STANDARDS

PLUS

 INSTRUCTOR

AQUA EXERCISE INSTRUCTOR

MAPPING TOOLKIT



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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 the Aqua Instructor Mapping Toolkit, we have **emboldened** certain words. The expansion of these words can be found in the Scope and Range section 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 and a member of technical team will be able to assist you.

# Overview of Aqua Exercise Instructor

These standards are about designing, managing, adapting and instructing a water-based session, for apparently healthy adults of all ages.

The standards cover teaching activities to include working one to one with a **client** and/or a **group**. They include giving clear instructions, demonstration of skills, techniques of teaching and correcting exercise with clear and positive feedback whilst monitoring a session. It requires the ability to use aquatic exercise and instructional techniques, and hydrodynamic principles to ensure safe and effective fitness outcomes.

These standards do not apply to provision of exercise to higher risk specific population clients, or inappropriate exercise prescription for moderate risk clients, or for the provision of hydrotherapy.

The goal of the Aqua Exercise Instructor is to impart the knowledge, skill and confidence for **clients** to be able to follow an exercise plan for a lifetime. The Aqua Instructor will normally be working without direct supervision.

The outcomes of these standards are:

1. Apply the principles of anatomy and physiology, to planning and instructing
2. Apply the principles of exercise, fitness and health to planning and instructing
3. To demonstrate professional practice and to consider personal career development
4. Support and educate the client
5. Provide customer service
6. Understand how to adapt a programme for special population groups
7. Apply health, safety and welfare considerations
8. Promote healthy eating and nutrition to gym clients
9. Collect and analyse relevant information and agree goals with participants
10. Plan and prepare for water-based exercise
11. Instruct and supervise water-based exercises

These standards include **Group A** core units, which are transferrable across relevant qualifications, along with the discipline specific units for planning and instructing gym-based exercise.

|  |
| --- |
| **Group A Core units****To be used with gym, water-based exercise, group exercise freestyle, group exercise pre-choreographed** |
| **Unit** |
| 1. Anatomy and physiology for exercise, fitness and health
 |
| 1. Principles of Exercise, fitness and health (PEFH)
 |
| 1. Professional practice and personal career development
 |
| 1. Supporting and educating the client
 |
| 1. Provide customer service
 |
| 1. Adaptations, modifications and contraindications for special populations
 |
| 1. Health, safety and welfare
 |

|  |
| --- |
| **Discipline specific units for Water-based Exercise** |
| **Unit** |
| 1. Prepare for water-based exercise
 |
| 1. Instruct and supervise water-based exercise
 |

**Completing the mapping toolkit**

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

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

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

**Example of mapping**

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **General anatomy and physiology knowledge** |
| 1. Relevant anatomical and physiological terminology in the provision of fitness advice and programming
 | Slide 9 PowerPoint B |
| 1. The classification of anatomical planes of movement: frontal, (coronal), sagittal and transverse
 | Chapter 2, learner manual |
| K3. The classification of anatomical terms of location: superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial and deep | Chapter 6, learner manual |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **General anatomy and physiology knowledge** |
| 1. General anatomy and physiology knowledge
 | Worksheet 1 |
| 1. Relevant anatomical and physiological terminology in the provision of fitness advice and programming
 | MCQs |
| 1. The classification of anatomical planes of movement: frontal, (coronal), sagittal and transverse
 | Viva |

# 1. Anatomy and physiology for exercise, fitness and health

* General anatomy and physiology knowledge
* The anatomy and physiology of the heart,
* The anatomy and physiology of the lungs
* Circulatory systems in relation to exercise
* The skeletal system in relation to exercise
* The muscular system in relation to exercise
* Energy systems in relation to exercise
* The nervous system in relation to exercise
* The digestive system
* The Endocrine system
* Stabilisation of the body during exercise

