


# TEXARKANA POLICE DEPARTMENT

## GENERAL ORDERS MANUAL

<b>SUBJECT</b>	<b>Physical Fitness and Wellness Program</b>		
<b>NUMBER</b>	<b>1104.04</b>	<b>EFFECTIVE DATE</b>	<b>February 01,2011</b>
<b>Scheduled Review Date</b>	<b>April 01, 2016</b>	<b>ISSUE DATE</b>	<b>February 01, 2011</b>
<b>Date Reviewed</b>	<b>March 17, 2014</b>	<b>REVISION DATE</b>	<b>October 11, 2011</b>
<b>APPROVED BY</b>		<b>ALEAP Standards</b>	

**APPROVED:**

**I. Purpose and Scope**

- A. The primary function of the Texarkana Police Department is to provide the citizens of our community with professional law enforcement services. This is accomplished through the preservation of the peace, detection of crime, and the apprehension and prosecution of criminals under, local, state, and federal laws. In order to achieve its mission, the Department’s personnel must remain prepared to respond to physically exerting tasks.
- B. The duties within many occupations are comprised of predictable levels of physical exertion; however, the law enforcement career field does not fall within this category. Sworn members of the Agency may operate within minimum levels of physical exertion for extended periods of time and suddenly be faced with a situation that requires a maximum level of physical exertion, strength and mental energy.
- C. This policy addresses a physical fitness and wellness program that will assist the officers of the Department in achieving an appropriate fitness and wellness condition. It is incumbent of every officer to ensure he/she remains physically fit and able to endure both the physical and mental demands placed upon them.

**II. Policy**

- A. It shall be the policy of the Texarkana Police Department to implement and manage a well coordinated physical fitness and wellness program accessible to all members of the Agency. The Agency strongly encourages its employees to maintain a reasonable level of physical fitness and overall wellness, as such a condition enables the Department to provide the community with professional police services, enhances the employee’s ability to accomplish their assigned tasks and duties while minimizing the risk of injury and illness among its employees.
- B. All members of the Department shall recognize and adhere to the guidelines set forth within this policy.

**III. Definitions**

- A. **Physical Fitness Coordinator**—The Physical Fitness Coordinator must have successfully completed the Law Enforcement Instructor Certification Program at the Cooper Institute in Dallas, Texas. Although not inclusive, the Physical Fitness Coordinator shall have the following responsibilities:

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1. Responsible to ensure compliance with the Department's Physical Fitness and Wellness Program;
2. Responsible for periodic evaluations of the Texarkana Police Department's exercise facilities; and
3. Responsible for evaluating the equipment within the exercise facilities, facilitating improvements therein and coordinating the purchase of new equipment.

**B. Physical Fitness Instructor**—The Physical Fitness Instructors shall be responsible to assist those commissioned officers within the Agency who request guidance and assistance with fitness and nutritional needs. Fitness Instructors will be responsible to assist the Physical Fitness Coordinator during all semiannual Departmental assessments.

1. The Physical Fitness Instructors will be available to assist officers with nutrition and fitness information to the members of the Department. The Physical Fitness Instructors must have successfully completed the Law Enforcement Instructor Certification program at the Cooper Institute in Dallas, Texas.

#### **IV. Procedure**

##### **A. Wellness Program Components**

1. The Texarkana Police Department's Physical Fitness and Wellness Program is a multi-faceted approach to the overall physical fitness of its employees. While all of the components within the program are voluntary, the Department strongly encourages full participation by all full-time employees of the Agency. The Texarkana Police Department will strive towards achieving a one-hundred percent participation level among its employees.
2. The Texarkana Police Department has a trained Physical Fitness Coordinator and Physical Fitness Instructors who can provide personal attention to employees of the Agency. Those employees wishing to improve their fitness level can consult the Department's Physical Fitness Coordinator or a Physical Fitness Instructor for assistance.
  - a. Safe exercise techniques; and
  - b. Assistance in the development of individualized exercise programs tailored to each individual employee; and

