**OLDER ADULT EXERCISE INSTRUCTOR MAPPING TOOLKIT**



**STANDARDS PLUS**

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# What are ‘Standards’?

Standards are a statement of the skills and knowledge individuals need to perform safely and effectively in the workplace, and define competence in a work situation. Standards refer to the performance an individual must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding required to perform tasks safely and effectively. Standards are closely linked to the concept of occupational competence.

**The Assessment Strategy**

Included in each standard is the assessment strategy, this outlines the mandatory requirements for assessment of that standard.

**Scope of Practice**

Throughout this Mapping Toolkit, we have **emboldened** certain words. The expansion of these words can be found in the Scope/range/key words at the end of this document, which outlines the detail that needs to be covered and assessed.

In some cases, not all of the range needs to be covered which is made clear in the description of the range, however if you are unsure please contact us at (+44) 0333 577 0908 or [enquiries@pdapproval.com](mailto:enquiries@pdapproval.com) and a member of technical team will be able to assist you.

# **Overview of Older Adult Exercise Instructor**

**Introduction**

The role of the Older Adult Exercise Instructor (OAEI) is to build exercise participation for older adults including planning, instructing and evaluating activities to meet the needs of older adults. These standards cover working with apparently healthy older adults or those with medical conditions carrying a low risk of adverse, exercise related events.

*The definition of an older adult may vary from country to country, anatomically the body begins to change from the age of 50 however many countries perceive an older adult as someone over the age of 65. This status can vary between men and women and lifestyles. It is important to follow the guidance of the relevant agency in your country and to check with your insurer.*

It is expected that instructors will already be qualified in relevant disciplines of instructing before performing the skills in these standards.

**Specific prerequisites**

* Fitness Instructing skills and knowledge or equivalent accredited certification
* Group Exercise Instructor or equivalent accredited certification if the instructor wants to deliver group exercise
* If aquatic activities are planned, the adequate qualifications for conducting exercise in water are required.

**Older Adult Exercise Instructor Standards (SPEF2) incorporating ICREPs Global Standard E1**

These standards outline the essential knowledge and skills that are needed to allow the learner to demonstrate their expertise in working with older adults in a physical activity setting, designing, managing, adapting and instructing a session with an apparently healthy older adult, taking into consideration the modifications, risks and benefits associated with exercise training for this special population.

These standards cover teaching activities to include working one to one with a client or groups (see above information on specific prerequisites).

These standards include giving clear instructions, demonstration of skills, techniques of teaching and correcting exercise with clear and positive feedback and monitoring a session.

The goal of the OAEI is to impart the knowledge, skill and confidence for older adults to be able to follow a safe and effective exercise plan. The OAEI will normally be working without direct supervision.

The outcomes of these standards are:

1. Understand professional roles and responsibilities
2. Understand the anatomical, physiological and biomechanical changes in older adults
3. Support health and well-being for older adults
4. Collect and analyse information about older adults
5. Plan exercise for older adults
6. Instruct exercise session for older adults
7. Evaluate and review exercise for older adults

# Guided Learning Hours

The total Guided Learning Hours (GLH) for the Foundation Award in Old Adult Exercise Instructing is 50; at least 35 of the GLH must be Face to Face hours (FTH), of which 25 hours must be practical. The table below shows how these hours are split across the learning, with an assessment strategy based on the Learner Assessment that you can purchase from [PD:Approval](mailto:enquiries@pdapproval.com). You will find full guidance on the assessment strategy at the end of each unit.

| **Units** | **Assessment Strategy** | **GLH** | **Minimum FTH** |
| --- | --- | --- | --- |
| Unit 1: Professional roles and responsibilities when working with older adults | Professional roles and responsibilities worksheet | 5 | 4 |
| Unit 2: The anatomical, physiological and biomechanical changes in older adults | 1. Multiple Choice Question (MCQ) paper 2. Short questions | 15 | 10 |
| Unit 3: Support health and well-being for older adults | 1. Support health and well-being worksheet 2. Basic nutrition worksheet 3. Professional discussion | 5 | 4 |
| Unit 4: Collect and analyse information about older adults | Case studies worksheet | 5 | 4 |
| Unit 5: Plan exercise for older adults | 1. Case studies worksheet 2. Session plan x 2 3. Professional discussion | 8 | 5 |
| Unit 6: Instruct exercise session for older adults | 1. Case studies worksheet 2. Session plan x 2 3. Professional discussion | 8 | 4 |
| Unit 7: Evaluate and review exercise for older adults | Reflective statement | 4 | 4 |

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| **Total Guided Learning Hours** | 50 |
| **Minimum Face to Face Hours (as part of GLH)** | 35 |
| **Minimum Practical Hours (as part of FTH)** | 25 |

**Completing the mapping toolkit**

Each standard is divided into the **Performance** criteria (what an exercise professional must be able to do) and the **Knowledge** criteria (what an exercise professional must know to carry out the Performance criteria).

Please map the Performance criteria to your assessment, to show us how you assess the learner’s knowledge. Then map the Knowledge criteria to your learning materials to show us where you cover each criterion in your learning materials.

*NB: Foundation Training must be mapped 100% to the standards in this toolkit.*

**Example of mapping**

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Work within professional role boundaries in relation to working with older adults** | |
| 1. Explain the importance of respecting own professional role boundaries, limitations and competency when working with **older adults** | Worksheet 1 |
| 1. Work within the remit of the specific role being undertaken | MCQs |
| 1. Identify legislation, policies, guidance and ethical issues relating to the provision of exercise for **older adults** | Viva |

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| **Knowledge and Understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Professional role boundaries in relation to working with older adults** | |
| 1. The importance of understanding and respecting own professional role boundaries and limitations when working with **older adults** | Slide 9 PowerPoint B |
| 1. The importance of working within the remit of the specific role being undertaken | Chapter 2, learner manual |
| 1. Legislation, policies, guidance and ethical issues relating to the provision of exercise for **older adults including:**  * Informed consent * GP/medical clearance * Relevant instructor qualifications | Chapter 6, learner manual |

# 1. Professional roles and responsibilities when working with older adults

* Work within professional role boundaries in relation to working with **older adult**s
* Apply professional responsibilities when working with **older adult**s