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **General anatomy and physiology knowledge** |
| 1. Relevant anatomical and physiological terminology in the provision of fitness advice and programming
 |  |
| 1. The classification of anatomical planes of movement: frontal, (coronal), sagittal and transverse
 |  |
| 1. The classification of anatomical terms of location: superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial and deep
 |  |
| 1. The definition of kinesiology and biomechanics
 |  |
| 1. The effect of exercise variables on biomechanics and kinesiology
 |  |
| 1. The effects and responses of commencing, sustaining and ceasing exercise on each of the body systems described in terms of physiological responses (acute/short term)
 |  |
| 1. The long-term effects and responses of exercises on each of the body systems in terms of physiological responses
 |  |
| 1. How to use anatomy and physiology principles in the design of exercise **programmes** and in providing exercise advice and instruction
 |  |
| **The anatomy and physiology of the heart** |
| 1. The location and function of the heart
 |  |
| 1. Structure of the heart and how blood is moved through the four chambers of the heart (pumped and collected)
 |  |
| 1. The purpose of the valves in the heart
 |  |
| 1. The link between the heart, the lungs and the muscles
 |  |
| **The anatomy and physiology of the lungs**  |
| 1. The location and function of the lungs
 |  |
| 1. Structure of the lungs, the mechanism of breathing (inspiration and expiration) and contraction and relaxation of the muscles involved
 |  |
| 1. The action of the diaphragm and the basic mechanics of breathing including the main muscles involved in breathing
 |  |
| 1. Passage of air through nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, alveoli and capillaries
 |  |
| 1. Gaseous exchange of oxygen and carbon dioxide in the body (to cover internal and external respiration)
 |  |
| 1. How oxygen travels to the muscles via the blood
 |  |
| 1. Relative composition of oxygen and carbon dioxide gases in inhaled and exhaled air and the relationship to aerobic respiration
 |  |
| **Circulatory systems in relation to exercise** |  |
| 1. Relate the structure and function of the circulatory system and respiratory system to exercise
 |  |
| 1. The systemic and pulmonary circulation to include structure and functions of the arteries, veins and capillaries and how they link to the heart, lungs and muscles
 |  |
| 1. The cardiac cycle
 |  |
| 1. The structure and function of arteries, veins, capillaries and mitochondria
 |  |
| 1. blood pressure and blood pressure classifications
 |  |
| 1. Venous return and the implications of ‘blood pooling’ on the exercise **session**
 |  |
| 1. Oxygen demands of different activities
 |  |
| **The skeletal system in relation to exercise** |
| 1. The function of the skeleton to include:
* movement
* muscle attachments
* levers
* protection of internal organs
* provides shape
* red and white blood cell production
* mineral storage
 |  |
| 1. Structure of the skeleton to include:

**Axial skeleton:*** cranium
* cervical vertebrae
* thoracic vertebrae
* lumbar vertebrae
* sacral vertebrae
* sternum
* ribs
* coccyx
* pubis

**Appendicular skeleton:** * scapula
* clavicle
* humerus
* ulna
* radius
* carpals
* metacarpals
* phalanges
* ilium
* ischium
* femur
* patella
* tibia
* fibula
* tarsals
* metatarsals
 |  |
| 1. Classification of bones to include:
* long
* short
* flat
* sesamoid
* irregular
 |  |
| 1. Structure of long bone to include:
* compact and spongy/cancellous tissue,
* articular cartilage
* epiphysis
* diaphysis
* periosteum
* epiphyseal (growth) plates
* bone marrow
 |  |
| 1. Stages of bone growth and the effects of exercise on bones and joints including:
* the remodelling process and the role of osteoblasts and osteoclasts
* the significance of weight bearing exercise, hormones, body weight, calcium, vitamin D and the ageing process
* considerations during childhood/adolescence (growing pains, development of peak bone mineral density, common overtraining/overuse injuries)
* the effect of pregnancy on joint alignment
 |  |
| 1. The role of tendons, ligaments and cartilage
 |  |
| **Joint and joint action** |
| 1. Classification of joints to include:
* immovable (fibrous)
* semi-movable (cartilaginous)
* moveable (synovial)
 |  |
| 1. Structure of synovial joints to include:
* articular cartilage
* fibrous capsule
* joint/synovial cavity
* synovial membrane
* synovial fluid
 |  |
| 1. Types of synovial joints and their range of motion to include:
* gliding
* Hinge
* ball and socket
* pivot
 |  |
| 1. Joint movement potential and joint actions to include:
* flexion
* extension
* hyperextension
* adduction
* abduction
* circumduction
* supination
* pronation
* plantar flexion
* lateral flexion
* horizontal flexion
* horizontal extension
* dorsiflexion
 |  |
| 1. Understand the effects of exercise on bones to cover transmission of stress caused by impact, body weight, bone density.
 |  |
| **The muscular system in relation to exercise** |
| 1. Types, function and basic characteristics of muscle including cardiac, smooth and skeletal
 |  |
| 1. Structure of skeletal muscle (epimysium, fascicle, perimysium, muscle fibres, endomysium)
 |  |
| 1. Name and location of muscles:
* pectoralis major
* deltoids
* biceps
* rectus abdominis
* obliques
* tranversus abdominis
* trapezius
* rhomboids
* triceps
* latissimus dorsi
* erector spinae
* hip flexors
* quadriceps
* adductors
* tibialis anterior
* gluteals
* abductors
* hamstrings
* gastrocnemius
* soleus
 |  |
| 1. Structure and function of the pelvic floor muscles
 |  |
| 1. Sliding filament theory
 |  |
| 1. The principles of muscle action and contraction, to include:
* Muscles cross joints,
* muscles only pull;
* contraction along the line of fibres,
* muscles working in pairs,
* concentric/eccentric/ isometric, (static), isokinetic contractions
* the role of antagonistic pairs, prime mover (agonist), antagonist, synergist, stabiliser and fixator
 |  |
| 1. The muscle fibre types used in relation to different formats of exercise
 |  |
| 1. Joint actions brought about by specific muscle group contractions
 |  |
| 1. Analyse exercises to identify the joint action occurring, and the muscle responsible
 |  |
| 1. Skeletal muscle fibre types and their characteristics

