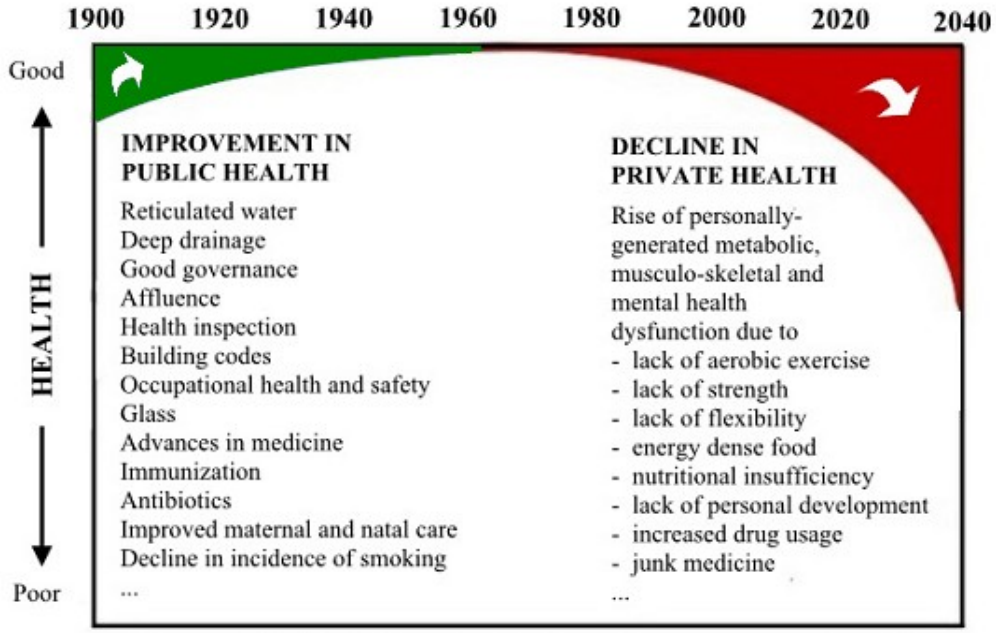
We're living in an era where the epidemic of poor health is reaching plague proportions. If it was getting better, the governments of Australian would be spending less each year protecting the medical industry.

It's not so much the heroic diseases that are the problem, but the personally generated body system dysfunctions. These dysfunctions are recognized by their symptoms

SYMPTOMS OF PERSONALLY GENERATED BODY SYSTEM DYSFUNCTIONS		
Metabolic	**Musculo-skeletal**	**Psychological**
- aerobically unfit - over-weight - high blood pressure - depression - sleeplessness - snoring - sleep apnea - headache - tired, lacking energy - low libido - Type 2 diabetes - elevated blood fats - cardiac insufficiency - irritable bowel - cancer - ...	- musculo-skeletal pain - bones out of alignment - arthritis - bone inflammation - lack of strength - lack of flexibility - lack of mobility - torn ligaments - torn tendons - torn muscles - bulging discs - sciatica - ...	- stress - anxiety - irritability - difficulty coping - depression

With some exceptions, poor function can be restored to good when people make a change to their lifestyle - become fitter, eat wisely, meditate, better manage the stress of their life, move to the job they'd really like to do, one that suits their personality and intelligence strengths.

Here's what happened to 'health' over the last 100 years.