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Work within professional role boundaries in relation to working with older adults** | |
| 1. Explain the importance of respecting own professional role boundaries, limitations and competency when working with **older adults** |  |
| 1. Work within the remit of the specific role being undertaken |  |
| 1. Identify legislation, policies, guidance and ethical issues relating to the provision of exercise for **older adults** |  |
| 1. Identify sources of **information** and advice on working with **older adult**s |  |
| 1. Identify local or national initiatives to raise awareness of the importance of exercise for **older adult**s |  |
| **Task 2: Apply professional responsibilities when working with older adults** | |
| 1. Hold up-to-date first aid skills when working with **older adults** |  |
| 1. Explain the importance of engaging in regular Continuing Professional Development (CPD) in the area of **older adults** within specialist areas |  |
| 1. Identify where to source specific **information** to enhance practice or engage in further education/development |  |
| 1. Explain how to ensure insurance policies covers their instruction of **older adults** |  |
| 1. Demonstrate their responsibilities and limitations when working with **older adults** |  |
| 1. Follow equality and diversity legislation and policies |  |
| 1. Ensure **older adults** feel comfortable in a gym or group fitness **environment** |  |

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| **Knowledge and Understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Professional role boundaries in relation to working with older adults** | |
| 1. The importance of understanding and respecting own professional role boundaries and limitations when working with **older adults** |  |
| 1. The importance of working within the remit of the specific role being undertaken |  |
| 1. Legislation, policies, guidance and ethical issues relating to the provision of exercise for **older adults including:**  * Informed consent * GP/medical clearance * Relevant instructor qualifications |  |
| 1. Identify sources of **information** and advice on working with **older adults** |  |
| 1. Identify local or national initiatives to raise awareness of the importance of exercise for **older adults** |  |
| **Task 2: Professional responsibilities when working with older adults** | |
| 1. The importance for instructors to ensure they hold up-to-date first aid skills when working with **older adults** |  |
| 1. The importance of engaging in regular CPD in the area of **older adults** within specialist areas |  |
| 1. Source specific **information** to enhance practice or engage in further education/development. |  |
| 1. How to ensure insurance policies covers their instruction of **older adults** |  |
| 1. The responsibilities and limitations of an older adult exercise instructor  * acting as a role model * adhering to the policies and procedures * adhering to the code of practice * always wearing uniform and/or name badge if one is provided * understanding and acting upon their responsibilities * recognising the need to protect the rights of participation, for fun, enjoyment and achievement for all * working in an open **environment** * ensure appropriate conduct at all times to include: * maintaining **client**’s dignity * use physical contact/touch appropriately * using appropriate language * being educational, empowering and motivating |  |
| 1. The importance of following relevant equality and diversity legislation and policies |  |
| 1. Common reasons why **older adults** may feel uncomfortable in a gym or group fitness **environment** |  |

## Assessment Strategy: Professional roles and responsibilities

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Worksheets | * A clear marking scheme must be given for each question in the worksheets. * The training provider must produce a marking scheme to assist with standardisation of marking worksheets. |
| Presentation such as a PowerPoint presentation to the assessor | * The learner must submit copies of the presentation. * The training provider must produce a marking checklist for the presentation to be marked against, this must be made available to the learner at the start of the course. * The presentation should ideally be recorded for quality assurance. |
| Professional discussion with the assessor | * The questions must be pre-designed and given to the learner in advance of the assessment to allow them time to prepare. * The learner is able to bring notes into the professional discussion. * The professional discussion must be recorded, either written or audio recording, for purposes of quality assurance. |

# 2. The anatomical, physiological and biomechanical changes in older adults

* The ageing process
* The anatomical, physiological and biomechanical changes

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: The ageing process** | |
| 1. Explain the theories of ageing |  |
| **Task 2: The anatomical, physiological and biomechanical changes** | |
| 1. Identify age-related changes to the following:  * skeletal system including joints * musculoskeletal system * respiratory system * cardiovascular system * nervous system * digestive system * renal system * endocrine system * posture |  |
| 1. Explain common functional impairments experienced by **older adult**s |  |
| 1. Describe the effects of common functional impairments on ability to exercise |  |
| 1. Identify the absolute contraindications and relative contraindications relating to participation in exercise |  |
| 1. Identify the medical conditions common in old age that impact on safety during physical activity and exercise |  |
| 1. Identify the effects of common medications on ability to exercise |  |
| 1. Describe the prevalence and presentation of common disease and conditions in **older adult**s |  |
| 1. The associated loss of function of the common disease and conditions in **older adult**s |  |