slow twitch - Type 1 (slow oxidative) and fast twitch - Type 2a (fast oxidative glycolytic or FOG) and Type 2b (fast glycolytic or FG)  |  |
| 1. Delayed onset of muscle soreness (DOMS) and its likely causes
 |  |
| **Energy systems in relation to exercise** |
| 1. The use of ingested carbohydrates, fats, and in extreme circumstances, proteins, in the production of energy/ATP
 |  |
| 1. ATP re-synthesis
 |  |
| 1. The three energy systems (Phosphocreatine (PCr)/Creatine Phosphate (CP), Lactic acid/anaerobic system, Aerobic system)
 |  |
| 1. The need for energy for muscular contraction
 |  |
| 1. The role of intensity and time and individual fitness levels in determining which energy system is used predominantly during exercise
 |  |
| 1. The by-products of the three energy systems and their significance in muscle fatigue
 |  |
| 1. Oxygen debt, oxygen deficit, steady state, VO2 Max
 |  |
| 1. Anabolism, catabolism and excess post-exercise oxygen consumption (EPOC)
 |  |
| 1. Effect of endurance training/advanced training methods on the use of fuel for exercise
 |  |
| **The nervous system in relation to exercise** |
| 1. Role and basic functions of the nervous system (central nervous system and peripheral nervous system CNS and PNS)
 |  |
| 1. Neurons, motor units, proprioceptors (muscle spindles and Golgi tendon organs)
 |  |
| 1. Sensory input, interpretation and motor output
 |  |
| 1. Principles of muscle contraction (the stimulation of the nervous system to carry an electrical/nervous impulse to muscle to produce movement)
 |  |
| 1. Motor unit recruitment in relation to strength/force of muscle contraction inter and intramuscular coordination
 |  |
| 1. Describe neuromuscular coordination
 |  |
| 1. An overview of the ‘all or none law’
 |  |
| 1. How exercise can enhance neuromuscular connections and improve motor fitness
 |  |
| **The digestive system** |
| 1. The structure and function of the digestive system and the effect of healthy eating on other major body systems
 |  |
| 1. How fats, proteins and carbohydrates are digested and absorbed and the main enzymes involved.
 |  |
| 1. The role of dietary fibre in the maintenance of gut function
 |  |
| 1. Functions of each section of the alimentary canal (mouth, oesophagus, stomach, small intestine, large intestine)
 |  |
| 1. Role of the liver and pancreas in assisting digestion
 |  |
| 1. Timescales for digestion
 |  |
| 1. Importance of fluid for the digestive system
 |  |
| **The Endocrine system** |
| 1. The structure and function of the endocrine systems and the effects of exercise on the endocrine system
 |  |
| **Posture** |
| 1. Curves of the spine
 |  |
| 1. Neutral spine alignment
 |  |
| 1. Potential ranges of motion of the spine
 |  |
| 1. Postural deviations including kyphosis, lordosis, scoliosis and the effect of pregnancy
 |  |
| 1. Reasons and procedures for referring on to an appropriate professional
 |  |
| **Stabilisation of the body during exercise** |  |
| 1. Appropriate core stabilisation exercise activities, such as
* floor based exercises
* exercises using equipment
 |  |
| 1. Functional movement exercises (e.g. balance, stability, flexibility)
 |  |
| 1. The importance of progressive core stabilisation exercises
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **General anatomy and physiology knowledge** |
| 1. Use relevant anatomical and physiological terminology in the provision of fitness advice and programming
 |  |
| 1. Use classification of anatomical planes of movement: Frontal, (coronal), sagittal and transverse in the provision of fitness advice and programming
 |  |
| 1. Use classification of anatomical terms of location: - Superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial and deep in the provision of fitness advice and programming
 |  |
| 1. Identify the effects and responses of commencing, sustaining and ceasing exercise on each of the body systems described in terms of physiological responses (acute/short term)
 |  |
| 1. Describe the long-term/chronic effects and responses of exercises on each of the body systems in terms of physiological responses
 |  |
| 1. Analyse the effect of exercise variables on biomechanics and kinesiology
 |  |
| 1. Apply knowledge of anatomy and physiology in the design of **safe** and effective exercise **programmes** for a range of **participants**
 |  |
| **The anatomy and physiology of the heart** |
| 1. Identify the location and describe the function of the heart
 |  |
| 1. Describe the structure of the heart and how blood is moved through the four chambers of the heart (pumped and collected)
 |  |
| 1. Explain the purpose of the valves in the heart
 |  |
| 1. Explain the link between the heart, the lungs and the muscles
 |  |
| **The anatomy and physiology of the lungs**  |
| 1. Identify the location and describe the function of the lungs
 |  |
| 1. Describe the structure of the lungs, the mechanism of breathing (inspiration and expiration) and contraction and relaxation of the muscles involved
 |  |
| 1. Describe the action of the diaphragm and the basic mechanics of breathing including the main muscles involved in breathing
 |  |
| 1. Describe the passage of air through nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, alveoli and capillaries
 |  |
| 1. Explain gaseous exchange of oxygen and carbon dioxide in the body (to cover internal and external respiration).
 |  |
| 1. Explain how oxygen travels to the muscles via the blood
 |  |
| 1. Explain the relative composition of oxygen and carbon dioxide gases in inhaled and exhaled air and the relationship to aerobic respiration
 |  |
| **Circulatory systems in relation to exercise** |
| 1. Relate the structure and function of the circulatory system and respiratory system to exercise
 |  |
| 1. Describe the systemic and pulmonary circulation to include structure and functions of the arteries, veins and capillaries and how they link to the heart, lungs and muscles
 |  |
| 1. Explain the cardiac cycle
 |  |
| 1. Describe the structure and function of arteries, veins, capillaries and mitochondria
 |  |
| 1. Explain blood pressure and identify blood pressure classifications
 |  |
| 1. Explain venous return and the implications of ‘blood pooling’ on the exercise **session**
 |  |
| 1. Describe cardiovascular and respiratory adaptations to training
 |  |
| 1. Identify oxygen demands of different activities
 |  |
| **The skeletal system in relation to exercise** |
| 1. Describe the function of the skeleton (movement, muscle attachments and levers, protection of internal organs, provides shape, red and white blood cell production, mineral storage)
 |  |
| 1. Identify the structure of the skeleton to include:

**Axial skeleton:*** cranium
* cervical vertebrae
* thoracic vertebrae
* lumbar vertebrae
* sacral vertebrae
* sternum
* ribs
* coccyx
* pubis

**Appendicular skeleton:** * scapula
* clavicle
* humerus
* ulna
* radius
* carpals
* metacarpals
* phalanges
* ilium
* ischium
* femur
* patella
* tibia
* fibula
* tarsals
* metatarsals
 |  |
| 1. Identify the classification of bones (long, short, flat, sesamoid, irregular)
 |  |
| 1. Describe the structure of long bone (compact and spongy/cancellous tissue, articular cartilage, epiphysis, diaphysis, periosteum, epiphyseal (growth) plates, bone marrow)
 |  |
| 1. Describe the stages of bone growth and the effects of exercise on bones and joints including:
* the remodelling process and the role of osteoblasts and osteoclasts
* the significance of weight bearing exercise, hormones, body weight, calcium, vitamin D and the ageing process
* considerations during childhood/adolescence (growing pains, development of peak bone mineral density, common overtraining/overuse injuries)
* the effect of pregnancy on joint alignment
 |  |
| 1. Explain the role of tendons, ligaments and cartilage
 |  |
| **Joint and joint action** |
| 1. Identify the classification of joints (immovable (fibrous), semi-movable (cartilaginous), moveable (synovial)
 |  |
| 1. Identify the structure of synovial joints (articular cartilage, fibrous capsule, joint/synovial cavity, synovial membrane, synovial fluid)
 |  |
| 1. Explain the types of synovial joints and their range of motion (gliding, hinge, ball and socket, pivot)
 |  |
| 1. Identify joint movement potential and joint actions