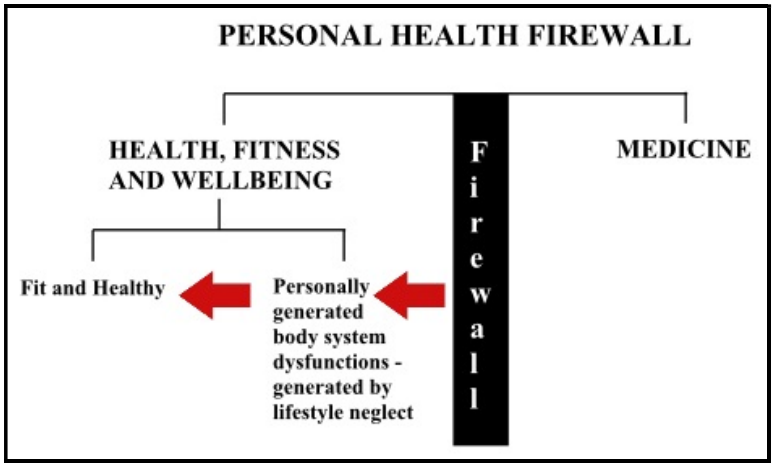


THE PERSONAL AND WORKPLACE HEALTH FIREWALL

THE PERSONAL HEALTH FIREWALL

In the community it's become standard practice for a significant percentage of the cost of personally-generated body system dysfunctions to be transferred to the public purse.

Without a firewall that reduces the chances of people ending up in the medical system, both individuals and governments that subsidize medical services run the risk of being bankrupted.



The firewall model will only work well when the fitness industry elbows its way into the frontline of primary health care.

This is so that one of the first places people think of going to for advice and the treatment of their (non-medical) personally-generated metabolic and musculo-skeletal mental health dysfunctions is a fitness centre.

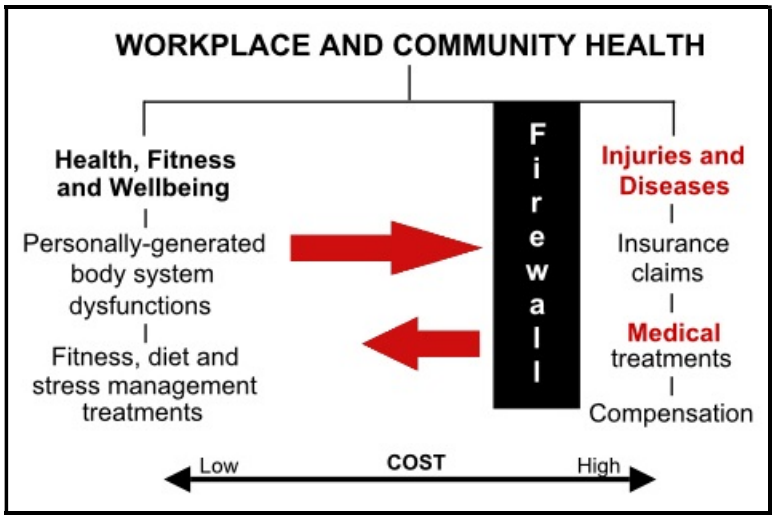
If a lack of aerobic fitness, strength and flexibility is a primary cause of most body system dysfunctions it makes sense for people to first work on fixing themselves up. If that doesn't work, the secondary point of call is the surgery and/or the hospital.

In the workplace it's time to put up a firewall between personally-generated body system dysfunctions and injuries generated by genuine work-related accidents.

THE WORKPLACE HEALTH FIREWALL

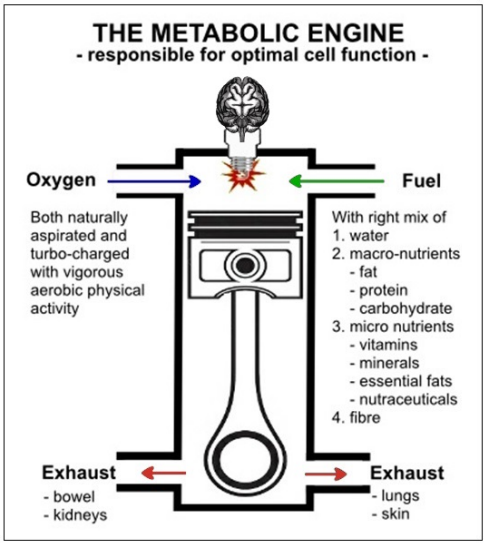
We don't believe there is any organisation who can afford to have the personally generated body system dysfunctions dressed up as work-related injuries. The number of organisations being lumbered with costs that are not of the organisation's causing are legion. The cost to their bottom line is huge.