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| **Knowledge and Understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: The ageing process** | |
| 1. Theories of ageing to include:  * Chronological ageing refers to our age in years * Physiological ageing refers to the progressive decline of physical functioning with age * Psychological ageing theories explore the psychological development of individuals and cover self-efficacy, self-esteem and resilience * Biological ageing includes genetic and other biological factors over which we have no control * Functional ageing refers to the ability to perform daily living activities and/or activities * Successful ageing is active life expectancy, the number of years an individual may expect to maintain the ability to perform daily living activities without significant disease * Pathological ageing refers to the rate at which individuals age with chronic pathologies that often predispose them to poor quality of life and loss of independence |  |
| **Task 2: The anatomical, physiological and biomechanical changes** | |
| 1. Age-related changes to the skeletal system to include:  * loss of bone tissue * low bone mass meaning bones are weaker * how this places **client**s at a greater risk of breaks from sudden bumps or falls |  |
| 1. Common conditions affecting the musculoskeletal system including:  * Osteoarthritis * Rheumatoid arthritis * Osteopenia * Osteoporosis |  |
| 1. Bones become less dense as we age for a number of reasons, including:  * an inactive lifestyle causes bone wastage * hormonal changes – in women, menopause triggers the loss of minerals in bone tissue * in men the gradual decline in hormones leads to the later development of osteoporosis * bones lose calcium and other minerals |  |
| 1. Age-related changes in joints, including changes to joint movement:  * movements become stiffer and less flexible because the amount of lubricating fluid inside joints decreases * the cartilage becomes thinner * ligaments also tend to shorten and lose some flexibility, * lack of exercise, being inactive causes the cartilage to shrink and stiffen, reducing joint mobility |  |
| 1. Age-related changes to posture to include:  * effects of osteopenia and osteoporosis * muscle mass and links to sarcopenia * changes to lean body mass/weight gain * possible effects of arthritis * reduces activity/exercise * diet * changes to discs in the vertebral column * reduction in ribcage mobility and respiratory muscle function * decrease hip and trunk mobility/strength |  |
| 1. **Age-related changes in skeletal muscles to include:**  * reduction in protein synthesis * reduction in size and number of muscle fibres, particularly in the lower limbs * decrease in the number of progenitor (satellite) cells * reduction in muscle growth * reduction in the ability of muscles to repair themselves * replacement of active muscle fibres by collagen-rich, non-contractile fibrous tissue * muscles tissue is replaced more slowly and lost muscle tissue is replaced with a tough, fibrous tissue * changes in the nervous system causes muscles to have reduced tone and ability to contract * reduction in the number of motor neurons and deterioration of neuromuscular junctions * increase in fat deposition at the expense of lean muscle tissue * less-efficient metabolism, particularly in fast-twitch muscle fibres * reduction in blood flow to the major muscle groups |  |
| 1. Muscular changes associated with ageing and inactivity and the potential consequences, to include a reduction in:    * power    * strength    * endurance    * fine control    * heat production    * immune function  * changes associated with abdominal, postural and pelvic floor muscles |  |
| 1. The importance of strength and balance training in falls prevention |  |
| 1. Age related changes to the respiratory system to include:  * changes to the chest wall – progressively becomes more rigid * intervertebral discus gradually become desiccated, less robust and more compressed under the weight of the body, * changes in posture relating to reduction in the volume of the rib cage * gradual age-related reduction in respiratory muscle strength, loss of muscle mass in the diaphragm and intercostals * changes to the lower respiratory tract * pressure in the pulmonary artery that gradually increases with age * changes in lung volume, vital capacity and tidal volume * decreases in oxygen saturation |  |
| 1. Age related changes to the cardiovascular system to include:    * reduced anaerobic threshold    * tasks require greater percentage of maximum heart rate    * reduced ability to sustain activity    * changes to blood pressure    * changes to cardiac function    * reduced baroreceptor response    * changes to blood vessels |  |
| 1. Age related changes to the nervous system to include:    * reduced reaction time    * slower pace of learning    * reduced short-term memory    * reduced balance    * increased falls    * increased time required to respond to instructions    * decreased hearing    * increased sight difficulties    * reduced speed of movement    * decreased co-ordination    * reduced kinaesthetic awareness |  |
| 1. Age related changes to the digestive system to include:  * effects of hormones on appetite * changes to saliva production * changes in posture * effects of inactivity |  |
| 1. Age related changes to the renal system to include:   Many anatomical and physiological changes can mean that older people are prone to issues such as:   * polyuria (frequent need for the toilet) * nocturia (frequently needing the toilet at night) * incontinence * decrease in renal function |  |
| 1. Age related changes to the endocrine system to include:  * negative effects on hormone secretion by the glands, which makes older people more prone to: * insomnia and sleep disturbances * fractures * diabetes (Pancreas) * cognitive changes |  |
| 1. Changes to the following glands  * Thyroid gland and metabolism * Parathyroid glands and hyperparathyroidism * The adrenal glands * Pineal gland |  |
| 1. Common functional impairments experienced by older adults  * upper limb, including tonal changes; impaired grip; reduced range of movement, especially at shoulder; poor shoulder and trunk posture; poor strength; pain * lower limb, including joint pain; reduced range of movement; poor gait; reduced balance; poor strength and power * sensory, hearing, vision, proprioception * psychological to include reduced cognition, impaired memory * communication, to include speech problems, impaired hearing/vision |  |
| 1. Effects of common functional impairments on ability to exercise  * increased risk of falling * increased likelihood of soft tissue injury * joint pain * inability to hold/grip equipment * reduced range of movement (ROM) * inability to perform certain exercises * inability to perform at recommended workloads * lack of motivation to exercise * increased effort and energy level associated with tasks/exercises * slower, weaker muscles * slower reaction times |  |
| 1. Absolute contraindications and relative contraindications relating to participation in exercise   Absolute contraindications: unstable, uncontrolled health conditions, to include:   * uncontrolled pain or feeling unwell on arrival * lasting, increased pain following a previous session * suspected acute injury * recent injurious fall without medical assessment * severe breathlessness or dizziness * recently diagnosed cardiovascular events * recent medication changes * uncontrolled pulmonary problems * inability to follow simple instructions to the extent that places client and others at risk of injury * rheumatoid arthritis flare up or acute systemic illness/infection * unexplained lethargy   Relative   * known current injury/wound that is identified and/or protected * observable pain of a known origin * difficulty in understanding instructions * inability to safely maintain balance while seated * infection control * latex allergy |  |
| 1. Medical conditions common in old age that impacts on safety during physical activity and exercise  * arthritis * diabetes * hypertension * depression * osteoporosis * frozen shoulder * emphysema * pulmonary disease |  |
| 1. The prevalence and presentation of the above disease/ conditions |  |
| 1. The associated loss of function of the above disease/conditions |  |
| 1. **Effects of common medications on ability to exercise**  * reduced alertness * postural drop * reduced balance * reduced proprioceptive feedback * difficulties with exercise intensity monitoring * increased urinary urgency/frequency * slowed reaction time and poor co-ordination |  |

## Assessment Strategy: The anatomical, physiological and biomechanical changes in older adults

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Multiple Choice Question (MCQ) Paper | * The training provider must have at least two papers live at all times, this allows for the learner to re-sit a different paper. * The training provider must have at least one mock paper available. * The MCQ paper must be sat in invigilated exam conditions, refer to PD:Approval’s **Invigilation Guidelines for theory assessment** in the Endorsement Guide. * For guidance on writing MCQ papers refer to **Guidance on writing Multiple Choice Question Papers** in the Endorsement Guide. |
| Short Questions | * The Short Questions must be sat in invigilated exam conditions, refer to PD: Approval’s **Invigilation Guidelines for theory assessment** in the Endorsement Guide. * These Short Questions are a ‘closed book’ assessment, which means the learner is not allowed to refer to any notes of manuals during the exam. * The training provider must produce a marking scheme to assist with standardisation of marking the Short Questions. |
| Practical application | * Some of the performance can be met during the practical application assessment, for example the learner using the correct names for the muscles can be used to assessed their ability to know the names and location of specific muscle groups. However, this should only be used for 5% of the assessment of this standard. |
| Planning | * Some of the performance can be met during the planning assessment, for example the learner planning suitable **adaptation**s based on the anatomical changes. However, this should only be used for 5% of the assessment of this standard. |