(flexion, extension, hyperextension, adduction, abduction, circumduction, supination, pronation, plantar flexion, lateral flexion, horizontal flexion, horizontal extension, dorsiflexion)  |  |
| 1. Relate the type and the structure of joints to joint mobility, joint integrity and risk of injury when planning exercise **programmes** and providing guidance to clients
 |  |
| 1. Describe the effects of exercise on bones to cover transmission of stress caused by impact, body weight, bone density
 |  |
| **The muscular system in relation to exercise** |
| 1. Identify the different types of muscles, describe their function and basic characteristics of muscle including cardiac, smooth and skeletal
 |  |
| 1. Identify the structure of skeletal muscle (epimysium, fascicle, perimysium, muscle fibres, endomysium)
 |  |
| 1. Name and identify the location of muscles:
* pectoralis major
* deltoids
* biceps
* rectus abdominis
* obliques
* tranversus abdominis
* trapezius
* rhomboids
* triceps
* latissimus dorsi
* erector spinae
* hip flexors
* quadriceps
* adductors
* tibialis anterior
* gluteals
* abductors
* hamstrings
* gastrocnemius
* soleus
 |  |
| 1. Describe the structure and function of the pelvic floor muscles
 |  |
| 1. Describe the sliding filament theory
 |  |
| 1. Describe the principles of muscle action and contraction, to include:
* muscles cross joints
* muscles only pull
* contraction along the line of fibres
* muscles working in pairs
* concentric/eccentric/ isometric, (static), isokinetic contractions
* the role of antagonistic pairs, prime mover (agonist), antagonist, synergist, stabiliser and fixator
 |  |
| 1. Describe the different muscle fibre types used in relation to exercise
 |  |
| 1. Identify which Joint actions are brought about by specific muscle group contractions
 |  |
| 1. Analyse exercises to identify the joint action occurring and the muscle responsible
 |  |
| 1. Explain skeletal muscle fibre types and their characteristics slow twitch - Type 1 (slow oxidative) and fast twitch - Type 2a (fast oxidative glycolytic or FOG) and Type 2b (fast glycolytic or FG)
 |  |
| 1. Explain delayed onset of muscle soreness (DOMS) and its likely causes
 |  |
| **Energy systems in relation to exercise** |  |
| 1. Explain the use of ingested carbohydrates, fats, and in extreme circumstances, proteins, in the production of energy/ATP
 |  |
| 1. Describe ATP re-synthesis
 |  |
| 1. Describe the three energy systems (Phosphocreatine (PCr)/Creatine Phosphate (CP), lactic acid/anaerobic system, aerobic system)
 |  |
| 1. Explain the need for energy for muscular contraction
 |  |
| 1. Explain the role of intensity and time and individual fitness levels in determining which energy system is used predominantly during exercise
 |  |
| 1. Identify the by-products of the three energy systems and their significance in muscle fatigue
 |  |
| 1. Explain oxygen debt, oxygen deficit, steady state, VO2 Max
 |  |
| 1. Describe the principles of anabolism, catabolism and excess post-exercise oxygen consumption (EPOC)
 |  |
| 1. Explain the effect of endurance training/advanced training methods on the use of fuel for exercise
 |  |
| 1. Identify energy demands of different activities
 |  |
| **The nervous system in relation to exercise** |
| 1. Explain the role and basic functions of the nervous system
 |  |
| 1. Explain the principles of muscle contraction (the stimulation of the nervous system to carry an electrical/nervous impulse to muscle to produce movement)
 |  |
| 1. Describe motor unit recruitment in relation to strength/force of muscle contraction inter and intramuscular coordination
 |  |
| 1. Describe sensory input, interpretation and motor output
 |  |
| 1. Explain the principle of ‘all or none law’
 |  |
| 1. Describe how exercise can enhance neuromuscular connections and improve motor fitness
 |  |
| 1. Describe neuromuscular coordination
 |  |
| 1. Describe neurons, motor units, proprioceptors (muscle spindles and Golgi tendon organs)
 |  |
| 1. Identify how exercise can enhance neuromuscular connections and improve motor fitness
 |  |
| **The digestive system** |
| 1. Describe the structure and function of the digestive system and the effect of healthy eating on other major body systems
 |  |
| 1. Explain how fats, proteins and carbohydrates are digested and absorbed and the main enzymes involved.
 |  |
| 1. Identify the role of dietary fibre in the maintenance of gut function
 |  |
| 1. Describe the role of the liver and pancreas in assisting digestion
 |  |
| 1. Identify timescales for digestion
 |  |
| 1. Explain the importance of fluid
 |  |
| 1. Describe the functions of each section of the alimentary canal (mouth, oesophagus, stomach, small intestine, large intestine)
 |  |
| 1. Use knowledge of the structure and function of the digestive system when providing guidance to participants
 |  |
| **The Endocrine system** |
| 1. The structure and function of the endocrine systems and the effects of exercise on the endocrine system
 |  |
| **Posture** |
| 1. Identify the curves of the spine
 |  |
| 1. Instruct **client** into neutral spine alignment throughout **session**
 |  |
| 1. Identify potential ranges of motion of the spine
 |  |
| 1. Identify postural deviations including kyphosis, lordosis, scoliosis
 |  |
| **Stabilisation of the body during exercise** |  |
| 1. Identify appropriate core stabilisation exercise activities, such as
* floor based exercises
* exercises using equipment
 |  |
| 1. Identify functional movement exercises (e.g. balance, stability, flexibility)
 |  |
| 1. Explain the importance of progressive core stabilisation exercises
 |  |

## Assessment Strategy: The anatomy and physiology for exercise, fitness and health

|  |
| --- |
| **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.
 |
| 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 Foundation Training Endorsement Guide.
* For guidance on writing MCQ papers refer to **Guidance on writing Multiple Choice Question Papers** in the Foundation Training 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 Foundation Training 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.
 |

# 2. Principles of Exercise, Fitness and Health (PEFH)

* Lifestyle and health promotion
* The components of fitness
* The principles and variables of fitness training
* Biomechanical concepts
* Muscular strength and endurance
* Aerobic theory
* Stretch theory