In the 20th Century the focus was on reducing costs by improving safety. In the 21st Century the big cost savings will be in improving health, fitness and wellbeing.



THREE FACTORS OF HEALTH FITNESS AND WELLBEING

1. METABOLIC HEALTH

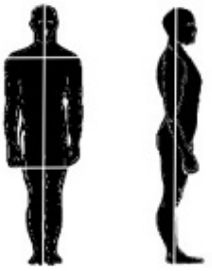


Aerobic fitness lies at the very heart of **metabolic health**. It's intimately involved in the process of supplying oxygen and essential nutrients to every cell in the body and returning metabolic waste to the outside world.

There is good evidence to suggest that the level of a person's aerobic fitness is one of the most fundamental of indicators of metabolic health – and yet we measure anything and everything else – with people who are visibly in poor health coming away from a surgery without a prescription to improve their aerobic fitness.

You can view the prescription on the www.aerabyte.com website.

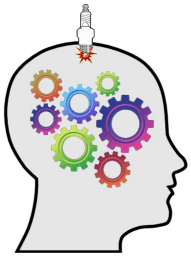
2. MUSCULO-SKELETAL HEALTH



A strength and flexibility training program is the key to maintaining good **musculo-skeletal health.** A flexibility training program keeps the skeleton in good alignment. A strength training program supports the skeleton as it goes about everyday tasks that involve pushing, pulling lifting and propelling both the body and objects without breaking down.

Ask yourself, when did your primary health measure our strength and flexibility or write out a strength and flexibility prescription?

3. MENTAL HEALTH – dualism versus holism



If you believe that the mind is an integral a part of the body (as any of the other major body systems), then it makes sense to believe that aspects of poor **mental health** could well be a reflection of poor metabolic health.

Adhering to a **dualistic view** of the world (i.e., the belief that the laws that govern how the mind operates are disconnected from the laws that govern how the rest of the body systems buried within the abdomen and torso operate) makes it difficult to understand or treat some mental health dysfunctions, particularly depression.

Dualism doth make fools of ourselves and perverts the course of managing good brain and mental health.

If you have an **holistic view** of the world, you'll believe that all parts of the body work together for good or ill and that poor health is frequently the symptom of a system problem. Fix the system and there's a fair chance the parts will look after themselves. You'll feel better, physically and mentally.

Whilst it's not widely known, when it comes to mental health a year's supply of daily, vigorous aerobic activity trumps a year's supply or Prozac. And yet how often do people who are depressed receive either an aerobic fitness assessment or an aerobic fitness prescription?

Being fit and knowing how fit you are, year in and year out is a fundamental pillar of good health care.

As Bill Clinton might have said, '*It's the system stupid.*'

FACTORS OF FITNESS MEASURED BY THE UNIVERSAL FITNESS TEST

1. AEROBIC FITNESS

If you're not in great shape aerobically, you're probably not all that healthy either. It's as simple as that. In fact your level of aerobic fitness is probably the most important general measure of how healthy you are. Aerobic fitness is the principal driver of metabolic health. When you look around you'll notice that a lot of people are under -exercised.

Strange isn't it then that few doctors will take their customers out the back and measure how aerobically fit they are? You'll probably find out a lot more about your health by doing the 20m run, than you will sitting in a dark room attached to a sphygmomanometer!

If you've got any of the epic metabolic dysfunctions, it makes good sense to include regular, systematic, aerobic, strength and flexibility exercise in the treatment mix. A pill is not always the magic elixir.

Here's what the Surgeon General said in 1979.

> *'You, the individual, can do more for your own health and wellbeing than any doctor, any hospital, any drug, any exotic medical advice.'*

2. STRENGTH

In the Universal Fitness Test we measure front-of-body strength, arm strength and leg strength. If your muscles are not strong enough to support your skeleton as it goes about the day to day tasks of lifting, pushing and pulling ...