##### **B. Physical Examinations and Medical Screenings**

1. While it is not a requirement of employees to have a physical examination, the Department encourages and advises all employees to submit to a medical examination before beginning any exercise program. Such an examination will provide the employee with valuable insight regarding medical restrictions.
2. All employees of the Department who elect to participate in the evaluation phase of the Physical Fitness and Wellness Program shall be given a pre-screening medical assessment before an evaluation of the employee's physical fitness level takes place.
  - a. The pre-screening assessment will consist of the following elements:
    - (1) Resting heart rate;
    - (2) Blood pressure;
    - (3) The completion of the Physical Activity Readiness Questionnaire;

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(4) The completion of the Physical Fitness and Wellness Program Participation Consent Form; and

(5) Any additional tests deemed necessary.

- b. Employees who have medical concerns or medically restrictive conditions identified during the pre-screening assessment—or those medically restrictive conditions identified by the employee’s physician—will be required to obtain a medical release before being allowed to participate in the evaluation phase of the program. Employees may also elect to endorse an release of liability form in lieu of such medical release.

**C. Cooper Standards**

1. The Cooper Standards are derived from scientifically formulated and validated tests, information and other data through the Cooper Institute of Aerobic Research in Dallas, Texas. The Cooper Institute has administered thousands of standardized tests across the United States and compiled criterion based upon the age and gender of those tested.
2. The standardized and validated results of these tests are commonly referred to as “The Cooper Standards” and are utilized by fitness experts across the United States as a benchmark. These tests and resulting criteria have been validated to determine an individual’s level of fitness.
3. A copy of The Cooper Standards shall remain posted in the Department’s exercise facility when referring to the required levels based upon age and gender.

**D. Evaluation Phase**

1. The Texarkana Police Department Physical Fitness and Wellness Program’s evaluation phase will be governed by the criteria established within The Cooper Standards.
2. In an effort to assist employees with an assessment of their individual level of fitness, a key component of the Department’s Physical Fitness and Wellness Program is a voluntary physical fitness assessment.
  - a. The Texarkana Police Department will sponsor voluntary physical assessments twice per calendar year on Uniform Patrol Division’s squad training days. These assessments will be administered during the months of April and October. Members of CID and the Services Division will be provided notice of assessment dates and times.
  - b. All assessments must be supervised by the Department’s Physical Fitness Coordinator who is specifically designated to ensure compliance with the program. The Physical Fitness Coordinator/Instructor will have the responsibility to maintain safety and report injuries that happen to occur during the assessments.
  - c. To ensure all Department employees remain covered under the City’s workers compensation insurance coverage, those who participate within the assessment phase of the program must limit their activity during the physical fitness assessment to the official Texarkana Police Department Physical Fitness and Wellness Program. For more information regarding workers compensation insurance, refer to [General Order 1101.02---Compensation and Benefits](#).
  - d. In the event a participating employee becomes injured during the course of the Department’s official assessment, the on-duty supervisor will be responsible for completing the necessary injury/workers compensation forms.

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4. All Texarkana Police Department employees are encouraged to participate in the process and maintain a regular exercise program. The desired percentile to be maintained by employees for overall health and fitness shall be the forty-fifth (45<sup>th</sup>) percentile or above in all of the testable categories.
  - a. All Department members should remember this program—which includes the six assessment tests—is completely voluntary in nature, and there is no assigned “pass or fail” level attached to the Physical Fitness and Wellness Program.
  - b. Should an officer elect to bypass any of these tests, the officer’s decision to bypass the test(s) will not preclude them from participating in any of the other remaining fitness tests. Each individual employee is encouraged to know their abilities and physical limitations prior to submitting to the physical fitness assessment tests. Employees are also encouraged to work their way up to the levels which they feel appropriate for their current, respective level of fitness.