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Lifestyle and health promotion** |
| 1. Understand components of a healthy lifestyle and factors that affect health and wellbeing
 |  |
| 1. The exercise prescription for health, wellbeing and physical fitness
 |  |
| 1. Understand the cardiorespiratory, muscular and flexibility related benefits of physical activity and their relation to reducing the risk of disease
 |  |
| 1. The relevant physical activity guidelines for different ages and dose-response relationship including appropriate exercise activity required for health benefits and fitness benefits
 |  |
| 1. General benefits of physical activity to include:
* reduced blood pressure,
* improved body composition
* reduced risk of certain diseases including:
* coronary heart disease (CHD)
* some cancers
* Type 2 Diabetes
* Hypertension
* Stroke
* Obesity
* musculoskeletal conditions
* Osteoporosis
 |  |
| 1. Psychological benefits such as:
* reduced risk of stress,
* mental health problems
* depression
* anxiety
 |  |
| 1. Key health implications of inactivity such as:
* obesity
* increased incidence of certain diseases
 |  |
| 1. The agencies involved in promoting physical activity for health in their home country
 |  |
| 1. How to promote a healthy lifestyle nutrition, opportunities for physical activity in daily life, discourage smoking
 |  |
| 1. Understand the prevalence and health implications of your country’s population
 |  |
| 1. Understand where to find credible information sources and research methods, and the importance of evidence-based practice
 |  |
| 1. Know how to tailor advice on the components of a healthy lifestyle according to the individual client
 |  |
| 1. Know how to use effective **communication techniques** when explain the health related benefits of exercise to **clients**
 |  |
| 1. Know how technological advancements can be used to support the customer experience to increase physical activity levels, motivation and focus: e.g. wearable technology, pedometers, smartphone apps
 |  |
| **The components of fitness** |
| 1. The components of physical fitness
 |  |
| 1. The components of health related fitness (muscular strength, hypertrophy, aerobic endurance, muscular endurance, flexibility, body composition) and skill related fitness (agility, balance, coordination, power, reaction time, speed)
 |  |
| 1. Factors that affect health, physical fitness and skill related fitness
 |  |
| 1. Differences between programming exercise for physical fitness, health benefits and sports specific fitness
 |  |
| 1. The relationship between physical fitness, health-related exercise, sports specific exercise
 |  |
| 1. The application of the principles and variables of fitness to the components of fitness
 |  |
| **The principles and variables of fitness training** |
| 1. Understand the progressive principles and changes made in terms of:
* specificity
* progression
* reversibility
* adaptability
* individuality
* recovery time
* adaptation
* overload – Frequency, Intensity, Time, Type (FITT), adherence, rate, resistance, repetitions, rest, range of movement
 |  |
| 1. Adaptation, modification and progression of each component of FITT in relation to the principles of training
 |  |
| 1. How the principles of training apply to each of the health-related components of fitness
 |  |
| 1. The principles of a progressive training **programme** in developing components of fitness
 |  |
| 1. Understand the relevant physiological changes that occur in the body as a result of changes made to progress a **programme** over a period of time
 |  |
| 1. Recognised national/international guidelines for developing the different components of fitness
 |  |