You can quickly improve your strength in a fitness centre using free weights or machines, or you can do simple strength exercises at home - situp, pressup, squat, Superman back arch.

3. FLEXIBILITY

There are three tests of flexibility: - hamstring, buttock and shoulder flexibility. Our research shows that tight hamstring and buttock muscles take first the pelvis, then the bones above and below it out of alignment. The symptoms of this misalignment are joint and muscle pain. When the skeleton is out of alignment it's potluck which joints will become painful first, lower back, hips or knees. The cause of the pain is rarely at the site of the pain!

BODY COMPOSITION – percent body fat

Participants can either make an estimation of how close they are to their ideal weight, or (ideally) by using percent body fat, if scales are available. This decision was made in view of the fact that in some settings, groups of people are taken through the test. (Most people are honest when estimating how many kilos they are over their ideal weight.) Lining up to measure their percent body fat one by one is a time consuming rigamarole. But one-on-one assessments I'd recommend a measure of percent body fat.

While not really a fitness test, excess body fat is an indicator of poor metabolic health – and a sure sign that people are under-exercised, (over fed) and in a high proportion of cases suffering from a fatty liver.

Percent body fat is a more accurate method of computing body fat content than body mass index (BMI), particularly when it applies to very muscular people.

I recommend Fitbit Aria scales. The scales synch with the Fitbit phone app so you can store a daily record of both your weight and percent body fat.

TEST ADMINISTRATION

The Universal Fitness Test is easy to administer.

The strength tests are the same tests as the ones you'd use to improve your strength at home. Testing hamstring, buttock and shoulder flexibility is not a tough assignment.

The aerobic fitness test requires participants to see how many laps of a 20m course they can complete in five minutes. You can make 'the course' out at a local park or on a footpath.

It's an adapted version of the 'beep' test, equally reliable and valid but is more suited to 'regular folks', has a better distribution range of scores and is easier to administer.

Whilst the 'beep test' works well for people who are well trained, it is not a sufficiently discriminating test for people with low levels of aerobic fitness. A high percentage of 'regular folks' exit the beep test in under 2 minutes which is not enough time to get a good assessment of aerobic fitness – and metabolic health.

Going continuously to 5 minutes gives people a very good idea of just how much their aerobic fitness has declined over the years. They can walk, shuffle, jog or run. They can slow down and speed up.

It's important you do the tests in the order recommended. Do the strength tests first, then the flexibility tests and finish up with the 20m run.

FITBIT AEROBIC FITNESS MONITORING

- where time meets effort – rated against heart rate

A good aerobic fitness program requires a dosage involving **frequency** (times a week), **duration** (length of each session) and **intensity of effort** (based on maximum, age-related heart rate). This rule forms the basis of the **Fitbit Aerobic Fitness Zone System**.

Zone Points	=	**Time** (in minutes)	x	**Intensity of effort** (on a scale where points per minute are matched against heart rate)

A Fitbit watch calculates the number of zone points you've accumulated during a workout, using a formula based the actual time (in minutes),a percentage of age-related maximum heart rate, resting heart rate and heart rate reserve.

Fitbit has two aerobic fitness training zones:

- **Zone 1**: if you get your heart rate over (circa) 60% of your (estimated) age-related maximum heart rate (220 minus age) you get 1 point per minute.
- **Zone 2**: if you get your heart rate over (circa) 75% of your maximum heart rate you get 2 points per minute.

If you can achieve 40 Fitbit zone points a day you're doing all right. 50 points is better and 60 points is best.

BEFORE YOU START THE TEST - the fine print

The Universal Fitness test protocol has been developed by myself, a graduate physical educator, so as to provide you with fitness advice and exercises that are safe for both normal, healthy human beings and people who are not in good physical condition.

However, because the people administering the test have no idea of your current physical condition they will need to provide you with some safety advice and request that you look after yourself while doing the fitness assessments and exercises contained in the program. Depending on your level of fitness, you will find some of the exercises easy to do, some difficult to do - and some you may not be able to do at all.

