



## HYDROSTATIC/DXA/BODPOD WEIGHING DIRECTIONS

1. Do not schedule a test if the wrestler has a lung or pulmonary disorder, including the common cold or influenza.
2. The 1.5% weight loss limitation (see individual's weight loss plan) shall be observed when conducting hydrostatic/DXA/BodPod weighing.
3. Wrestlers are to avoid vigorous activity for 8-12 hours prior to testing.
4. Avoid caffeine and other non-essential stimulants (pop, candy, chocolate) for 8-12 hours prior to testing.
5. Do not eat within the six hours before the test. Drink plenty of water to ensure that you are well hydrated.
6. Wear lightweight swim attire during the test to reduce the potential of trapping air within the suit. Females should wear two-piece swimsuits or competition nylon swimsuits. Swim caps trap air, so are inappropriate. Long hair should be cleansed of oil and tied back with a non-metallic hair tie.
7. Subjects should report for the test free of all jewelry; including earrings, bracelets, rings and other items.
8. Try to avoid gaseous foods for two days prior to testing.
9. All athletes should urinate and expel any gas or feces from the bowels prior to testing.
10. Practice expelling your air and holding it for as long as you can. This will make your testing experience more familiar.
11. Bring the signed/approved Hydrostatic/DXA/BodPod Weighing Proposal form to the weighing site.
12. \*\*No later than Jan. 15<sup>th</sup> -- the one exception being for a wrestler who receives an alpha measurement for the first time after Jan. 15<sup>th</sup>; this athlete has 21 days or the alpha deadline, whichever is first, for hydrostatic appeal.
13. \*\*Forty-eight hour waiting period for all FAILED hydration tests.



# HYDROSTATIC/DXA/BODPOD WEIGHING PROPOSAL

Hydro-Step 1

**STEP 1:** As the FINAL step of the Michigan Weight Monitoring Program, a wrestler may choose to be hydrostatically/DXA/BodPod weighed to determine body fat percentage. Results obtained at this step are FINAL and may not be appealed further.

A. Student to be weighed: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Date of Most Recently Approved Skinfold: \_\_\_\_\_  
 Athletic Director: \_\_\_\_\_ Email: \_\_\_\_\_  
 Coach: \_\_\_\_\_ Email: \_\_\_\_\_

MOST RECENT SKIN FOLD DATA (REQUIRED)				
TRICEPS	SUBSCAPULA	ABDOMEN	BF%	MWW
1.	1.	1.		
2.	2.	2.		
3.	3.	3.		

B. Facility: (Circle One): **ALMA** **AM TOTAL** **CMU** **GOLD** **GPXRAY** **GVSU** **HOPE** **KEORL**

Technician conducting the weighing: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

- B1. Hydrostatic/DXA/BodPod weighing must occur by Jan. 15th at the facility indicated.
- B2. The wrestler will take the signed and approved Hydrostatic/DXA/BodPod Weighing Proposal to the Technician.
- B3. The wrestler will take to the technician the most recent copy of the Alpha Master which lists his/her name.
- B4. Results will be available within 72 hours after Hydrostatic/DXA/BodPod Weighing.

- C. The wrestler shall fast six hours prior to the hydrostatic/DXA/BodPod weighing. DRINK ONLY WATER (at least 3-6 cups within six hours). The wrestler shall be sufficiently hydrated (pale yellow urine). **Hydration will be measured by technician immediately prior to hydrostatic/DXA/BodPod weighing.** Wrestler shall be hydrated (specific gravity less than 1.025) at time of test. If not, the wrestler must wait at least 48 hours before being retested for specific gravity and hydrostatic/DXA/BodPod weighing.
- D. The 1.5% weight loss limitation shall be observed when conducting hydrostatic/DXA/BodPod weighing.
- E. **We understand that the results of the hydrostatic/DXA/BodPod weighing will replace ALL previous Skinfold results, cannot be appealed, cannot be modified by the Physician's Clearance form, or any other action, and will remain the reference for this student during this school year.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to the MHSAA by fax: 517-332-4071 or email: [jamie@mhsaa.com](mailto:jamie@mhsaa.com) **PRIOR** to the hydrostatic/DXA/BodPod weighing. Weighing may take place **once this form has been signed by the MHSAA and returned to the school.** The Hydrostatic Weighing Report Form (Step 2) shall be completed by the technician who will forward it to the MHSAA.

<b>MHSAA Approval is Required BEFORE Hydrostatic/DXA/BodPod Weighing May Be Conducted</b>	
F. ____ Approval is granted to conduct the hydrostatic/DXA/BodPod weighing as proposed	
G. ____ Approval is denied ____ Facility unacceptable ____ Technician Unacceptable	
MHSAA Signature _____	Date _____
<i>(Mark Uyl, Dan Hutcheson, Jamie VanDerMoere or Sam Davis)</i>	

# HYDROSTATIC WEIGHING REPORT FORM

HYDRO-STEP 2

## STEP 2 Hydrostatic Weighing is INVALID without approved Hydrostatic Weighing Proposal- Step 1

**SUBJECT SHALL FAST 6 HOURS PRIOR TO TEST - DRINK WATER ONLY**

PLEASE TYPE OR PRINT IN INK –

Hydro Test Date: \_\_\_ / \_\_\_ / \_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Prev. Min. Wt. \_\_\_\_\_

**NOTE:** Subject shall be hydrated (specific gravity less than 1.025) at time of test. **Specific Gravity:** \_\_\_\_\_

WEIGHT:  LBS. ÷ 2.2 =  KG X 1000 =  GRAMS

**VITAL CAPACITY** (Repeat 3 times; Record peak/highest value)

a) \_\_\_\_\_ ml    b) \_\_\_\_\_ ml    c) \_\_\_\_\_ ml → PEAK  ml

RESIDUAL VOLUME: Male (VC x .24) =  ml    Female (VC x .28) =  ml

**WATER WEIGHT** (Repeat the measurement process to achieve)

1. progressively heavier weight
2. progressively less scale deviation
3. increasing subject comfort
4. < 50 grams scale deviation

Measure 10  
record heavier 6

1  g    2  g    3  g    4  g    5  g    6  g

Peak value of  g MINUS Apparatus Value  g = Water Weight  g

TEMPERATURE (Centigrade) H<sub>2</sub>O \_\_\_\_\_ DENSITY H<sub>2</sub>O \_\_\_\_\_

$$Bd = \frac{Wa}{\left( \frac{wa - ww}{Dw} \right) - (RV + 100)}$$

**BODY DENSITY**

$$\% BF = \left( \frac{457}{Bd} \right) - 414.2$$

**% BODY FAT**

Evaluator (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Hydrostatic Weighing Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

<b>KEY:</b> VC = Vital Capacity	Ww = Weight Under Water	ml = Milliliter
Wa = Weight in Grams	DW = Density of Water	KG = Kilograms
Bd = Body Density	RV = Residual Volume	g = Grams

Submit completed form by email – [jamie@mhsaa.com](mailto:jamie@mhsaa.com) or fax – 517-332-4071

**Evaluator Comments:**