|  |
| --- |
| **Biomechanical concepts** |
| 1. Biomechanical concepts and their effects on exercises, to include:
* centre of gravity
* stability
* momentum
* inertia
* alignment
* levers – 1st, 2nd, 3rd class levers
* torque
* base of support
* balance
* planes of motion
* length-tension relationships
 |  |
| 1. Open and closed chain kinetic movements. Understand their advantages and disadvantages
 |  |
| 1. The effect of speed of movement on posture, alignment and intensity
 |  |
| 1. Resistance training equipment, the effects of the following on exercise and the participant:
* resistance
* force
* axis
* variable resistance
 |  |
| **Muscular strength and endurance**  |
| 1. The Muscular Strength and Endurance (MSE) continuum
 |  |
| 1. The benefits of MSE training in relation to health-related fitness and factors affecting individual’s ability to achieve MSE gains
 |  |
| 1. The physiological changes that occur as a result of MSE training
 |  |
| 1. The overload principle i.e. F.I.T.T.A (Frequency, Intensity, Time, Type, Adherence) applied to muscular strength
 |  |
| 1. Application of other principles of training to muscular strength and muscular endurance
 |  |
| 1. The need for the whole body approach in health-related fitness
 |  |
| 1. Other activities that will achieve MSE training effect
 |  |
| 1. Understand Resistance Training terms and definitions
 |  |
| **Aerobic theory**  |
| 1. The aerobic/anaerobic continuum
 |  |
| 1. The physiological and health-related changes that occur as a result of aerobic training
 |  |
| 1. The benefits of aerobic training
 |  |
| 1. The differences between and benefits from continuous and interval aerobic training
 |  |
| 1. Characteristics of aerobic and anaerobic activities, i.e., running, walking, sprinting, jumping
 |  |
| 1. The overload principle i.e. F.I.T.T.A (Frequency, Intensity, Time, Type, Adherence) applied to aerobic training
 |  |
| 1. Application of all other principles of training to aerobic strength
 |  |
| 1. Different methods of intensity monitoring to include: heart rate monitoring, rate of perceived exertion, talk test
 |  |
| 1. Factors affecting an individuals’ ability to achieve an aerobic training effect
 |  |
| 1. The structure of the aerobic component within a health related exercise **session** to include: re-warm, peak and warm down
 |  |
| **Stretch theory** |
| 1. The range of movement continuum
 |  |
| 1. The physiological and health-related changes that occur as a result of stretching
 |  |
| 1. The different types of stretching (dynamic and static)
 |  |
| 1. The different methods of stretching (active and passive)
 |  |
| 1. Stretch reflex, desensitization and lengthening of muscle tissue (muscle creep)
 |  |
| 1. The overload principle F.I.T.T.A. (Frequency, Intensity, Time, Type, Adherence) applied to stretching
 |  |
| 1. Application of all other principles of training to flexibility
 |  |
| 1. Factors affecting an individual’s potential range of movement
 |  |
| 1. The activities that improve range of movement
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Lifestyle and health promotion** |
| 1. Describe the components of a healthy lifestyle and factors that affect health and wellbeing including exercise prescription
 |  |
| 1. Explain the benefits of physical activity and their relation to reducing the risk of disease (to cover list of benefits in knowledge). Include relevant guidelines for different ages and dose-response relationship
 |  |
| 1. Explain the psychological benefits of exercise
 |  |
| 1. Identify the agencies involved in promoting physical activity for health in their home country
 |  |
| 1. Identify how to promote a healthy lifestyle for **participants**
 |  |
| 1. Identify the prevalence and health implications of your country’s population
 |  |
| 1. Identify credible information sources and research methods.
 |  |
| 1. Tailor advice on the components of a healthy lifestyle according to the individual **client’s** needs
 |  |
| 1. Offer credible advice and guidance appropriate to own level of expertise to promote positive healthy lifestyle choices
 |  |
| 1. Effectively communicate the health related benefits of exercise to the **client**
 |  |
| 1. Identify any relevant technological advancements to support the **clients** experience to increase physical activity levels, motivation and focus.
 |  |
| **The components of fitness** |
| 1. Explain the components of health related fitness relevant to specific exercise (muscular strength, hypertrophy, aerobic endurance, muscular endurance, flexibility, body composition) and skill related fitness (agility, balance, coordination, power, reaction time, speed)
 |  |
| 1. Identify the factors that can affect health, physical fitness and skill related fitness
 |  |
| 1. Identify the differences and relationships between programming exercise for physical fitness, health benefits and sports specific fitness
 |  |
| 1. Apply the principles and variables of fitness components to programming
 |  |
| **The principles and variables of fitness training** |
| 1. Apply the progressive principles in programming, to include:
* specificity
* progression
* reversibility
* adaptability
* individuality
* recovery time
* adaptation
* overload – Frequency, Intensity, Time, Type (FITT), adherence, rate, resistance, repetitions, rest, range of movement
 |  |
| 1. Identify how the principles of training apply to each of the health-related components of fitness
 |  |
| 1. Describe how the principles of a progressive training **programme** can develop specific components of fitness
 |  |
| 1. Explain the relevant physiological changes that occur in the body as a result of changes made to progress a **programme** over a period of time
 |  |
| **Biomechanical concepts** |
| 1. Apply the biomechanical concepts to programming
 |  |
| 1. Describe the differences between open and closed chain kinetic movements with examples of each and a consideration of their advantages and disadvantages
 |  |
| 1. Apply the effect of speed of movement on posture, alignment and intensity
 |  |
| 1. Resistance training equipment, the effects of the following on exercise and the participant:
* resistance
* force
* axis
* variable resistance
 |  |
| **Muscular strength and endurance**  |
| 1. Apply the principles of the Muscular Strength and Endurance (MSE) continuum to programming
 |  |
| 1. Identify the benefits of MSE training in relation to health-related fitness and factors affecting individual’s ability to achieve MSE gains
 |  |
| 1. Apply all principles of training to muscular strength & muscular endurance programming
 |  |
| 1. Apply a whole body approach to programming
 |  |
| 1. Identify other activities that will achieve MSE training effect
 |  |
| 1. Identify resistance training terms and definitions
 |  |
| **Aerobic theory**  |
| 1. Apply the aerobic/anaerobic continuum to programming
 |  |
| 1. Identify the benefits of aerobic training
 |  |
| 1. Explain the differences between and benefits from continuous and interval aerobic training
 |  |
| 1. Identify characteristics of aerobic and anaerobic activities, i.e., running, walking, sprinting, jumping
 |  |
| 1. Apply all the principles of training to aerobic strength to programming
 |  |
| 1. Identify and use relevant methods of intensity monitoring to include: heart rate monitoring, rate of perceived exertion, talk test
 |  |
| 1. Identify factors affecting an individuals’ ability to achieve an aerobic training effect
 |  |
| 1. Include a suitable structure for the aerobic component within a health related exercise **session** to include: re-warm, peak and warm down
 |  |
| **Stretch theory**  |
| 1. Apply the range of movement continuum to programming
 |  |
| 1. Describe the physiological and health-related changes that occur as a result of stretching
 |  |
| 1. Apply relevant methods and principles of flexibility and stretching to programming
 |  |
| 1. Explain the stretch reflex, desensitization and lengthening of muscle tissue (muscle creep)
 |  |
| 1. Identify factors affecting an individual’s potential range of movement
 |  |
| 1. Identify relevant activities that improve range of movement
 |  |