If you have any medical condition that may impinge on your ability to do the tests outlined in this book, you are advised to have a medical checkup If there is nothing wrong medically then proceed.

You may find that you simply cannot last the 5 minutes required for the aerobic fitness test. You can choose to walk, shuffle, jog or run. You can mix walking with shuffling. You can slow down. You can rest for a while. If you're under duress, STOP.

You may find that you can't do one or more of the strength tests. If you can't, you can't. Start training and over time you'll be able to build up the number of repetitions you can do. You may find you have difficulty doing one or more of the flexibility exercises. Join the club – and start a regular flexibility training program.

Tick the boxes to signify you've read the cautionary notes below.

1.	There is a slight risk that you could injure yourself using this program. Whilst it is highly unlikely, you may strain a muscle, tendon or ligament, particularly if you haven't done any strength or flexibility exercises for a long time. This is a risk you need to be aware of and one which I cannot shoulder.	☐
2.	You may feel stiff the day after doing some of the exercises, particularly if you haven't done squats, situps or pressups for years. This feeling of stiffness is normal for people who don't have a regular exercise program. On the other hand, you may feel looser at the end of a session and in the days following.	☐
3.	You may be a bit tender for a day or two if you stretch – even gently – muscles that have been tight for years. This is normal.	☐
4.	If there is conjecture about the safety of some of the exercises we recommend, we will point out those safety concerns.	☐
5.	If it hurts while doing an exercise, stop doing it immediately.	☐
6.	If you don't think you should do an exercise, don't do it.	☐
7.	If a doctor, physiotherapist or fitness practitioner has said 'Don't do that exercise,' don't do it. The person administrating the test is not going to argue with doctors, physiotherapists and fitness practitioners in their absence.	☐
8.	Look after yourself. Start gradually. Exercise regularly. The more often you do the exercises and the longer you do them the quicker the results. Plus you'll feel better.	☐

Sign that you have read and accepted the information above..

Participant: ……..... ……../……../…….

FITNESS ACTIVITY READINESS QUESTIONNAIRE (FARQ)

If you're doing this test as part of a workplace health and fitness assessment, please complete the Fitness Activity Readiness Questionnaire (FAR-Q), providing details of any of the injuries, illnesses, health conditions, disabilities and dysfunctions you currently have or may have had, and which will affect your ability to take part in a fitness program.

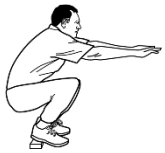
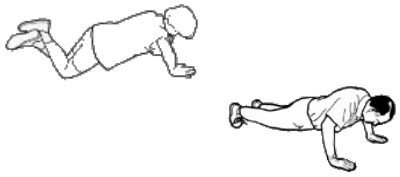
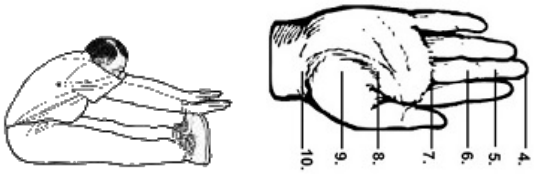
1.	Do you have a regular aerobic fitness training program?" If yes provide details of the nature, frequency, intensity and duration of your exercise program.	Yes No	☐ ☐
2.	Do you have a regular and systematic strength training program? If yes provide details of the nature, frequency, intensity and duration of your exercise program.	Yes No	☐ ☐
3.	Have you ever had heart disease or dysfunction? If yes provide details.	Yes No	☐ ☐
4.	Are you currently on medication for high blood pressure?	Yes No	☐ ☐
5.	Are you currently on medication for adult onset diabetes?	Yes No	☐ ☐
6.	Do you suffer from asthma in a way which would prevent you from being involved in continuous exercise of a vigorous and strenuous nature?	Yes No	☐ ☐
7.	Do you have any bone or joint problems which would prevent you from being involved in continuous exercise of a vigorous and strenuous nature?	Yes No	☐ ☐
8.	Do you suffer from epilepsy?	Yes No	☐ ☐
9.	Do you suffer from fainting/dizzy spells?	Yes No	☐ ☐
10.	Is there anything at all about your health that you feel you should disclose before you participate in an assessment of your physical fitness. If yes, provide details.	Yes No	☐ ☐