**5. Participation Incentives, Fitness Awards**

- a. All Department personnel who choose to participate in the physical fitness assessment phase may be eligible to obtain incentive awards based upon their level of performance. The incentives will be awarded in October following the fall assessment; however, these incentives will only be awarded to those employees who have participated in both of the annual assessments. All incentives will be based on the yearly assessment that results in greatest benefit to the participant.
- b. If a situation develops that causes an employee of the Department to become unavailable to attend an assessment, the Physical Fitness Instructor/Coordinator should be notified prior to the assessment. All reasons submitted will be evaluated by the Physical Fitness Coordinator and the Physical Fitness Instructors. All reasons will be deemed valid by a majority vote among these personnel. If deemed valid, an alternative test date/time will be scheduled.
- c. The following is a list of those incentives and their corresponding performance achievement levels:
  - (1) Officers will have the ability to earn twenty-four (24) hours of time-off based upon their performance during the assessments;
  - (2) Officers have the ability to earn up to four (4) hours of time-off for each event.
  - (3) Each event will be scored separately and the resulting awarded hours earned per event will be totaled.
  - (4) The hourly incentives will be in accordance with the following table:

<b>Bench Press</b>	<b>Push-up</b>	<b>Sit-ups</b>	<b>300 meter run</b>	<b>Vertical Jump</b>	<b>1.5 mile run</b>
75% = 4 hours	75% = 4 hours	75% = 4 hours	75% = 4 hours	75% = 4 hours	75% = 4 hours
65% = 3 hours	65% = 3 hours	65% = 3 hours	65% = 3 hours	65% = 3 hours	65% = 3 hours
55% = 2 hours	55% = 2 hours	55% = 2 hours	55% = 2 hours	55% = 2 hours	55% = 2 hours
45% = 1 hour	45% = 1 hour	45% = 1 hour	45% = 1 hour	45% = 1 hour	45% = 1 hour

- (5) In addition to the awarded time-off, those officers scoring in the eightieth (80%) percentile on all six (6) events in a combined average will also receive a certificate from the Chief of Police during the Department’s Award’s Ceremony as well as a Department Physical Fitness Ribbon.

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- d. All personnel who have earned incentive time-off during the physical fitness assessment shall take their awarded time-off during the calendar year that follows the fall assessment. If the time-off is not taken during that calendar year, the employee shall forfeit their incentive time-off.
  - (1) Employees will not be allowed to accrue their incentive time-off from year to year. Employees who are terminated from employment—or those employees who sever their employment from the City—will not be paid for their unused incentive time-off. Any resulting time-off derived from the physical fitness assessment will become void.
  - (2) Employees who utilize their incentive time-off during their regular shift shall indicate the usage of this awarded time on their activity sheet. The Department’s payroll clerk will receive notification of all awarded incentive time-off. It shall be the responsibility of the payroll clerk to maintain accurate records of all awarded incentive time-off.

**E. Fitness Test Events**

- 1. The Cooper Institute of Aerobic Fitness has identified six (6) separate tests which have been scientifically validated as being ideal for law enforcement physical fitness assessment.

- a. **One and one-half mile run**

- (1) A major component of physical fitness and overall wellness is **cardiovascular respiratory endurance**. The one and one-half mile run has been determined to be ideal in measuring this identified fitness component. The officer will be required to cover the total distance running and/or walking as fast as he/she can.

- b. **300 meter run (sprint)**

- (1) Another important component of physical fitness and overall wellness is the measure of one’s **anaerobic power**. The 300 meter sprint has been determined to be ideal in measuring this identified fitness component. The officer will be required to cover the total distance running and/or walking as fast as he/she can.

