

Health & Fitness Journal of Canada

Copyright © 2025 The Authors. Journal Compilation Copyright © 2025 Health & Fitness Society of BC

Volume 18

March 30, 2025

Number 1

EXPERT OPINION

The PAR-Q+ and ePARmed-X+: Knowledge Mobilization Resources for Clients and Practitioners

Shannon S. D. Bredin^{1,2,*}, Declan R. D. Warburton³, Aedan D. T. Warburton⁴, Veronica K. Jamnik⁵, Norman Gledhill⁵, Darren E. R. Warburton^{1,2}

1 Indigenous Health & Physical Activity Program, University of British Columbia, Vancouver, BC, Canada, V6T 1Z4

2 Physical Activity Promotion and Chronic Disease Prevention Unit, University of British Columbia, Vancouver, BC, Canada, V6T 1Z4

3 Health & Fitness Society of BC, Vancouver, BC, Canada, V6S 2G3

4 St. George's Senior School, 4175 West 29th Avenue, Vancouver, BC, Canada, V6S 1V1

5 School of Kinesiology and Health Science, York University, Toronto, ON, Canada M3J 1P3

*Corresponding Author: shannon.bredin@ubc.ca

Abstract

Bridging the gap between research and practice, this article offers a comprehensive suite of knowledge mobilization tools to support the adoption and implementation of the evidence-based PAR-Q+ and ePARmed-X+ pre-participation screening and risk stratification strategy. We detail user-friendly materials including printable quick-start guides, interactive e-learning modules, and step-by-step instructional videos that illustrate the three-step PAR-Q+ process and the ePARmed-X+ self-clearance strategy. Tailored toolkits for qualified exercise professionals provide implementation checklists, data-management templates, and communication scripts to streamline integration into clinical and community settings. Client-focused resources clarify screening procedures, explain risk categories, and promote self-efficacy in physical activity participation. By equipping both clients and practitioners with targeted, freely accessible resources, this article aims to accelerate knowledge mobilization, enhance screening fidelity, and ultimately support millions in safely engaging in regular physical activity.

Health & Fitness Journal of Canada 2025;18(1):80-88.

<https://doi.org/10.14288/hfjc.v18i1.753>

Keywords: Pre-participation Screening, Physical Activity Clearance, Exercise Professionals, Risk Stratification, Health Promotion

Introduction

Knowledge mobilization serves as a critical mechanism not only to ensure the availability of evidence-based tools, but also to facilitate their reach to relevant audiences and contexts where they can create a meaningful impact (Fournier, 2012; Harris et al., 2012). This principle reinforces the importance of transforming

evidence-based research into practice through systematic outreach and engagement with key end users, enhancing the adoption and use of these tools in various settings (Fournier, 2012).

Effective knowledge mobilization encapsulates the key interplay of evidence generation, strategic dissemination, and community involvement in achieving the

impactful application of evidence-based tools in real-world settings (Ammerman et al., 2014). The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and the electronic Physical Activity Readiness Medical Examination (ePARmed-X+; www.eparmedx.com) were developed with best practices in knowledge mobilization in mind (Bredin, Gledhill, et al., 2013).

This companion article to our summary in this issue (Bredin et al., 2025) presents a curated suite of practical materials including step-by-step guides, instructional videos, and implementation toolkits, designed to help individuals and qualified exercise and healthcare professionals seamlessly adopt the PAR-Q+ and ePARmed-X+ pre-participation screening strategy. By translating research into accessible resources, we aim to empower users worldwide to engage in safe, informed physical activity. To this end, we present a curated suite of knowledge mobilization resources.

Knowledge Mobilization Resources: Practical Demonstrations for Clients and Practitioners

To complement the written guidelines, this paper includes a series of companion videos and Infographics that demonstrate real-world application of both the PAR-Q+ and ePARmed-X+ tools. Designed for clarity and accessibility, these short, step-by-step resources serve two audiences:

1. Clients:

- **Guided Walk-Through:** Viewers are taken through the three-step PAR-Q+ self-clearance process—answering the seven general health questions, completing follow-up

items if needed, and signing the respective Participant Declaration—so they know exactly what to expect and how to self-screen safely.