If at any time you feel that you are over-exerting yourself and feel that you need to stop doing one of the test items - so you don't hurt yourself or do yourself a grave medical mishap, immediately STOP what you're doing. If need be, call an ambulance. If the supervisor of this test tells you to stop, stop immediately.

Sign that you have read and completed the readiness questionnaire.

Participant: ……..... ……../……../…….. Supervisor: …….

UNIVERSAL FITNESS TEST ITEMS

1. **Body composition**. How close are you to your ideal weight? You can estimate the number of kilograms over your ideal weight or use percent body fat..	
2. **Lower body strength – squat** How many squats can you until exhaustion? Your bottom must go lower than the crease at the back of your knees. If you've got sore knees either don't proceed or **proceed with caution**. Suggest a 3cm heel raise.	
3. **Front of body strength** – sit-ups to exhaustion. Arms crossed and hands clasping alternate shoulders: knees bent. There is evenly divided conjecture about whether it is safe to do situps with feet held. I believe the exercise is safe. Plus, too many people can't do one situp without their feet being held.	 If it hurts, stop doing it
4. **Upper body strength** – press-ups to exhaustion. If you've got painfully sore shoulders either don't do this exercise or **proceed with caution** – and don't do too many. Women on front of thighs and men on their toes.	
5. **Hamstring flexibility** - sit and reach Sitting on the floor, with feet outstretched in front of you, see how far down toward or past your toes you can reach with your fingers. Keep the back of your knees flat on the floor.	
6. **Buttock flexibility** - ability to sit up straight with legs crossed With legs crossed and hands clasped behind your back, see if you can sit up straight without falling over backwards There are two tests, one with the left leg under the right leg and vice versa. Score each side out of 5.	
7. **Shoulder function** Stand with heels and back against the wall, arms and wrists vertically in the 'surrender position. The further they are away (in cms) the lower the score.	
8. **Aerobic fitness - 20m laps in 5 minutes** How man 20m laps can you complete in 5 minutes. One foot must go past the line each time you turn.	

SCORING SYSTEM - for regular folks

1. Body composition: how close are you to your ideal weight?
Current weight …….. Ideal weight …….. Percent body fat ……

	Kg over ideal wt	25	<25	<20	<15	<10	<7	<4	<2
	% fat men	>40	<40	<36	<32	<29	<26	<23	<20
	% fat women	>50	<50	<46	<42	<39	<36	<33	<30
		0	4	5	6	7	8	9	10

2. Lower body strength – squats – until exhaustion #.....
Squat so your bottom goes down to at least the crease in the back of your knees and stand up straight with legs fully extended.

>6	6	8	10	12	14	16	18	20	22	24
0	1	2	3	4	5	6	7	8	9	10

3. Front of body strength – situps feet held - until exhaustion #.....

>6	6	8	10	12	14	16	18	20	22	24
0	1	2	3	4	5	6	7	8	9	10

4. Upper body strength – press-ups – until exhaustion #…….
Men on toes, women on front of thighs.

>6	6	8	10	12	14	16	18	20	22	24
0	1	2	3	4	5	6	7	8	9	10

5. Hamstring flexibility – sit and reach
Sit with legs outstretched, back of knees on the floor. See how far the tips of your fingers can reach down toward (or past) your toes.

Can't touch		Fingers			Palm			Wrist
0		4	5	6	7	8	9	10

6a. Right buttock flexibility – sit up straight, legs crossed, hands clasped behind back.