- c. **Bench Press**

- (1) Another important component of physical fitness and overall wellness is the measure of one’s **upper body muscular strength**. The bench press has been determined to be ideal in measuring this identified fitness component.
- (2) The test will consist of pressing the maximum weight one time covering the full range of motion.
  - (a) The bar will begin with the arms fully extended and lowered a location in which both of the officer’s elbows are bent at a ninety (90) degree angle and pushed up until the arms are fully extended, elbows locked. The buttocks must stay in contact with the bench, and both feet must be flat on the floor.
  - (b) The officer shall start off with a lower level of weight and progressively increase the resistance until the weight can no longer be lifted. The first two or three attempts should serve as a warm-up lifts in preparation for a maximal lift on the fifth (5<sup>th</sup>) or sixth (6<sup>th</sup>) attempt. The employee’s score will be noted once the maximum amount has occurred or by the 6<sup>th</sup> attempt.

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- (c) The score for this test is the maximum number of pounds lifted in one repetition. The amount of weight needed to attain a Cooper percentage is determined by a ratio of weight pressed to body weight.

d. **Push-Ups**

- (1) Another important component of physical fitness and overall wellness is the measure of one's **upper body muscular endurance**. Muscular endurance is defined as the ability to contract the muscle repeatedly over a specific period of time. The push-up test has been determined to be ideal in measuring this identified fitness component.
- (2) To perform this test, the individual starts in the up position and the hands are placed on the floor at shoulder width.
  - (a) The push-up consists of lowering the chest to within fist level of the floor and then extending the arms to full length while keeping the back and knees straight and rigid.
  - (b) Resting as needed will be done in the up position.
  - (c) The test is considered to be completed once the individual no longer remains in the up position or when the individual raises or lowers his / her back.
  - (d) Only those push-ups that are done in this manner will be counted.

e. **Bent-Knee Sit Ups**

- (1) Another important component of physical fitness and overall wellness is the measure of one's **core body muscular endurance**. The bent-knee sit up test has been determined to be ideal in measuring this identified fitness component.
  - (a) The test is performed as the individual lies on their back with both knees bent with their fingers interlaced behind their head.
  - (b) The individual's feet will be held securely by either a partner or an instructor.
  - (c) By flexing the torso, touch elbows to knees and return to a full lying position, with shoulder blades touching the floor.
  - (d) The buttocks must stay in contact with the floor at all times.
  - (e) Resting as needed will be done in the sitting up position.

f. **Vertical Jump**

- (1) Another important component of physical fitness and overall wellness is the measure of one's **explosive leg strength**. The vertical jump test has been determined to be ideal in measuring this identified fitness component.
- (2) The applicant will complete the test by standing with a shoulder against the wall with one hand extended as high as he / she can with feet flat marking the highest point. The applicant will then jump as high as possible, marking the highest point on the chart provided. The score is the difference between the two markers. **One foot must remain in a stationary position until leaving the floor.**

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- (3) You may step back with the other foot prior to jumping. You may use your arms to assist in the jump.

**V. Physical Fitness Assessment Scoring Matrices**

**A. Male Employees**

<b>25% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	18"	35	64	24	13:25	.90
30-39	18"	31	65	19	14:10	.81
40-49	14.5"	26	81	13	15:00	.74
50-59	13"	20	89	9.5	16:46	.66
60 +		16		7	19:10	.60

<b>30% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	18"	35	62.1	26	13:08	.93
30-39	18"	32	63	20	13:48	.83
40-49	14.5"	27	77	15	14:33	.76
50-59	13"	21	87	10	16:16	.68
60 +		17		8	18:39	.63

<b>35% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	19"	37	60	27	12:53	.96
30-39	18.5"	33	61	21	13:25	.86
40-49	15"	28	74.8	16	14:10	.78
50-59	13.5"	22	85	11	15:53	.70
60 +		18		9	17:49	.65

<b>40% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	20"	38	59	29	12:29	.99
30-39	18.6"	35	58.9	24	12:53	.88
40-49	15.5"	29	72	18	13:50	.80
50-59	13.5"	24	83.2	13	15:14	.71
60 +		19		10	17:19	.66

<b>45% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	20"	39	57.5	31	12:11	1.03
30-39	19"	36	58	25	12:44	.90
40-49	16"	30	70	19	13:25	.82
50-59	14"	25	82.6	14	14:35	.73
60 +		19		12	16:46	.67