- **Interactive Tips:** Prompts explain common points of confusion (e.g., defining “chronic condition”) and offer best practices for honest, accurate responses.
- **ePARmed-X+ Orientation:** A separate video shows clients how to navigate the online ePARmed-X+ platform, enter medical details securely, and understand their resulting risk category and exercise recommendations. This video demonstrates how many clients living with chronic medical conditions can self-clear themselves without the need for further medical referral.

2. Practitioners:

- **Implementation Guidance:** Qualified exercise professionals and allied healthcare practitioners learn how to integrate the PAR-Q+ and ePARmed-X+ into their workflows—setting up digital kiosks, managing participant information, and interpreting risk stratification outputs.
- **Communication Strategies:** The videos model client-practitioner conversations, illustrating how to discuss screening results, tailor exercise prescriptions, and address privacy concerns in compliance with national and international regulations.
- **Case Studies:** Short vignettes showcase diverse scenarios—from an asymptomatic adult cleared in Step One to a higher-risk individual

guided through ePARmed-X+—highlighting decision points and recommended follow-up actions.

By pairing concise written instructions with these engaging visual demonstrations, the companion videos ensure both clients and practitioners can confidently apply the PAR-Q+ and ePARmed-X+ tools, ultimately promoting safer, more inclusive physical activity participation.

Discussion

Knowledge mobilization is essential not only for the development of evidence-based resources, but also for ensuring their effective dissemination to key end users and settings (Fournier, 2012; Harris et al., 2012).

Fournier (2012) emphasizes that knowledge mobilization involves actively preparing for the implementation of research findings from the outset. This systematic approach to mobilizing knowledge incorporates methods of knowledge transfer, translation, and exchange, thus encouraging collaborative knowledge co-creation. This involvement is crucial as it maximizes the effective utilization of research outputs (Fournier, 2012). Similarly, Zhao et al. (2018) discuss strategies for evidence-based tool dissemination, highlighting the importance of building alliances with local communities and incorporating feedback mechanisms, which are essential for ensuring that tools effectively reach their intended users (Zhao et al., 2018).

The interrelationship between dissemination and implementation processes is also critical. Baumann et al. (2022) assert that these processes mutually reinforce each other. Their findings indicate that successful

implementation of evidence-based interventions often relies on their parallel dissemination to clinical and community settings, thereby promoting improved client outcomes (Baumann et al., 2022).

Additionally, Harris and coworkers (2011) argue that frameworks for disseminating evidence-based health practices can significantly enhance their visibility and uptake, illustrating how collaborative frameworks are instrumental in bridging gaps between research and practice (Harris et al., 2012). These authors demonstrate how two key factors play a role in effective mobilization including a close relationship between researchers and a knowledge translation organization that takes ownership for the dissemination process and the usage of social marketing strategies to work closely with other potential end user organizations (Harris et al., 2012).

The role of community engagement in refining the relevance and applicability of evidence-based tools cannot be overstated. For instance, Ammerman et al. (2014) advocate for practice-based evidence approaches that engage both researchers and practitioners in developing and implementing solutions to address public health challenges, ensuring that the tools developed are both evidence-based and responsive to community aspirations (Ammerman et al., 2014).

Similarly, Powell and colleagues (2015) provide insights into effective implementation by refining strategies to better match specific evidence-based practices to the unique contexts they are meant for (Powell et al., 2015). This tailoring process increases the likelihood that these interventions will be effectively adopted by intended users, thus ensuring

that the knowledge mobilized is not only present but also actionable.