Left leg under	Big fail	Nope	Almost	Just	Good	Perfect
0	0	0	1	3	4	5

6b. Left buttock flexibility – sit up straight, legs crossed, hands clasped behind back

Right leg under	Big fail	Nope	Almost	Just	Good	Perfect
0	0	0	1	3	4	5

Ttl

7. Shoulder function - stand with heels and back against the wall, arms and wrists vertically in the 'surrender' position. The further they are away, from the wall (in cms) the lower the score.

>15	15	13	11	9	7	5	3	2	1	Flat
0	1	2	3	4	5	6	7	8	9	10

8. Aerobic fitness – 5 minute, 20m lap run. Laps …....

Men	<22	22	24	26	28	33	32	34	36	38	40
Women	<20	20	22	24	26	28	30	32	34	36	38
Points	0	1	2	3	4	5	6	7	8	9	10

X 3

If you want to be fit and healthy, exercise like fit and healthy people exercise.

TOTAL

SCORING SYSTEM – for keen sporting and elite force personal

The Elite Fitness Test has the same tests as the Universal Fitness Test – only with higher standard.

1. Body composition: how close are you to your ideal weight?
Current weight …….. Ideal weight …….. Percent body fat ……

	Kg over ideal wt	>20	<20	<15	<10	<7	<4	<2
	% fat men	>26	<26	<24	<22	<20	<18	<16
	% fat women	>24	<34	<32	<30	<28	<26	<24
		0	5	6	7	8	9	10

2. Lower body strength – squats – until exhaustion #.....
Squat so your bottom goes down to at least the crease in the back of your knees and stand up straight with legs fully extended.

<35	35	38	41	44	47	50
0	5	6	7	8	9	10

3. Front of body strength – situps feet held – until exhaustion #…….

<35	35	39	41	44	47	50
0	5	6	7	8	9	10

4. Upper body strength – press-ups – until exhaustion #…….
Men on toes, women on front of thighs.

>35	35	38	41	44	47	50
0	5	6	7	8	9	10

5. Hamstring flexibility – sit and reach
Sit with legs outstretched, back of knees on the floor. See how far the tips of your fingers can reach down toward (or past) your toes.

Can't touch toes	Fingers			Palm			Wrist
0	4	5	6	7	8	9	10

6a. Right buttock flexibility – sit up straight, legs crossed, hands clasped behind back.

Left leg under	Big fail	Nope	Almost	Just	Good	Perfect
0	0	0	1	3	4	5

6b. Left buttock flexibility – sit up straight, legs crossed, hands clasped behind back

Right leg under	Big fail	Nope	Almost	Just	Good	Perfect
0	0	0	1	3	4	5

Ttl

7. Shoulder function – stand with heels and back against the wall, arms and wrists vertically in the 'surrender' position. The further they are away, from the wall (in cms) the lower the score.

>15	15	13	11	9	7	5	3	2	1	Flat
0	1	2	3	4	5	6	7	8	9	10

8. Aerobic fitness – 5 minute, 20m lap run. Laps ……..

Men	<45	45	47	49	51	53	55
Women	<43	43	45	47	49	51	53
Points	0	5	6	7	8	9	10

X 3

If you want to be fit and healthy, exercise like fit and healthy people exercise!

TOTAL

AWARDS AND ACHIEVEMENT RECORD

AWARDS

You can also score points based on the level achieved for each test item.

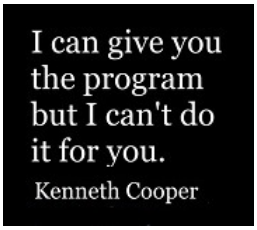
Points received in the example above are:

Award	Points	My Award	Date
Gold	90		
Silver	80		
Bronze	70		
Green	60		
Amber	50		
Red	40		
Black	<40		

ACHIEVEMENT RECORD

Keep track of your fitness. If you have a regular and systematic aerobic fitness strength and flexibility training program you won't find it a chore to do the test once a month.