<b>50% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	20.5"	40	56	33	11:58	1.06
30-39	19.5"	36	57	27	12:25	.93
40-49	16"	31	67.6	21	13:05	.84
50-59	14"	26	80	15	14:33	.75
60 +		20		15	16:19	.68

<b>55% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	21"	41	55	35	11:34	1.10
30-39	20"	37	56	29	11:58	0.96
40-49	16.5"	32	66	22	12:53	0.86
50-59	14.5"	27	77.4	17	13:58	0.77
60 +		21		16	15:53	0.70

<b>60% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	21.5"	42	54	37	11:27	1.14
30-39	20"	39	55	30	11:49	.98
40-49	17"	34	64	24	12:25	.88
50-59	15"	28	74	19	13:53	.79
60 +		22		18	15:20	.72

<b>65% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	22"	44	53.5	39	11:09	1.18
30-39	20"	40	54	31	11:34	1.01
40-49	17"	35	62	25	11:58	.90
50-59	15.5"	30	72	20	13:25	.81
60 +		24		20	14:55	.74



<b>70% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	22.5	45	52	41	10:49	1.22
30-39	21	41	53	34	11:09	1.04
40-49	18"	36	61	26	11:52	0.93
50-59	16"	31	70	21	12:53	0.84
60 +		26		21	14:33	.77

<b>75% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	23"	46	51	44	10:34	1.26
30-39	21"	42	52	36	10:59	1.08
40-49	18"	37	60	29	11:32	.96
50-59	16.5"	33	68	24	12:37	.87
60 +		28		22	13:58	.79

<b>80% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	24"	47	50.3	47	10:08	1.32
30-39	22"	43	51	39	10:38	1.12
40-49	19"	39	57	30	11:09	1.00
50-59	17"	35	66.4	25	12:08	.90
60 +		30		23	13:25	.82

<b>85% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	25"	49	49	51	9:52	1.37
30-39	23"	45	50	41	10:14	1.17
40-49	19.5"	40	56	34	10:44	1.04
50-59	18"	36	63	28	11:45	.93
60 +		31		24	12:53	.84

<b>90% Male</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	25"	52	48	57	9:34	1.48
30-39	24"	48	49	46	9:52	1.24
40-49	20.3"	43	55	36	10:09	1.10
50-59	19.5"	39	61	30	11:09	.97
60 +		35		26	12:10	.89

95% Male	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	26.5"	55	46	62	9:10	1.63
30-39	25"	51	46.1	52	9:31	1.35
40-49	22"	47	52	40	9:47	1.20
50-59	21"	43	58	39	10:27	1.05
60 +		39		28	11:20	.94

99% Male	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	30.3"	>55	42.6	100	8:22	>1.63
30-39	28.4"	>51	42	86	8:49	>1.35
40-49	25.1"	>47	47	64	9:02	>1.20
50-59	22"	>43	52	51	9:31	>1.05
60 +		>39		39	10:09	>.94

**B. Female Employees**

25% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	13"	28	76	11	16:43	.53
30-39	11"	21	85.5	9	17:38	.49
40-49	8.5"	16	109.3	7	18:39	.45
50-59		11			20:55	.41
60 +		4			23:20	.39

30% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	13.5"	30	75	13	15:56	.56
30-39	11.1"	22	82	9	16:46	.51
40-49	9"	17	106.7	7	18:26	.47
50-59		12		7	20:17	.42
60 +		4			22:34	.40

35% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	13.9"	31	74.5	14	15:32	.58
30-39	12"	24	80.5	10	16:43	.52
40-49	9"	19	101.8	8	17:38	.48
50-59		12			19:43	.43
60 +		5			22:03	.41

40% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	14"	32	71	15	15:05	.59
30-39	12"	25	79	11	15:56	.53
40-49	9.6"	20	94	9	17:11	.50
50-59		14		9	19:10	.44
60 +		6			20:55	.43

45% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	14.3"	34	68.5	17	14:33	.63
30-39	12.4"	26	75.5	13	15:35	.55
40-49	10"	21	91.7	10	16:46	.51
50-59		16			18:39	.45
60 +		8			20:38	.44

50% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	15.2"	35	64	18	14:15	.65
30-39	12.5"	27	74	14	15:14	.57
40-49	10"	22	86.0	11	16:13	.52
50-59		17		11	18:05	.46
60 +		8		8	20:08	.45

55% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	15.5"	37	62.7	19	13:58	.68
30-39	13"	28	72	14	14:33	.58
40-49	11.1"	23	80.5	11	15:56	.53
50-59		19			17:38	.47
60 +		10			19:29	.46

60% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	15.9"	38	61	21	13:25	.70
30-39	13.2"	29	71	15	14:33	.60
40-49	11.5"	24	79	13	15:17	.54
50-59		20		13	17:19	.48
60 +		11			18:52	.47

<b>65% Female</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	16"	39	61	23	13:01	.72
30-39	14.3"	30	69.9	16	13:58	.62
40-49	11.6"	25	78.7	13	15:03	.55
50-59		21			16:46	.50
60 +		12			18:39	.48

<b>70% Female</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	16.3"	41	60	24	12:51	.74
30-39	14.9"	32	68	18	13:41	.63
40-49	12.3"	27	75.3	14	14:33	.57
50-59		22		14	16:26	.52
60 +		12			18:05	.51

<b>75% Female</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	17"	42	59.7	27	12:07	.77
30-39	15"	33	66.5	19	13:08	.65
40-49	12.7"	28	72	15	13:58	.60
50-59		22			15:47	.53
60 +		15			17:34	.53

<b>80% Female</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	17.7"	44	58.3	28	11:56	.80
30-39	15"	35	66	23	12:53	.70
40-49	13"	29	72	15	13:38	.62
50-59		24		15	15:14	.55
60 +		17			16:46	.54

<b>85% Female</b>	<b>Vertical Jump</b>	<b>One Minute Sit-Ups</b>	<b>300 Meter Run</b>	<b>One Minute Push-Ups</b>	<b>1.5 Mile Run</b>	<b>Bench Press One Rep.</b>
20-29	18"	45	58	33	11:34	.83
30-39	15.5"	38	63.5	26	12:23	.72
40-49	13"	32	68.2	17	13:14	.66
50-59		25			14:33	.57
60 +		20			16:22	.59

90% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	18.1"	49	56	37	10:59	.90
30-39	16"	40	60	33	11:43	.76
40-49	13.3"	34	66	18	12:25	.71
50-59		29		18	13:58	.61
60 +		26			15:32	.64

95% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	18.8"	51	54.3	42	10:20	1.01
30-39	16.9"	42	56.5	39.5	11:08	.82
40-49	13.5"	38	65	20	11:35	.77
50-59		30			13:16	.68
60 +		28			14:28	.72

99% Female	Vertical Jump	One Minute Sit-Ups	300 Meter Run	One Minute Push-Ups	1.5 Mile Run	Bench Press One Rep.
20-29	19"	+51	54	53	9:23	+1.01
30-39	18"	+42	55	48	9:52	+.82
40-49	13.5+	+38	65	23	10:09	+.77
50-59		+30			11:34	+.68
60 +		+28			12:25	+.72

**C. Cardio Respiratory One Mile Walk Fitness Chart**

Fitness Rating	Men Under 40	Men Over 40	Women Under 40	Women Over 40
<b>Excellent</b>	13:00 or less	14:00 or less	13:30 or less	14:30 or less
<b>Good</b>	13:01 — 15:30	14:01 — 16:30	13:31 — 16:00	14:31 — 17:00
<b>Average</b>	15:31 — 18:00	16:31 — 19:00	16:01 — 18:30	17:01 — 19:30
<b>Below Average</b>	18:01 — 19:30	19:01 — 21:30	18:31 — 20:00	19:31 — 22:00
<b>Poor</b>	19:30 or more	21:31 or more	20:01 or more	22:01 or more

VI. Forms

A. Physical Activity Readiness Questionnaire



**Texarkana Police Department  
Physical Activity Readiness Questionnaire**

Regular physical activity is an important component to one's overall physical health and general well-being. The Texarkana Police Department Physical Fitness and Wellness Program is a method and a barometer by which your level of physical fitness can be measured and compared against statistical information gathered from years of research surrounding the field of physical fitness.

