

**P.A.R.E.**  
**Physical Abilities Requirement Exercises**  
**Atlantic Police Academy**

The tests described on the back of this form are administered to determine whether you have the basic physical abilities (aerobic/anaerobic fitness, muscular strength and endurance as well as the motor skills) to learn, develop, and apply the skills necessary to undergo Police training. These tests should not be attempted if you have any medical conditions which may be adversely affected by vigorous and strenuous exercise.

Please answer the following questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Has your doctor ever said that you have a heart condition           | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you have unexplained pains in your chest area                    | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you often feel faint or have spells of severe dizziness          | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Have you been told that your blood pressure is too high             | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you have recurrent and/or lasting joint or muscle pain           | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Are there any limitations on your ability to perform strenuous work | yes <input type="checkbox"/> | no <input type="checkbox"/> |

Prior to being accepted as a test candidate for the P.A.R.E. you must undergo a medical exam (using the Medical Form for Atlantic Police Academy Programs). **Note: Please take this P.A.R.E. form and a copy of the completed Medical Form with you to the P.A.R.E. test.**

The tests that you will perform will be demonstrated and explained to you in detail prior to your performance. Further, you will be given ample practice time to acquire sufficient skills to assist you in completing your test. Before signing this statement of acknowledgement, please be certain that your concerns have been addressed. See details on the back of this form.

**Statement of Test Applicant**

I, (Name) \_\_\_\_\_ acknowledge that I have read the information on the back of this form and that I understand what is required to complete the P.A.R.E. Test. Further, it is my understanding that I will be working to my maximal physical abilities while performing these tests which will cause my cardiovascular (heart and blood vessels) and respiratory systems to respond maximally. I have no known medical or physical problems which may place me at risk during or following the performance of these tests.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY TESTER**

Test time \_\_\_\_\_ Heart rate \_\_\_\_\_ Blood pressure (pre-exercise) \_\_\_\_\_

Problem areas: \_\_\_\_\_

Pass \_\_\_\_ Fail \_\_\_\_ Candidate Informed yes \_\_\_\_ no \_\_\_\_

Comments \_\_\_\_\_

Signature of Tester \_\_\_\_\_ Date \_\_\_\_\_

### **STATION 1 – MOBILITY/AGILITY RUN**

This station requires the participant to run a ¼ mile as quickly as possible and during the run he/she must complete a five foot running broad jump, run up and down a set of five stairs, make sharp turns (changes in directions) and jump over low obstacles (18 inches) several times. The usual duration of the run is approximately three minutes. The person should be free of debilitating ambulatory problems/limitations such as recurrent joint problems. Any such problems should be identified and commented on with respect to any limitations and/or liability.

### **Station 2: PUSH/PULL SECTION (physical control)**

Upon finishing the obstacle run, the participant moves immediately to the push/pull station, which consists of a specific push/pull unit. The participant may perform this activity in the order she/he chooses, push first and then pull, or vice versa. Since the push is more difficult to perform, it is recommended to do this activity first.

#### ***Push Activity***

Upon reaching the push/pull unit, the participant grasps the handles and pushes the weight (70 lbs for applicants) off the base of the machine, then moves right or left completing a 180° arc. Six arcs must be completed. If the participant allows the weight to touch the base, the particular arc must be repeated.

#### ***Controlled Falls***

Once the push activity is completed, the weight is lowered with control. The participant then moves away from the unit about 2 feet and performs a controlled fall on the front executing a push-up like movement. The participant then comes to a standing ready position and executes a second fall, this time on the back, shoulder blades on the ground. A sit-up like maneuver is required to come back up to the standing ready position. This sequence, front and back falls, is repeated until the participant has completed 2 front falls and 2 back falls.

#### ***Pull Activity***

Once the sequence of falls is completed, the participant grasps the rope and pulls so the weight plates lift off the base of the machine and then moves right or left. Six arcs are completed without allowing the weight to touch the base. If the weight touches the base, that particular arc must be repeated.

### **STATION 3: WEIGHT CARRY – 80 LBS**

Following station 3, the candidate's heart rate is recorded along with his/her performance time and this break of approximately 60 seconds allows for a degree of physiological recovery. The candidate is then required to pick up a "torso sack" weighting 80 lbs. He/she is given ample time to perform the activity safely and instructions are reinforced to use clinically safe procedures to pick the weight up to pelvic girdle height and carry it a distance of 50 feet while holding it in front of their body using both hands/arms.

**The time limit for successful performance is 4 minutes, 45 seconds.**

For further information on the P.A.R.E. check the following website:

<http://www.rcmp-grc.gc.ca/recruiting-recrutement/rec/pare-tape-eng.htm>