# 3. Support health and well-being for older adults

* Promote physical activity in **older adults**
* Use effective communication, marketing strategies and skills
* Provide **information** on healthy eating and hydration guidelines to **older adult**s
* Manage health and safety

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Promote physical activity in older adults** | |
| 1. Identify the demographics relating to the older population in your country. |  |
| 1. Explain the functional classification models for the older population |  |
| 1. Identify the range of **client**s who could participate safely and effectively |  |
| 1. Identify the range for whom ‘exercise for independently active, **older adult**s’ is considered contraindicated |  |
| 1. Explain the physical, social, emotional and psychological benefits of regular physical activity and exercise during ageing |  |
| 1. Identify the needs and expectations of **older adult**s |  |
| 1. Identify the outcomes that older people may want from physical activity participation |  |
| 1. Identify the relevant guidelines for the prescription for health, well-being and physical fitness and the amount of physical activity for the health and well-being of **older adults** |  |
| 1. Identify the barriers that older **client**s may have to physical activity and how to take account of these |  |
| 1. Identify the agencies involved in promoting physical activity for the health of **older adults** in their home country |  |
| 1. Promote the whole concept of health and exercise to **older adults** |  |
| 1. Demonstrate motivational techniques that assist **older adult**s to enjoy the session and adhere to physical activity |  |
| **Task 2: Use effective communication, marketing strategies and skills** | |
| 1. Develop effective motivational communication strategies relating to individual and group dynamics in a range of settings associated with the delivery of exercise for older **client**s |  |
| 1. Use **client** friendly language |  |
| 1. Use suitable equipment for the setting |  |
| 1. Develop social support strategies to enable long-term participation |  |
| 1. Use listening skills and address **client**’s feedback |  |
| 1. Develop effective age-friendly marketing strategies, images, messages and events calendar |  |
| 1. Provide opportunities for social interaction in exercise programming and delivery for **older adults** |  |
| 1. Deliver good customer service recognising that there is an increased level of responsibility for **older adult** **client**s who may be considered vulnerable and meeting this duty of care |  |
| **Task 3: Provide information on healthy eating and hydration guidelines to older adults** | |
| 1. Promote the importance of healthy eating, proper nutrition, hydration and fluid replacement, particularly when participating in physical activity. Ensure the **information** is correctly referenced |  |
| **Task 4: Manage health and safety** | |
| 1. Meet the national and local requirements and procedures for the working **environment** involving **older adult**s |  |
| 1. Identify ways and methods for dealing with emergencies accordingly to international recognise procedures including providing first aid |  |
| 1. Recognise the signs indicating that an **older adult** **client** should stop exercising immediately or requires medical attention |  |
| 1. Explain the importance of extending the standard appropriate response to emergency situation |  |

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| **Knowledge and Understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Promote physical activity in older adults** | |
| 1. The demographics relating to the older population (country specific), to include:  * statistics: percentage of the population that is over 65/85 * considerations for why the older population is growing * implications for society and exercise * statistics for inactivity in these age group |  |
| 1. Functional classification models for the older population, to include:  * physically elite * physically fit * physically independent * physically frail * physically dependent |  |
| 1. The range of **client**s who could participate safely and effectively, to include:  * physically fit and physically independent * definition and description of ‘independently active, older people’ |  |
| 1. The range for whom ‘exercise for independently active, **older adult**s’ is considered contraindicated, to include:  * physically dependent * physically frail |  |
| 1. The physical, social, emotional and psychological benefits of regular physical activity and exercise during ageing to include:   **Short-term evidence-based, to include:**   * improved sleep, enjoyment, improved mood, etc.   **Long-term evidence-based, to include**   * increased muscular strength and power * reduced likelihood of osteoporosis, diabetes, etc. * increased muscle mass * maintenance and improvement of bone health * improved joint health and flexibility, reduced stiffness * minimising fat levels to prevent disease * improved cardiorespiratory fitness * improved ability to function in everyday tasks * reduced risk of functional decline that is often associated with ageing * prevention of chronic disease related to sedentary lifestyles and ageing * reduced risk of falls * balance and coordination exercises, such as tai chi, can help reduce the risk of falls * isolation * maintenance of independence * role in peer mentoring etc. |  |
| 1. Needs and expectations of **older adult**s which may include:  * recreational * social * improved fitness levels * strength * and functional movement skills |  |
| 1. Outcomes that older people may want from physical activity participation, to include:  * maintaining independence * improving fitness for everyday activities and leisure pursuits * reducing likelihood of certain age-associated medical conditions * ability to manage existing medical conditions and minimise the effect on function * socialisation and other psychological factors |  |
| 1. The relevant guidelines for the prescription for health, well-being and physical exercise and the amount of physical activity for the health and well-being of **older adults** |  |
| 1. The barriers that older **client**s may have to physical activity and how to take account of these, to include:  * attitudes * beliefs * anxieties * myths * opinions formed by past experiences * cultural restrictions |  |
| 1. Agencies involved in promoting physical activity for the health of **older adults** in their home country |  |
| 1. The importance of promoting the whole concept of health and exercise to **older adults** including:  * daily exercise * nutrition * wellness * overall healthy lifestyle |  |
| 1. The motivational factors that may assist **older adult**s to enjoy the session and adhere to physical activity |  |
| **Task 2: Use effective communication, marketing strategies and skills** | |
| 1. How to develop effective motivational communication strategies relating to individual and group dynamics in a range of settings associated with the delivery of exercise for older **client**s, to include:  * sheltered housing * residential homes * community centre * leisure and recreation facilities * health and fitness clubs |  |
| 1. The importance of translation of technical terminology into **client** friendly language |  |
| 1. The importance of considering the use of intimidating equipment e.g. resistance bands rather than dumbbells in the first instance in care setting |  |
| 1. How to develop social support strategies to enable long-term participation |  |
| 1. The importance of listening skills and addressing **client**’s feedback |  |
| 1. How to develop effective age-friendly marketing strategies, images, messages and events calendar |  |
| 1. How to provide opportunities for social interaction in exercise programming and delivery for **older adult**s |  |
| 1. How to deliver good customer service recognising that there is an increased level of responsibility for **older adult** **client**s who may be considered vulnerable and meeting this duty of care |  |
| **Task 3: Provide information on healthy eating and hydration guidelines** | |
| 1. The importance of proper nutrition, hydration and fluid replacement, particularly when participating in physical Activity. |  |
| 1. The healthy eating guidelines for older **client**s to enable the provision of accurate **information** to **client**s |  |
| 1. The importance of encouraging **older adult** **client**s to drink water before, during and after exercise |  |
| **Task 4: Manage health and safety** | |
| 1. The national and local requirements and procedures for the working **environment** involving **older adult**s, to include:  * completing risk assessments * identifying risk and procedures to reduce them |  |
| 1. Ways and methods for dealing with emergencies accordingly to international recognise procedures including providing first aid |  |
| 1. How to recognise the signs indicating that an **older adult** **client** should stop exercising immediately or requires medical attention |  |
| 1. The importance of extending the standard appropriate response to emergency situation for example,  * accompany home * telephone follow up and support * reassurance for other **client**s * establishment of a specific emergency action plan with and for the senior exercise group |  |