Officers of the Department who have volunteered to participate within the Agency's Physical Fitness and Wellness Program must complete this questionnaire before continued participation can be allowed. Because risk factors are associated with physical assertion, officers are strongly encouraged to examine, evaluate and honestly answer the following questions. This form is intended to protect each participating officer from encountering an adverse health problem during their participation within the Physical Fitness and Wellness Program.

Yes	No	
		1. Has your doctor ever told you that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
		5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity level?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your high blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity?

**If you answered YES to one or more of these questions:**  
Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the Physical Activity Readiness Questionnaire and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**If you answered NO to all of these questions:**  
If you honestly answered NO to all of these questions, you can reasonably be sure you can:

- Start becoming much more physically active—begin slowly and build-up gradually. **This is a safe way to go.**
- Take part in a fitness appraisal. This is an excellent method to determine your basic fitness level that will enable you to plan the best way to live actively. It is highly recommended you have your blood pressure evaluated. If your reading is determined to be over 144/94, talk with your doctor before becoming much more active.

**DELAY BECOMING MUCH MORE ACTIVE:**

- If you are not feeling well because of a temporary illness, such as a cold or a fever—wait until you feel better; or
- If you are or may be pregnant, talk to your doctor before you become more active.



**PLEASE NOTE:**  
IF YOUR HEALTH CHANGES SO THAT YOU THEN ANSWER YES TO ANY OF THE ABOVE QUESTIONS, TELL YOUR FITNESS OR HEALTH PROFESSIONAL. ASK WHETHER YOU SHOULD CHANGE YOUR ACTIVITY LEVEL.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my fullest satisfaction."

Name: \_\_\_\_\_  
(Printed)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Fitness Instructor/Coordinator: \_\_\_\_\_  
(Signature)

B. Physical Fitness Consent Form



**Texarkana Police Department**

**Physical Fitness and Wellness Program  
Participation Consent Form**

I, \_\_\_\_\_, as the undersigned person hereby give informed consent to engage in the Texarkana Police Department's Physical Fitness and Wellness Program's fitness appraisal. I hereby waive consent and voluntarily agree to the procedures relative to completing the Texarkana Police Department's Physical Activity Readiness Questionnaire, agree to engage in a fitness appraisal consisting of a battery of six (6) fitness tests and agree to participating in a variety of physical activities. These activities include walking, running, weight lifting, push-ups and sit ups.

The purpose of the Department's Physical Fitness and Wellness Program is to encourage the overall physiological and psychological health of its employees. All fitness appraisals will be supervised and monitored by the Department's Physical Fitness Instructor(s) and/or the Physical Fitness Coordinator. These employees have received specialized training to monitor exercise activity and appropriately respond to any situations that may arise.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illnesses, abnormal heart beats, abnormal blood pressure and in rare instances—heart attacks. If abnormal changes were to occur, the Department's Physical Fitness Instructors and the Physical Fitness Coordinator have received training to recognize the symptoms of these changes and take appropriate action if encountered.

I have read the form and understand there are inherent risks associated with any physical activity and recognize it remains my responsibility to provide accurate and complete health/medical information. Furthermore, I understand it remains my responsibility to monitor my individual physical performance during any activity.

While I am engaged within the Department's Physical Fitness and Wellness Program's fitness appraisal, I understand any injuries or illnesses I sustain may be covered by the Department's workers compensation benefits.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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