Recently, Diany and colleagues (2025) created an article entitled “Ten simple rules for getting started with knowledge mobilization.” In this article, the authors discuss what they feel are critical components of effective knowledge mobilization approaches. The authors emphasized how successful knowledge mobilization goes well beyond traditional academic metrics, such as peer-reviewed journal publications and conferences presentations. Similar to the discussion from others above, the authors highlight how effectively translating academic knowledge into accessible, personalized formats is essential for making complex concepts understandable and meaningful to broader audiences (Diany et al., 2025). The authors provide a series of recommendations, such as highlighting the importance of planning knowledge translation activities, the identification and inclusion of key end users from the outset of the project, the collaboration with intermediary organizations that support the connection of researchers with policy and practice, using multiple channels for dissemination, understanding the end-users’ context and their specific knowledge aspirations, and measuring the impact of knowledge mobilization activities.

Granting agencies internationally are increasingly requiring grant holders to have a clear commitment to disseminate the research findings to the larger community, beyond the traditional confines of academic publications (Wilson et al., 2010). The PAR-Q+ Collaboration was created to ensure that the new PAR-Q+ and ePARmed-X+ would extend beyond simple peer-reviewed publications. To date, the publications

emanating from the new PAR-Q+ and ePARmed-X+ have been well received and well-cited including more than 2,800 citations (Table 1). Collectively, these works have far exceeded our original expectations in academic impact. However, the greatest influence is through the reach and uptake of the PAR-Q+. This includes the adoption of the risk stratification process across global health and fitness sectors, the translation into multiple languages to serve diverse populations, the usage by millions of participants, and integration into academic textbooks, educational curricula, and digital health platforms. The tools are now embedded within clinical, community, and recreational settings, supporting practitioners and participants alike in safely engaging in physical activity. This widespread uptake highlights the real-world significance and sustained utility of the PAR-Q+ and ePARmed-X+ as globally endorsed screening instruments. The menu of resources that we have included in this series have been created with the recommendations of leading knowledge mobilization experts in mind. Ultimately, the goal is to support and improve the global uptake and usage of the PAR-Q+ and ePARmed-X+. One key objective of this work is to emphasize that this risk-stratification tool is meant for self-clearance, preventing its misuse and empowering most individuals to safely self-screen and increase their physical activity without the requirement for further medical referral.

Knowledge Transfer: Pre-Participation Screening and Risk Stratification

Table 1: Citation counts for key articles related to the PAR-Q+ and ePARmed-X+ (Google Scholar).	
Title (Reference)	Citation Count
Enhancing the effectiveness of the PAR-Q and PARmed-X screening for physical activity participation (Warburton et al., 2010)	20
Enhancing the effectiveness of clearance for physical activity participation: background and overall process (Jamnik et al., 2011)	114
Validation of the PAR-Q+ and ePARmed-X+ (D. E. R. Warburton, S. S. D. Bredin, et al., 2011)	120
Executive summary: the 2011 PAR-Q+ and the ePARmed-X+ (D. E. R. Warburton, V. K. Jamnik, S. S. D. Bredin, J. Burr, et al., 2011)	47
The physical activity readiness questionnaire for everyone (PAR-Q+) and electronic physical activity readiness medical examination (ePARmed-X+) (D. E. R. Warburton, V. K. Jamnik, S. S. D. Bredin, & N. Gledhill, 2011)	491
Evidence-based risk assessment and recommendations for physical activity clearance: pregnancy	58
Evidence-based risk assessment and recommendations for physical activity clearance: arthritis, low back pain & osteoporosis (Chilibeck et al., 2011)	62
Evidence-based risk assessment and recommendations for physical activity clearance: respiratory disease (Eves & Davidson, 2011)	53
Evidence-based risk assessment and recommendations for exercise testing and physical activity clearance in apparently healthy individuals (Goodman et al., 2011)	99
Evidence-based risk assessment and recommendations for physical activity clearance: cancer (Jones, 2011)	64
Evidence-based risk assessment and recommendations for physical activity clearance: cognitive and psychological conditions (Rhodes et al., 2011)	34
Evidence-based risk assessment and recommendations for physical activity clearance: metabolic disorders and related co-morbidities (Riddell & Burr, 2011)	94
Evidence-based risk assessment and recommendations for physical activity clearance: established cardiovascular disease (Thomas et al., 2011)	63
Evidence-based risk recommendations for best practices in the training of qualified exercise professionals working with clinical populations (D. E. Warburton et al., 2011)	66
Evidence-based risk assessment and recommendations for physical activity clearance: stroke and spinal cord injury (Zehr, 2011)	57
Evidence-based risk assessment and recommendations for physical activity clearance: Consensus Document 2011 (D. E. R. Warburton, N. Gledhill, et al., 2011)	224
Evidence-based risk assessment and recommendations for physical activity clearance: an introduction (D. E. R. Warburton, V. K. Jamnik, S. S. D. Bredin, D. C. McKenzie, et al., 2011)	98
Physical activity after stroke and spinal cord injury: evidence-based recommendations (J. F. Burr, R. J. Shephard, & E. P. Zehr, 2012)	24
Physical activity for cancer patients: clinical risk assessment and exercise prescription (J. F. Burr, R. J. Shephard, & L. W. Jones, 2012)	21
Physical activity in chronic respiratory conditions: assessing risks for clearance and prescription (J. F. Burr, W. Davidson, et al., 2012)	28
Physical activity in type 1 diabetes mellitus: assessing risks for clearance and prescription (J. F. Burr, R. J. Shephard, & M. C. Riddell, 2012)	47
Arthritis, osteoporosis, and low back pain: evidence-based clinical risk assessment (J. Burr et al., 2012)	27
PAR-Q+ and ePARmed-X+: new risk stratification and physical activity clearance strategy (Bredin, Gledhill, et al., 2013)	344