## Assessment Strategy: Support health and well-being for older adults

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Worksheets | * A clear marking scheme must be given for each question in the worksheets. * The training provider must produce a marking scheme to assist with standardisation of marking worksheets. |
| Presentation such as a PowerPoint presentation to the assessor | * The learner must submit copies of the presentation. * The training provider must produce a marking checklist for the presentation to be marked against, this must be made available to the learner at the start of the course. * The presentation should ideally be recorded for quality assurance. |
| Creation of a leaflet or poster | * The learner must submit copies of the leaflet or poster. * The training provider must produce a marking checklist for the leaflet or poster to be marked against, this must be made available to the learner at the start of the course. * The leaflet or poster must be of a high standard, all resources must be correctly referenced, all images must be suitable and in guidance with equality and diversity requirements. |
| Professional discussion with the assessor | * The questions must be pre-designed and given to the learner in advance of the assessment to allow them time to prepare. * The learner is able to bring notes into the professional discussion. * The professional discussion must be recorded, either written or audio recording, for purposes of quality assurance. |

# 4. Collect and analyse information about older adult clients

* Collect relevant **information**
* Screening

|  |  |
| --- | --- |
| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Collect relevant information** | |
| 1. Collect relevant **information** from the **older adult** |  |
| 1. Use suitable adapted pre-screening paperwork for **older adults** |  |
| 1. Gain informed consent from **client** prior to participating in the physical activity **sessions** |  |
| 1. Follow the **legal and organisational procedures** of screening and collecting **client** **information** |  |
| **Task 2: Screening** | |
| 1. Use a range of suitable screening tools for **older adults** |  |
| 1. Use suitable **method**s for assessing **older adult’s** readiness to participate |  |
| 1. Know how and when to recommend referral to appropriate medical or health professionals |  |

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| **Knowledge and Understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Collect relevant information** | |
| 1. **Information** which can be collected from **older adult** **client**s:  * informed consent/PAR-Q * lifestyle factors * medical history and medication * physical activity history * attitude and motivation * exercise preferences * barriers to exercise (perceived or actual) * current level of fitness * health status and any contraindications * injury status and any specific recommended **adaptations**, if appropriate * personal **goal**s * signs that may be contraindications to some types of physical activity * range of movement and functional skills |  |
| 1. The purpose of collecting **information** on **participant**’s expectations and motivation, level of previous exercise participation and current level of ability |  |
| 1. Suitable **methods** of collecting **client** **information**, could include:  * physical activity readiness questionnaire (PAR-Q) * consultation * interview * questionnaire * adapted fitness tests * observation |  |
| 1. Purpose of the adapted pre-screening paperwork for **older adult**s |  |
| 1. **Legal and organisational procedures** for gaining consent from **clients** prior to participating in the physical activity **sessions** |  |
| 1. The legal and ethical implications and responsibilities of screening and of collecting **client** **information**, to include:  * data protection * storage of documentation * confidentiality of **client** **information** * instructor’s duty of care to respond appropriately to **client’s information** |  |
| **Task 2: Screening** | |
| 1. How to use pre-participation assessments to risk stratify (i.e. **asymptomatic** or low risk etc.) and manage the risks associated with any conditions and limitations during physical activity |  |
| 1. Identify a range of suitable screening tools and assessments for **older** **adults**, this could include assessing the following:  * grip strength * flexibility * range of movement * balance * BMI * peak flow * fitness and ability levels * posture * movement control * skeletal alignment * previous injury * exercise history * form |  |
| 1. The importance of recommending referral to appropriate medical or health professionals where necessary |  |
| 1. Awareness of the following injury risks or considerations that may be related to older **client**s:  * inadequate skill and physical preparation * overtraining * biomechanics and exercise technique * physical and mental preparation * poor core and postural awareness * fatigue and recover * history of falls |  |
| 1. The conditions that may present in older **client**s that may require referral to a relevant medical or appropriate allied health professional |  |
| 1. The role of medical or health professionals for referral purposes |  |
| 1. **Method**s for **client** reassessment and **programme** evaluation |  |

## Assessment Strategy: Collect and analyse information about older adult clients

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Worksheets | * A clear marking scheme must be given for each question in the worksheets. * The training provider must produce a marking scheme to assist with standardisation of marking worksheets. |
| Live case study | * The learner should use an apparently healthy case study, the learner could be assessed completing a practical application of the **client** interview and **client** assessments. * It is the responsibility of the training provider to ensure that the live case study the learner has chosen is suitable for this training. * If there is a practical assessment, the training provider must create a marking checklist for this assessment, which must be made available to the learner at the start of the course. |
| Theoretical case study | * The training provider could produce theoretical case studies for the learner to base their **session** plan on and be assessed on their knowledge and understanding. * The training provider must have at least two case studies for the learner to choose from. * The theoretical case study needs to include a range of health and lifestyle issues that will challenge the learner to be able to show their knowledge and understanding. |
| Professional discussion with the assessor | * The questions must be pre-designed and given to the learner in advance of the assessment to allow them time to prepare. * The learner is able to bring notes into the professional discussion. * The professional discussion must be recorded, either written or audio recording, for purposes of quality assurance. |

