



Oregon Wrestling Weight Monitoring Program AIR DISPLACEMENT PLETHYSMOGRAPHY PROPOSAL (Step 1) – Complete and Return to the OSAA

A wrestler may choose to use air displacement plethysmography (ADP) utilizing the Bod Pod® Body Composition System to determine body fat percentage. Results obtained at this step are automatically accepted; the athlete, family, school or coach may not appeal further.

Student to be tested _____ Grade _____

School _____

Proposed ADP Company _____

We understand that the results of the ADP analysis will replace all previous bioelectrical impedance assessments, cannot be appealed, cannot be modified by the Physicians Clearance form, or any other action, and will remain the reference for this student during the school year.

Parents Signature _____ Date _____

Coaches Signature _____ Date _____

AD Signature _____ Date _____

Submit this completed form to the OSAA, 25200 SE Parkway Ave, Suite 1, Wilsonville, OR 97060, (scan and send to krisw@osaa.org) prior to the ADP analysis. The analysis can take place once this form has been signed by the OSAA and returned to the school. The ADP analysis form shall be completed by the technician who will forward it to the OSAA.

OSAA Approval is required before ADP analysis may be conducted.

Approval is granted to conduct the ADP analysis as proposed provided the wrestler has not wrestled a varsity match.

Approval is denied - ADP Company not approved Technician Unacceptable

OSAA Signature _____ Date _____

Wrestler shall not compete until OSAA approval of ADP analysis is received by the school.

**AIR DISPLACEMENT PLETHYSMOGRAPHY REPORT FORM
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- Subject shall be hydrated (specific gravity less than 1.025) at time of analysis.
- Subject shall not eat for at least four hours prior to analysis.
- Subject shall not exercise strenuously during the four-hour period prior to analysis.
- Subject shall avoid eating gas-producing foods (i.e. beans and diet sodas) 12 hours prior to analysis.
- **Subject must bring appropriate clothing: Form fitting Speedo type swimsuit or short tights. A swim cap will be provided.**
- Subject shall remove all jewelry.

Wrestler shall not compete until OSAA approval of ADP results are received.

Please type or print in ink – ADP analysis is invalid without an approved ADP Proposal.

Name _____ Grade _____ Date _____

School _____

Weight at initial assessment (lbs): _____ **Date:** _____

Height (in): _____ **Age (yrs):** _____

Body Weight at ADP Assessment: _____

Note: Weight loss restriction after initial assessment:

- Days 1 to 7 - no weight loss allowed
- Days 8 to 14 - 1.5% of weight at initial assessment

Specific Gravity Test: Pass Fail

(Must be less than 1.025g/ml)

The Bod Pod has been calibrated and Quality Control is within normal operating specifications.

Body Fat Percent: _____ % **Lean Mass (lbs):** _____ **Fat Mass (lbs):** _____

Evaluator _____ Phone _____ Date _____

Address _____ Company _____

Location of Analysis _____

Signature of Evaluator

Date of Analysis

Scan completed form to: OSAA, Kris Welch, Assistant Executive Director, krisw@osaa.org