

## SEES-A initial consult checklist (Part 1)

This checklist is only recommended for use with the full SEES guideline available at [www.safeexerciseateverystage.com](http://www.safeexerciseateverystage.com). This checklist is not intended to replace clinical judgment and should only be used within a clinician's scope of practice.

Date:	
Client Name:	

	Anorexia Nervosa (AN)
	Bulimia Nervosa (BN)
	Binge Eating Disorder (BED)
	Avoidant/Restrictive Food Intake Disorder (ARFID)
	Other Specified Feeding or Eating Disorders (OSFED)

### PART 1

#### 1. Exercise risk assessment:

The colour corresponds to the level of risk associated with exercise engagement as per the [free SEES risk assessment, pp.28](#). Where **red** = highest risk associated with exercise (SEES Level A) and **green** = lowest risk (SEES Level D). **Grey** = overarching criteria.

#### Cardiac markers

\*meets hospitalisation criteria as per the RANZCP guideline

Heart rate <44bpm* or >120bpm*	Postural tachycardia >20bpm*
Orthostatic hypotension >20mmHg systole *	Systolic blood pressure <90mmHg*
Prolonged QT/c interval >450s*	Arrhythmias*
Valve ventricular disproportion	

#### Biochemical markers:

Hypokalemia (low potassium) <3.0mmol/L*	Hypophosphatemia (low phosphate) <0.8mmol/L*
Hypomagnesemia (low magnesium) <0.7mmol/L*	Hypercarbia (low bicarbonate) >32mmol/L*
Hyponatremia (low sodium) <130mmol/L*	Hypoglycaemia (low blood glucose) <4mmol/L*

Temperature <35**	EDAS score >2 for more than 2 subscales
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Positive weight gain trajectory in line with treatment goals	Weight stabilisation/mobilisation in line with treatment goals
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#### Recommended to assess BMD if:

(i) underweight for > 6mths	(ii) amenorrhea for > 6mths
(iii) low testosterone in males	(iv) history of stress or fragility fracture

Weight stabilisation or gain if still required	Level A markers related to ED are completely normalised as per medical recommendation
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Managing ED behaviours (e.g. self-induced vomiting, restriction/bingeing, fear fat, & laxative use)	Normalised sex hormones without exogenous replacement (return to menses & normalized oestrogen for females; testosterone for males)
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Weight progression >90% of IBW (assess individual weight history & family history)	
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Adhering to treatment	Increasing nutritional consumption	Exhibiting improvements in health status (i.e. no symptom regression)
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### 2. Dysfunctional exercise signs

Exercise routine is rigid, habitual, and inflexible
Maintains rigid exercise regime despite illness, injury, fatigue, or other barrier
Exercise disrupts social or occupational obligations
Keeps the extent of exercise secret or hidden from others
Resting from exercise leads to excessive anxiety, irritability, guilt and/or distress
Exercise is "out of control," whereby individual exercises more than initially intended and/or is unable to cut down frequency/intensity of exercise
Needing to continue increasing the duration/intensity/frequency of exercise to achieve same mood improvements/anxiety reduction/other benefit
Exercising to provide permission to eat or to compensate ("get rid of" or "burn off" calories)

### 3. Symptom checklist (circle):

Low body weight	Cyanosis (bluish skin colour),	Cold/clammy skin	Mood concerns	Other:
Vomiting	Central nervous system dysfunction (e.g. ataxia)	Wheezing	Fatigue	
Ongoing, unstable or moderate to severe chest pain	Intoxication from drugs or alcohol	Leg cramps or known claudication causing the cramps	Difficulty concentrating	
Palpitations	Shortness of breath	Osteoporosis/osteopenia	Sleep issues	
Syncope (fainting), near-syncope (near-fainting)	Light-headedness	Peripheral oedema (fluid retention in the limbs)	Gastrointestinal issues	
Dizziness in general or upon standing	Confusion	Other electrolyte disturbances not yet mentioned	Frequent injuries	
Pallor (paleness)	Nausea	Amenorrhea/oligomenorrhea	Muscle pain/weakness	

### 4. Current exercise engagement:

Frequency (per day or week)	
Intensity (0-100% or METs)	
Time/Duration per session	
Type/Mode	