# 5. Plan exercise for older adults

* Plan how to manage risks in exercise **session**s for **older adult**s
* Plan suitable sessions for **older adult**s

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Plan how to manage risks in exercise sessions for older adults** | |
| 1. Plan movements for safety and effectiveness |  |
| 1. Identify ways of reducing the risks associated with unsafe exercise including minimising the risk of falls in the **session** |  |
| 1. Identify a **safe** and **older adult** friendly exercise **environment** |  |
| 1. Identify an appropriate selection of equipment |  |
| 1. Adhere to **evidence-based** **guidelines** for physical activity for previously active and previously inactive **older adults** |  |
| **Task 2: Plan suitable sessions for older adults** | |
| 1. Plan a suitably structured **session** in a format of exercise for which you hold relevant competency qualifications that is suitable to the level of fitness, co-ordination and ability of **participants** |  |
| 1. Include appropriate **adaptation**s to the structure and content of **session**s required for **client**s with medical conditions commonly associated with old age which may be adversely affected by physical activity |  |
| 1. Structure exercise **session**s to provide opportunities for comfort breaks |  |
| 1. Apply knowledge of physiological changes occurring in the body to the planning |  |
| 1. Include functional (life-related) movement patterns and activities into all **session**s |  |
| 1. Identify suitable personal maximum heart rates and effective target heart rate training zones based on an individual **participants’** age and fitness levels |  |

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| **Knowledge and understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Plan how to manage risks in exercise sessions for older adults** | |
| 1. How to plan movements for safety and effectiveness |  |
| 1. Ways of reducing the risks associated with unsafe exercise such as:  * exercise intensity * timing * equipment * technique * supervision |  |
| 1. How to minimise the risk of falls |  |
| 1. How to identify a **safe** and **older adult** friendly exercise **environment** to include:  * accessibility/transport * floor surfaces * hazards, trips and slips * footwear * lighting * access to toilet facilities and drinking water * temperature control * comfortable refreshment facilities |  |
| 1. How to select appropriate equipment and the importance of guidance to minimise the risk of injury caused by misuse |  |
| 1. How to source evidence-based recommended **guidelines** for physical activity for previously active and previously inactive **older adults** |  |
| **Task 2: Plan suitable sessions for older adults** | |
| 1. How to create a structure for an **older adult** **session** for both individual and group settings, to include  * durations * frequency, intensity, time, type * principles of training * suitable **method**s of overload - progression/regression * functional relevance * challenge * suitable activities and intensities for: Warm up, Main activity, Cool down * Suitable exercises for cardiovascular, weight-bearing, body weight, balance, co-ordination, resistance |  |
| 1. Why it is important to only plan a format of exercise for which you hold relevant competency qualifications such as:  * Exercise to music/**Group exercise** * Gym based exercise * Water based exercise |  |
| 1. The appropriate **adaptation**s to the structure and content of **session**s required for **client**s with medical conditions commonly associated with old age which may be adversely affected by physical activity |  |
| 1. The importance of considering the level of fitness, co-ordination and ability of **participants** in the planning process |  |
| 1. How to structure exercise **sessions** to provide opportunities for comfort breaks |  |
| 1. The physiological changes occurring in the body and how they affect planning choices |  |
| 1. The types of physical (functional) limitations associated with ageing that may lead to injury and will need specific **adaptation** for exercise |  |
| 1. Suitable personal maximum heart rates and effective target heart rate training zones based on an individual **participant’s** age and fitness levels |  |
| 1. The importance of educating **participants** to monitor their own exercise intensity, to include:  * heart rate monitoring * Rate of Perceived Exertion (RPE) |  |
| 1. The integration of supervised step by step functional (life-related) movement patterns and activities into all **session**s e.g.  * correct lifting technique * getting up and down from the floor * getting in and out of chairs |  |

## Assessment Strategy: Plan exercise for older adults

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Worksheets | * A clear marking scheme must be given for each question in the worksheets. * The training provider must produce a marking scheme to assist with standardisation of marking worksheets. |
| Live case study **session** plan  Groups and individual | * The learner must use an apparently healthy case study, the learner could be assessed creating suitable **session** plans for their live case study. * It is the responsibility of the training provider to ensure that the live case study the learner has chosen is suitable for this training. * The learner must create a **session** plan for an individual and for a group (minimum 6 **participants**). |
| Theoretical case study **session** plan  Groups and individual | * The training provider could produce theoretical case studies, for the learner to base their **session** plan on and be assessed on their knowledge and understanding. * The training provider must have at least two case studies for the learner to choose from. * The theoretical case study needs to include a range of health and lifestyle issues that will challenge the learner to be able to show their knowledge and understanding. * The learner must create a **session** plan for an individual and for a group (minimum 6 **participants**). |
| Professional discussion with the assessor | * The questions must be pre-designed and given to the learner in advance of the assessment to allow them time to prepare. * The learner is able to bring notes into the professional discussion. * The professional discussion must be recorded, either written or audio recording. for purposes of quality assurance. |

# 6. Instruct exercise session for older adults

* Prepare for the **session**
* Instructing the **session**, meeting the needs of the **older adult**
* End the **session**

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Prepare for the session** | |
| 1. Provide suitable preparations to respond appropriately to any medical emergency |  |
| 1. Demonstrate ability to:  * ensure sufficient space * assemble resources * check equipment for safety and maintenance requirements |  |
| 1. Verbally screen all **participants** and respond to their needs |  |
| 1. Demonstrate communication of the type, level and demands of the **session** to enable **participants** to make informed decisions about suitability |  |
| **Task 2: Instructing the session, meeting the needs of the older adult** | |
| 1. Deliver a planned or pre-designed **older adult** **session** to a group or individual that is **safe**, effective and enjoyable |  |
| 1. Provide clear instructions and use questions to confirm **participants’** understanding. |  |
| 1. Correctly demonstrate exercises, techniques and equipment to **participants** relevant to the exercise discipline i.e. gym based, **group exercise**, one to one |  |
| 1. Monitor participation and performance to identify signs of exercise intolerance or poor technique |  |
| 1. Regress or adapt exercises to enable **participants** to achieve correct posture and body alignment, range of motion, control, timing and form for all exercises in a **session** |  |
| 1. Use suitable teaching skills for **participants** |  |
| 1. Modify **session** as required considering basic mechanics, safety and exercise outcomes |  |
| 1. Respond to **participants** experiencing difficulties and answer questions as required |  |
| 1. Providing a range of intensity and impact options |  |
| 1. Select equipment according to a **participant’s** needs |  |
| 1. Manage risks as they arise in the **session** |  |
| 1. Recognise signs that indicate that exercise should be discontinued immediately |  |
| **Task 3: End the session** | |
| 1. Giving feedback to **participants** regarding their performance |  |
| 1. Using appropriate questions to gain relevant **information** from **participants** |  |
| 1. Put equipment away and assessing safety for future use |  |
| 1. Leaving **environment** in **safe** condition for future use |  |
| 1. Inform or agree with **participants** the time, location and content of future **session**s |  |
| 1. Ensuring **participants** leave the exercise **environment** safely |  |