Date	20m run (laps)	Squats	Situps	Pressups	Universal test score



STANDARDS

Fit-for-work

We believe the Universal Fitness test should be part of a pre-employment medical exam. The standard tests of seeing if your leg twitches when hit with a tack hammer and the mirror fogs up when you breathe on it are not sufficient measures of your metabolic, musculo-skeletal or mental health. The Fit-for-Work standards can be matched to suit the nature and demands of the job. They also provide benchmark information that can be used to monitor work health, fitness and safety risk.

The **7/10 standard** is readily achievable by anyone who has a regular aerobic fitness, strength and flexibility training program.

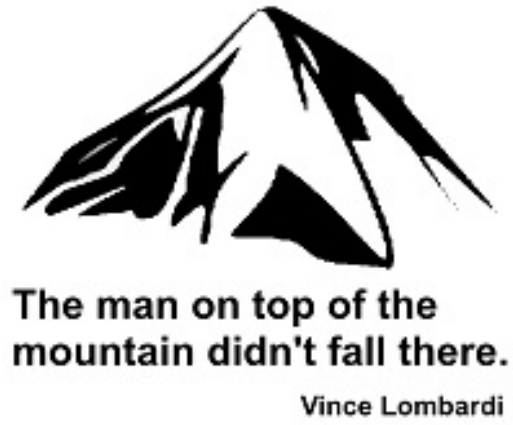
Fit-for-school

Standards can be set appropriate to the year level of the students.

With training, children from 8 years old (grade 4 in Australian schools) will be able to do this test.

If every student left school with a 7/10 award or better, that would provide them with a good start toward navigating the wilds of a sedentary, high energy intake culture.

Having their scores (and a photo) recorded by MyGov national digital health facility would provide both individuals and the health system with valuable information.



WHAT ARE YOU GUNNADO

– to improve your health, fitness and wellbeing? –

Motivation is what gets you started. Habit is what keeps you going.

Jim Ryun

THE PARABLE OF THE RUNNER

A man went out for a run.

He'd only gone a hundred yards when he felt a twinge in his right calf muscle. He slowed down to a walk and then limped home. He put ice on it, rested it for a few days, started walking again and soon found that he could shuffle slowly without discomfort. He gradually turned the shuffle into a jog. Then the jog became a run. He kept on running.

He worked out early on that the best way to stay motivated was to run with friends - but that didn't stop him from running alone. He enjoyed the solitude of his own company.

Then the weather took a turn for the worse, it became cold and wet. He wanted to stay in bed where it was warm, but he got up three mornings a week at 6.30, put on a jumper - and kept on running.

His work took him to a far off places where it was hot. He couldn't run in the cool of the morning because he had an early start. He kept on running, after work, inside, on the treadmill in a gym.

There were times when he was tired when he'd gone to bed late. He got up anyway, put on his shorts, tee shirt and running shoes, got outside the front door – started off with a shuffle, gradually picked up the pace and kept on running, one leg at a time.

Other times while he was running he felt that he couldn't go any further. He was stuffed. So he slowed down, walked for a while and then went back to shuffling and jogging, pacing himself – but he kept on running.

He had hard days and easy days, but regardless of how he felt at the start of a run - he kept on running.

Throughout the years he had to overcome the normal range of (personally-generated) injuries – plantar fasciitis, Achilles tendonitis, knee pain, hip pain and back pain. He slowed down, took a break or got his aerobic 'fix' doing other things. But he worked out how to fix them - and soon returned to running. The secret – flexibility exercises to loosen the tight muscles that have drawn the skeleton out of alignment.

When he became stale he started cross training. As well as running he went swimming and cycling and worked out on the rowing machine, the stepper and the Versaclimber. He lifted weights in the gym and after tea did his stretches on the floor while watching TV.

His health improved, he got back closer to his ideal weight, he slept better, his blood pressure and cholesterol came down. He was as lean as a greyhound, fit as a trout and toey as a Roman sandal.

His running times improved 30%. He could run for 40 minutes. He felt 100% better.

He who has feet let him run.

John Miller

With apologies: Matthew 13


Fitness Frontline
of the health system