Table 1 Continued.	
Title (Reference)	Citation Count
Risk assessment for physical activity and exercise clearance: in pregnant women without contraindications (Bredin, Foulds, et al., 2013)	20
Cardiovascular risks of physical activity in apparently healthy individuals: risk evaluation for exercise clearance and prescription (Goodman et al., 2013)	10
The ePARmed-X+ Physician Clearance Follow-up (D. E. R. Warburton et al., 2014)	19
The 2014 PAR-Q+ and ePARmed-X+ (D.E.R. Warburton et al., 2014)	220
Consensus on evidence-based preparticipation screening and risk stratification (Gledhill et al., 2016)	39
The 2019 Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and electronic Physical Activity Readiness Medical Examination (ePARmed-X+) (Warburton et al., 2018)	129
Cross-cultural translation, adaptation, and reliability of the Spanish version of the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) (Schwartz et al., 2019)	12
The 2020 Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and electronic Physical Activity Readiness Medical Examination (ePARmed-X+) (Warburton et al., 2019)	98
The 2021 physical activity readiness questionnaire for everyone (PAR-Q+) and electronic physical activity readiness medical examination (ePARmed-X+) (Warburton et al., 2021)	51
Translation, cultural adaptation, and reproducibility of the physical activity readiness questionnaire for everyone (PAR-Q+): the Brazilian Portuguese version (Schwartz et al., 2021)	39

Conclusion

In summary, the literature strongly supports the belief that effective knowledge mobilization is critical to ensuring that evidence-based tools reach the right audiences and settings, thereby maximizing their potential impact. The interconnected roles of dissemination, community engagement, and implementation strategies are crucial in this process. The resources within this article are designed with best practices in knowledge mobilization in mind. This article presents a suite of freely accessible knowledge mobilization tools, including quick-start guides, e-learning modules, and toolkits, to support the effective implementation of the PAR-Q+ and ePARmed-X+ screening strategy across clinical and community settings, enhancing safety and participation in physical activity.

Acknowledgements

We would like to acknowledge the recent passing of our friend and mentor, Dr. Norman Gledhill. Our thoughts are with Dawn, sons Scott (Sara) and Ryan (Leighellen), grandsons Reid, Cole, and Jaiman, his brother Victor and all close to Dr. Gledhill.