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| **Knowledge and understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Prepare for the session** | |
| 1. The importance of making suitable preparations to respond appropriately to any medical emergency, and what kind of medical emergency may arise |  |
| 1. How to:  * ensure sufficient space * assemble resources * check equipment for safety and maintenance requirements |  |
| 1. How to verbally screen all **participants** and respond to their needs |  |
| **Task 2: Instructing the session, meeting the needs of the older adult** | |
| 1. The importance of giving clear instructions and confirming **participants’** understanding of the instructions |  |
| 1. How to correctly demonstrate exercises, techniques and equipment to **participants** relevant to the exercise discipline i.e. gym based, **group exercise**, one to one |  |
| 1. How to monitor and observe participation and performance and how to identify signs of exercise intolerance or poor technique |  |
| 1. How to regress or adapt exercises to enable **participants** to achieve correct posture and body alignment, range of motion, control, timing and form for all exercises in a **session** |  |
| 1. Suitable teaching skills for **participants** to include use of:  * visual and verbal instruction * cueing * observation * speed of instruction * ensuring **safe** transitions * movement analysis * specific **adaptation** * communication skills * listening and response skills * motivation |  |
| 1. How to modify the **session** as required considering basic mechanics, safety and exercise outcomes |  |
| 1. The importance of responding to **participants** experiencing difficulties |  |
| 1. Why it is important to allow questions as required without it distracting or impacting the **session** |  |
| 1. How to provide a range of intensity and impact options |  |
| 1. How to select equipment according to a **participant’s** needs |  |
| 1. How to manage risks as they arise in the **session** and how to address them to prevent injury to clients |  |
| 1. How to develop a **safe**, effective, enjoyable and elder-friendly exercise and physical activity **environment**s to include:  * use of suitable equipment * suitable music |  |
| 1. How to recognise signs that indicate that exercise should be discontinued immediately and/or medical consultation sought |  |
| **Task 3: End the session** | |
| 1. The importance of giving feedback to **participants** regarding their performance |  |
| 1. How to use appropriate questions to gain relevant **information** from **participants** |  |
| 1. The importance of putting equipment away and assessing safety for future use |  |
| 1. The importance of leaving the **environment** in **safe** condition for future use |  |
| 1. The importance of informing or agreeing with **participants** and the time, location and content of future **session**s |  |
| 1. Why it is important to ensure **participants** leave the exercise **environment** safely |  |

## Assessment Strategy: Instruct exercise session for older adults

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Worksheets | * A clear marking scheme must be given for each question in the worksheets. * The training provider must produce a marking scheme to assist with standardisation of marking worksheets. |
| Group and/or individual instructing **session**s | * The learner must use an apparently healthy case study **client**/**participant**s. * The learner must be assessed instructing either or both an individual **client** through a **session** or a group (minimum six **participant**s, depending on their pre-requisite qualifications. * The **session** must be between 30-60 minutes depending on the needs and **goal**s of the **participant**(s). * The assessor must observe the full assessment, for more guidance see **Guidance of summative practical assessment** in the Endorsement Guide. * If you are giving the option for the learner to submit an online video assessment, please see the relevant **guidance** included in the Endorsement Guide. * It is the responsibility of the training provider to ensure that the live case study the learner has chosen is suitable for this training. * The training provider will be responsible for the supervision of the live case study exercise **session**. |
| Viva | * All practical observations must cater for the ability to ‘viva question’ the learner if there is some doubt on their competence in the criteria. * The assessor must record the question as well as the learner’s answer, and the learner must sign to ensure that this is a true reflection of their answer. |
| Professional discussion with the assessor | * The questions must be pre-designed and given to the learner in advance of the assessment to allow them time to prepare. * The learner is able to bring notes into the professional discussion. * The professional discussion must be recorded, either written or audio recording, for purposes of quality assurance. |

# 7. Evaluate and review exercise for older adults

* Evaluate **session**

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| **Performance Criteria**  Exercise professionals must be able to: | **Mapping to assessments** |
| **Task 1: Evaluate session** | |
| 1. Monitor and evaluate exercise **session** at appropriate intervals throughout the **session** |  |
| 1. Evaluate exercise **session** according to **participant**s’ feedback, professional judgement and outcomes of **sessions** |  |
| 1. Gather **information** from **participants** to improve personal performance |  |
| 1. Use opportunities to collate and use feedback from:  * **participants** * managers * coordinators * colleagues |  |
| 1. Review own performance and identify areas needing improvement |  |

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| **Knowledge and understanding**  Exercise professionals must know and understand: | **Mapping to learning resources** |
| **Task 1: Evaluate session** | |
| 1. The importance of monitoring and evaluating exercise **session** at appropriate intervals throughout the **session** |  |
| 1. How to evaluate exercise **session** according to **participant**s’ feedback, professional judgement and outcomes of **session**s |  |
| 1. The importance of gathering **information** from **participants** to improve personal performance |  |
| 1. Different opportunities to collate and use feedback from:  * **participants** * managers * coordinators * colleagues |  |
| 1. The benefits of reviewing own performance and identifying areas needing improvement |  |

## Assessment Strategy: Evaluate and review exercise for older adults

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** | |
| **Assessment Method** | **Requirements of the assessment** |
| Worksheet | * A clear marking scheme must be given for each question in the worksheets. * The training provider must produce a marking scheme to assist with standardisation of marking worksheets. |
| Reflective statement | * The learner must write a reflective statement, reflecting on the feedback from the **client** and their own reflection on their performance. * If the learner has used a theoretical case study, they must still reflect on their performance working with the **client**s throughout this course. |
| Viva | * All practical observations must cater for the ability to ‘viva question’ the learner if there is some doubt on their competence in the criteria. * The assessor must record the question as well as the learner’s answer, and the learner must sign to ensure that this is a true reflection of their answer. |
| Professional discussion with the assessor | * The questions must be pre-designed and given to the learner in advance of the assessment to allow them time to prepare. * The learner is able to bring notes into the professional discussion. * The professional discussion must be recorded, either written or audio recording, for purposes of quality assurance. |

# Scope/range/key words

**Asymptomatic**

This is the term to denote the absence of any of the specified key symptoms of disease (that are considered to put an individual at risk of an adverse event related to participation-during or following-exercise).