5. Current food and fluid intake:	
Breakfast	
Morning	
Lunch	
Afternoon	
Dinner	
After-dinner	
Before/after exercise	
Other	

6. Exercise treatment plan:	
SEES Level	A B C D
New exercise prescription based on SEES recommendation table corresponding to risk level	Frequency: Intensity: Time: Type: Supervision required: Y / N Session frequency: Weekly Fortnightly Monthly Other:
Nutrition prescription:	

7. Education plan as per SEES guideline			
	Identify unhealthy exercise beliefs		Nutrition rehabilitation and education beliefs
	Ambulation & daily living tasks		Introduction to the FITT principle
	Breathing and relaxation strategies		Develop a healthy long-term relationship with movement
	Physiological education		Identify long term sporting goals
	Identify unhealthy exercise beliefs		Other suggestions in the <i>Facilitating the implementation of SEES-A</i>
	Assess exercise habits and thoughts prior to treatment		
	Increase awareness of function of movement in ED		

8. Psychological exercise formulation:

9. Additional notes and plans:

## SEES-A initial consult checklist (Part 2)

Sport	
Sport Type	
Sport Level (Collegiate, National, International)	
Competition Season (Preparatory, Competitive, Transition)	

### PART 2

#### 1. Sport Risk Assessment

The colour corresponds to the level of risk associated with returning to sport per SEES-A. Where light blue = highest risk associated with return to sport (SEES-A Stage 1) and navy = lowest risk (SEES-A Stage 4). Grey = overarching criteria.

#### Physical Markers

Adequate nutrition for load	>6menses in last 12 months for females
No presence of over training syndrome	Resolution of stress fracture, no new stress fractures
No ECG abnormalities	No recurrent respiratory tract infections

#### Psychological Markers:

Regular rest days	Maintenance or improvement in EDAS score
Abstinence of purging & fasting	Maintenance of weight above 95%
Adherence to individualised training plan without deviation	Engaging in valued action outside of sport

#### Training Related:

Adapted to training change	Process-oriented decision
Range of activity types	Tolerate unexpected training or nutrition change

#### Performance Testing:

No adverse physical outcomes	No adverse psychological outcomes
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#### Competition:

Competition without symptom regression	Compliance with pre-post competition meal, hydration, training
Maintenance of fitness testing	

Adhering to treatment	Increasing nutritional consumption	Exhibiting improvements in health status (i.e. no symptom regression)
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#### 2. Team Staff

Coach	
Medical Sport Personnel	

#### 3. Sporting Body Requirements

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#### 4. Sporting Considerations

Heightened Risk of Relapse: Potential need for greater time in each stage	Public competition	External sport motivation (Financial, education, public image)
	Public weigh in	Extreme training demands
	Normalization of injury	Weight-shape related DE motivations (i.e. not seasonal/performance)
	Drive for perfection	Need for weight changes in sport
Consider the Risk for Relapse Factors indicated for risk consideration	Aesthetic sport	High performance pressure
	Individual sport	
	Endurance sport	
	Position on team	
Facilitators of Progression: Sport factors supporting treatment goal	Self-weighing behaviours	
	Sport level	
	Recurrent upper respiratory tract infections	
	Supportive coach	
Facilitators of Progression: Sport factors supporting treatment goal	Supportive team environment	
	Sport entourage and health team collaboration	
	Written contract	
	Positive athletic identity	
	Coping skills	

#### 5. Exercise Training Plan

SEES -A Stage	1	2	3	4
Practice Training				
Individual Training - Frequency (per day/week) - Intensity (0-100% or METs) - Time/Duration per session - Type/Mode	Training Type:  Frequency:  Intensity:  Time:  Type:  Supervision required: Y / N Session frequency: Weekly Fortnightly Monthly Other:			
Upcoming competition				

#### 6. Training/nutrition/hydration/supplementation Needs

Individual training:	
Team training:	
Competition:	

#### 7. Return to Sport Specific Education

Identify and address dysfunctional sporting beliefs	Long and short-term sport goals, wellbeing, relationship
Address concerns about performance and competition demands	Practise body connection & awareness of cues
Address environmental concerns about return to sport	Identify long term sporting goals
Nutrition and training log	Relapse prevention
Develop sense of self & identity outside of sport	Exposure tasks for competition