Authors' Qualifications

The authors' qualifications are as follows: Shannon S. D. Bredin MSc, PhD, HFFC CEP; Declan R. D. Warburton (Junior Hockey Player and Student Volunteer); Aedan D. T. Warburton (Student Volunteer Grade 11); Veronica K. Jamnik MSc, PhD, HFFC CEP; Norman Gledhill MSc, PhD, HFFC CEP; Darren E. R. Warburton MSc, PhD, HFFC CEP.

References

Ammerman, A., Smith, T. W., & Calancie, L. (2014). Practice-based evidence in public health: Improving reach, relevance, and

- p>results.
- Annual Review of Public Health*
- , 35, 47–63.
- <https://doi.org/10.1146/annurev-publhealth-032013-182458>
- Baumann, A. A., Hooley, C., Kryzer, E., Morshed, A. B., Gutner, C. A., Malone, S., Walsh-Bailey, C., Pilar, M., Sandler, B., Tabak, R. G., & Mazzucca, S. (2022). A scoping review of frameworks in empirical studies and a review of dissemination frameworks. *Implementation Science*, 17(1), 53. <https://doi.org/10.1186/s13012-022-01225-4>
- Bredin, S. S., Foulds, H. J., Burr, J. F., & Charlesworth, S. A. (2013). Risk assessment for physical activity and exercise clearance in pregnant women without contraindications. *Canadian Family Physician*, 59(5), 515–517. <https://www.cfp.ca/content/59/5/515>
- Bredin, S. S., Gledhill, N., Jamnik, V. K., & Warburton, D. E. (2013). PAR-Q+ and ePARmed-X+: New risk stratification and physical activity clearance strategy for physicians and patients alike. *Canadian Family Physician*, 59(3), 273–277. <https://www.cfp.ca/content/59/3/273>
- Bredin, S. S. D., Jamnik, R., Gledhill, N., & Warburton, D. E. R. (2025). The PAR-Q+ and ePARmed-X+: As easy as 1, 2, 3. *Health & Fitness Journal of Canada*, 18(1), 75–79. <https://doi.org/10.14288/hfjc.v18i1.863>
- Burr, J., Shephard, R., Cornish, S., Vatanparast, H., & Chilibeck, P. (2012). Arthritis, osteoporosis, and low back pain: Evidence-based clinical risk assessment for physical activity and exercise clearance. *Canadian Family Physician*, 58(1), 59–62. <https://www.cfp.ca/content/58/1/59>
- Burr, J. F., Davidson, W., Shephard, R. J., & Eves, N. (2012). Physical activity in chronic respiratory conditions: Assessing risks for physical activity clearance and prescription. *Canadian Family Physician*, 58(7), 761–764. <https://www.cfp.ca/content/58/7/761>
- Burr, J. F., Shephard, R. J., & Jones, L. W. (2012). Physical activity for cancer patients: Clinical risk assessment for exercise clearance and prescription. *Canadian Family Physician*, 58(9), 970–973. <https://www.cfp.ca/content/58/9/970>
- Burr, J. F., Shephard, R. J., & Riddell, M. C. (2012). Physical activity in type 1 diabetes mellitus: Assessing risks for physical activity clearance and prescription. *Canadian Family Physician*, 58(5), 533–535. <https://www.cfp.ca/content/58/5/533>
- Burr, J. F., Shephard, R. J., & Zehr, E. P. (2012). Physical activity after stroke and spinal cord injury: Evidence-based recommendations on clearance for physical activity and exercise. *Canadian Family Physician*, 58(11), 1236–1239. <https://www.cfp.ca/content/58/11/1236>
- Chilibeck, P., Vatanparast, H., Cornish, S. M., & Charlesworth, S. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: arthritis, low back pain & osteoporosis. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S49–S79.
- Diany, R., Fitzgibbon-Collins, L. K., & Gagliano Talion, S. A. (2025, Apr). Ten simple rules for getting started with knowledge mobilization. *PLoS Computational Biology*, 21(4), e1012888. <https://doi.org/10.1371/journal.pcbi.1012888>
- Eves, N. D., & Davidson, W. J. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: respiratory disease. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S80–S100.
- Fournier, M. F. (2012, Apr 3). Knowledge mobilization in the context of health technology assessment: An exploratory case study. *Health Research Policy and Systems*, 10, 10. <https://doi.org/10.1186/1478-4505-10-10>
- Gledhill, N., Shephard, R. J., Jamnik, R., Bredin, S. S. D., & Warburton, D. E. R. (2016). Consensus on evidence-based preparticipation screening and risk stratification. *Annual Review of Gerontology and Geriatrics*, 36(1), 53–102. <https://doi.org/10.1891/0198-8794.36.53>