**Older adult**

The definition of an older adult may vary from country to country, anatomically the body begins to change from the age of 50 however many countries perceive an older adult as someone over the age of 65. This status can vary between men and women and lifestyles. It is important to follow the guidance of the relevant agency in your country and to check with your insurer.

**Programme(s)**

This refers to a group of sessions over a period of weeks or months.

**Session(s)**

Single classes or one to one session (normally 60 minutes in duration).

**Information**

1. personal goal
2. lifestyle including diet, smoking, drinking, alcohol consumption
3. medical history
4. training history
5. posture, mobility and stability
6. movement competence
7. medications
8. physical activity history
9. physical activity preferences
10. time availability
11. likes and dislikes
12. barriers to participation
13. attitude and motivation to participate
14. current fitness level
15. stage of readiness
16. psychological

**Group exercise**

A plan created for a group of clients to exercise together (5 or more).

**Small groups (personal training/one to one)**

A small group of clients no more than 5.

**Participants**

1. more than one client
2. clients with specific fitness needs
3. clients with general health needs
4. beginners
5. experienced

**Client**

1. individual clients
2. clients with specific fitness needs
3. clients with general health needs
4. beginners
5. experienced

**Special populations**

* Older Adult (please check your country’s definition of an older adult for age range)

**Methods**

1. interview
2. questionnaire
3. verbal screening
4. observation

**Other professionals**

1. physiotherapists and medics
2. psychologists
3. physiologists
4. biomechanists
5. nutritionists/dietician
6. lifestyle support specialists
7. participants' social support network
8. senior instructors
9. tutors and assessors

**Legal and organisational procedures (to cover a minimum of 4)**

1. health and safety policies
2. control of substances hazardous to health (chemical handling)
3. reporting of injuries, diseases and dangerous occurrences regulations
4. accident reporting procedures
5. electricity at work regulations
6. first aid regulations
7. individual organisational policies and procedures
8. data protection laws
9. equality and diversity
10. Emergency Action Plan (EAP)
11. Normal Operating Procedures (NOP)
12. duty of care
13. safeguarding
14. manual handling
15. code of conduct
16. code of ethical practice
17. equipment storage
18. general maintenance
19. hazard identification
20. health, hygiene and cleaning
21. issue resolution
22. occupational health and safety
23. personal safety
24. reporting procedures
25. security procedures
26. stress management
27. use of personal protective equipment
28. waste disposal

**Practice client/case study**

This refers to the client who is used for the case study and/or practical observation tasks in the assessments

**Goals (could include)**

1. short
2. medium
3. long
4. general health and fitness
5. physiological
6. psychological
7. lifestyle
8. social
9. functional ability

**SMART**

1. specific
2. measurable
3. achievable
4. result focused
5. time bound

**Environment**

1. space
   1. gym
   2. studio
   3. sports hall
   4. layout
   5. temperature
   6. flooring
   7. lighting
   8. ventilation
2. noise level
3. use of music
4. equipment for the session
5. personal clothing and equipment
6. atmosphere and ambience

**Safe**

1. contraindications
2. key safety guidelines
3. guidance for special population clients
4. safe environment
5. suitable intensity and equipment for client

**Evidence-based**

To include:

1. main publications
2. major databases
3. systematic reviews
4. control trials
5. comparative studies
6. qualitative studies

**Learning styles**

1. visual
2. kinaesthetic
3. auditory
4. tactile

**Communication techniques (could include)**

1. interaction
   1. question and answer
   2. open-ended question
   3. reflecting answering
   4. simple explanations
   5. offering feedback
   6. active listening
   7. empathetic listening
   8. Using understandable terminology
2. Observation
3. Verbal - clear concise specific audible
4. body language
5. face-to-face
6. telephone
7. written (letters, email, posters)
8. social media
9. digital technology

**Motivational methods/techniques**

1. positive feedback
2. creating safe environment
3. effective communication techniques
4. behavioural modification techniques and strategies
5. use of intrinsic and extrinsic motivation
6. diary of behaviour
7. active listening
8. motivational interviewing
9. giving feedback
10. during exercise – cuing, voice modulation, stressing goals of exercise, feedback on performance

**Behaviour change strategies**

1. stages of change/trans-theoretical model of behaviour change Prochaska and Di Clemente
2. goal setting
3. social support
4. problem-solving
5. reinforcement strategies
6. self-monitoring
7. motivational methods

**Teaching methods**

1. changing teaching positions
2. questioning to check understanding
3. allowing client to ask questions
4. making adaptations and progressions
5. mirroring
6. teaching points
7. visualisations
8. imagery
9. tactile cues
10. correction/adjustment (hands on correction/guidance)
11. demonstration
12. moving around the room
13. where to position yourself
14. linking moves
15. why it’s important to explain the principles as you teach
16. voice and pitch
17. how to try and achieve good posture and precision in the moves

**Postural types**

* kyphotic
* lordotic
* swayback
* flatback
* neutral/ideal

**Full range of movement (ROM)**

* flexion
* extension
* rotation
* circumduction
* lateral flexion

**Adaptations**

You may need to adapt an exercise to support the client in performing it safely and effectively. You may need to adapt the exercise by adding equipment or other support methods.

**Modifications**

You may need to modify an exercise to support the client in performing it safely and effectively, for example change to a different exercise, or reduce the lever length to increase or decrease the work or intensity, etc.

**Balanced programme**

* flexion and extension
* lateral flexion and rotation
* orientations to gravity
* mobility and stability
* strength and flexibility