- Goodman, J., Thomas, S., & Burr, J. F. (2013). Cardiovascular risks of physical activity in apparently healthy individuals: Risk evaluation for exercise clearance and prescription. *Canadian Family Physician*, 59(1), 46–49, e46–e10. <https://www.cfp.ca/content/59/1/46>
- Goodman, J. M., Thomas, S. G., & Burr, J. (2011). Evidence-based risk assessment and recommendations for exercise testing and physical activity clearance in apparently healthy individuals. *Applied Physiology, Nutrition and Metabolism*, 36(Suppl 1), S14–32. <https://doi.org/10.1139/h11-048>
- Harris, J. R., Cheadle, A., Hannon, P. A., Forehand, M., Lichiello, P., Mahoney, E., Snyder, S., & Yarrow, J. (2012). A framework for disseminating evidence-based health promotion practices. *Preventing Chronic Disease*, 9, E22. <https://doi.org/10.5888/pcd9.110081>
- Jamnik, V. J., Warburton, D. E. R., Makarski, J., McKenzie, D. C., Shephard, R. J., Stone, J., & Gledhill, N. (2011). Enhancing the effectiveness of clearance for physical activity participation: background and overall process. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S3–S13.
- Jones, L. W. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: Cancer. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S101–S112. <https://doi.org/10.1139/h11-043>
- Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, 10, 21. <https://doi.org/10.1186/s13012-015-0209-1>
- Rhodes, R. E., Temple, V. A., & Tuokko, H. A. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: Cognitive and psychological conditions. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S113–S153. <https://doi.org/doi:10.1139/H11-041>
- Riddell, M. C., & Burr, J. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: metabolic disorders and related co-morbidities. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S154–S189.
- Schwartz, J., Mas-Alòs, S., Yuri Takito, M., Martinez, J., Álvarez Cueto, M. E., Rubio Mibelli, M. S., Nagtegaal, J., Lubert, J., Rodrigues Bezerra, D., Bredin, S. S. D., & Warburton, D. E. R. (2019). Cross-cultural translation, adaptation, and reliability of the Spanish version of the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+). *Health & Fitness Journal of Canada*, 12(4), 3–14. <https://doi.org/10.14288/hfjc.v12i4.291>
- Schwartz, J., Oh, P., Takito, M. Y., Saunders, B., Dolan, E., Franchini, E., Rhodes, R. E., Bredin, S. S. D., Coelho, J. P., Dos Santos, P., Mazzuco, M., & Warburton, D. E. R. (2021). Translation, cultural adaptation, and reproducibility of the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+): The Brazilian Portuguese version. *Frontiers in Cardiovascular Medicine*, 8, 712696. <https://doi.org/10.3389/fcvm.2021.712696>
- Thomas, S. G., Goodman, J. M., & Burr, J. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: established cardiovascular disease. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S190–S213.
- Warburton, D. E. R., Bredin, S. S. D., Charlesworth, S. A., Foulds, H. J. A., McKenzie, D. C., & Shephard, R. J. (2011). Evidence-based risk recommendations for best practices in the training of qualified exercise professionals working with clinical populations. *Applied Physiology, Nutrition and Metabolism*, 36(Suppl 1), S232–S265. <https://doi.org/10.1139/h11-054>
- Warburton, D. E. R., Bredin, S. S. D., Jamnik, V., & Gledhill, N. (2011). Validation of the PAR-Q+ and ePARmed-X+. *Health & Fitness Journal of Canada*, 4(2), 38–46. <https://doi.org/10.14288/hfjc.v4i2.151>
- Warburton, D. E. R., Gledhill, N., Jamnik, V. K., Bredin, S. S. D., McKenzie, D. C., Stone, J., Charlesworth, S., & Shephard, R. J. (2011). Evidence-based risk assessment and recommendations for physical activity

- clearance: Consensus Document 2011. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S266-S298.
- Warburton, D. E. R., Jamnik, V., Bredin, S. S. D., & Gledhill, N. (2014). The 2014 PAR-Q+ and ePARmed-X+. *Health & Fitness Journal of Canada*, 7(1), 80-83. <https://doi.org/10.14288/hfjc.v7i1.171>
- Warburton, D. E. R., Jamnik, V., Bredin, S. S. D., & Gledhill, N. (2014). The ePARmed-X+ Physician Clearance Follow-up. *Health & Fitness Journal of Canada*, 7(3), 35-38. <https://doi.org/10.14288/hfjc.v7i2.183>
- Warburton, D. E. R., Jamnik, V., Bredin, S. S. D., Shephard, R. J., & Gledhill, N. (2018). The 2019 Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada*, 11(4), 80-83. <https://doi.org/10.14288/hfjc.v11i4.270>
- Warburton, D. E. R., Jamnik, V., Bredin, S. S. D., Shephard, R. J., & Gledhill, N. (2019). The 2020 Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 12(4), 58-61. <https://doi.org/10.14288/hfjc.v12i4.295>
- Warburton, D. E. R., Jamnik, V., Bredin, S. S. D., Shephard, R. J., & Gledhill, N. (2021). The 2021 Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 14(1), 83-87. <https://doi.org/10.14288/hfjc.v14i1.351>
- Warburton, D. E. R., Jamnik, V. K., Bredin, S. S. D., Burr, J., Charlesworth, S., Chilibeck, P., Eves, N., Foulds, H., Goodman, J., Jones, L., McKenzie, D. C., Rhodes, R., Riddell, M., Shephard, R. J., Stone, J., Thomas, S., Zehr, P., & Gledhill, N. (2011). Executive summary: the 2011 Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and the Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada*, 4(2), 24-25. <https://doi.org/10.14288/hfjc.v4i2.104>
- Warburton, D. E. R., Jamnik, V. K., Bredin, S. S. D., & Gledhill, N. (2010). Enhancing the effectiveness of the PAR-Q and PARmed-X screening for physical activity participation. *Journal of Physical Activity and Health*, 7(Suppl 3), S338-S340.
- Warburton, D. E. R., Jamnik, V. K., Bredin, S. S. D., & Gledhill, N. (2011). The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada*, 4(2), 3-23. <https://doi.org/10.14288/hfjc.v4i2.103>
- Warburton, D. E. R., Jamnik, V. K., Bredin, S. S. D., McKenzie, D. C., Stone, J., Shephard, R. J., & Gledhill, N. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: an introduction. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S1-S2.
- Wilson, P. M., Petticrew, M., Calnan, M. W., & Nazareth, I. (2010). Does dissemination extend beyond publication: a survey of a cross section of public funded research in the UK. *Implementation Science*, 5, Article 61. <https://doi.org/10.1186/1748-5908-5-61>
- Zehr, P. (2011). Evidence-based risk assessment and recommendations for physical activity clearance: stroke and spinal cord injury. *Applied Physiology, Nutrition and Metabolism*, 36(S1), S214-S231.
- Zhao, J., Mir, N., Ackermann, N., Kaphingst, K. A., & Politi, M. C. (2018). Dissemination of a web-based tool for supporting health insurance plan decisions (Show Me Health Plans): Cross-sectional observational study. *Journal of Medical Internet Research*, 20(6), e209. <https://doi.org/10.2196/jmir.9829>