## Assessment Strategy: Principles of Exercise, Fitness and Health (PEFH)

|  |
| --- |
| **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 Foundation Training Endorsement Guide.
* For guidance on writing MCQ papers refer to **Guidance on writing Multiple Choice Question Papers** in the Foundation Training 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 Foundation Training Endorsement Guide.
* These short questions are a ‘closed book’ assessment, which means the learner is not allowed to refer to any notes or 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 must 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 **adaptations** based on the principles of exercise, fitness and health. However, this must only be used for 5% of the assessment of this standard.
 |

# 3. Professional practice and personal career development

* Structure of the Industry
* Roles and responsibilities
* Continuing professional development (CPD)
* Reflect on teaching practice
* Improve own development and career opportunities
* Personal business acumen

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Structure of the industry** |
| 1. The structure and roles within the fitness industry
 |  |
| 1. Industry organisations and their relevance to the fitness professional
 |  |
| 1. Employment opportunities in different sectors of the industry
 |  |
| **Roles and responsibilities** |
| 1. The national legal responsibilities of the instructor
 |  |
| 1. Know roles and responsibilities of self and **other professionals** involved in the **programme** including the **client** to ensure the safety and wellbeing of everyone at all times.
 |  |
| 1. The information you may need to share with **other professionals** involved with the **client**
 |  |
| 1. Know why you need to clearly define your role and responsibilities with the **client**
 |  |
| 1. The importance of presenting a positive image of yourself and your organisation to **participants** to include:

Positive, honest, empowering, personal integrity, respectful of clients and other professionals, motivating, trustworthy, committed, non- judgemental, consistent, personal conduct, role model, demonstrating a professional demeanour e.g. uniform, positive first impressions and maintain organisational standards for personal presentation |  |
| 1. Know to demonstrate professional ethics relating to their role
 |  |
| 1. Be an ambassador for the sector leading by example and displaying positive health behaviours.
 |  |
| 1. Know when to consult **other professionals** if **clients'** needs and expectations go outside your level of competence
 |  |
| 1. Know current national guidelines, **legislation and organisational procedures** relevant to own role
 |  |
| 1. The professional ethics related to own role to include:
* maintaining a professional membership
* role boundaries and scope of practice
* responsibilities
* representation of skills, abilities, and knowledge
* interface with other relevant professionals
* business practices
* professional code of conduct
 |  |
| 1. Know the range of relevant exercise or **other professionals** that **clients** can be signposted/referred onto when they are beyond own scope of practice/area of qualification
 |  |
| 1. The importance of being able to work alone and as part of a team with minimal supervision
 |  |
| 1. The skills and abilities such as adaptability, confidence, team working, problem solving, conscientiousness, efficient time management, ability to plan and prepare own work, ability to identify areas for development, ability to follow instructions.
 |  |
| 1. Ensure compliance with appropriate legislative requirements. Including appropriate licenses are in place for:
* music
* products
* broadcasting
* public performance
 |  |
| 1. Ensure compliance with appropriate insurance guidelines
* public liability
* personal indemnity
 |  |
| **Communicate with clients**  |
| 1. Different **communication techniques** and how to use them:
 |  |
| 1. How to adapt **communication techniques** to meet the needs of customers from differing backgrounds, cultures, experience
 |  |
| 1. Different **communication methods** to build rapport and create an effective working relationship in order to maximise the customer experience
 |  |
| 1. How to support **safe** and enjoyable use of the fitness **environment**
 |  |
| 1. How to communicate effectively with a range of **clients** including different cultural and social differences
 |  |
| **Continuing professional development (CPD)** |
| 1. The importance of reflection and continuing professional development in helping you to develop participant fitness and motivation
 |  |
| 1. Appropriate registration systems and their importance
 |  |
| 1. How to keep knowledge and skills up to date:
* Importance of accessing regular relevant CPD activities
* How to access relevant industry-recognised CPD
* How to incorporate them into your personal action plan
* Keeping up to date with industry trends
* Know relevant legislation/policy and guidelines relating to CPD
 |  |
| **Reflect on teaching practice**  |
| 1. The importance of reflection and continuing professional development in helping to develop client health, fitness and motivation
 |  |
| 1. How to reflect on professional teaching practice and complete self-reflection/evaluation to aid personal development
 |  |
| 1. Review the outcomes of working with **clients**, their feedback and feedback from **other professionals**
 |  |
| 1. Identify the effectiveness of teaching practice to include:
* exercise instruction
* **motivational methods**
* **learning styles** of the **client**
* **teaching methods**
* health, safety and welfare of the **client**
 |  |
| 1. The importance of evaluating performance against a code of conduct or code of ethical practice for instructors
 |  |
| 1. How to identify key lessons and how to make use of these in improving future practice
 |  |
| 1. The importance of discussing ideas with **other professionals** and take account of their views
 |  |
| 1. When to discuss your work with **other professionals** and take account of their views, reflecting on your own professional practice
 |  |
| **Improve own development and career opportunities**  |
| 1. Consider career pathways
 |  |
| 1. Understand the importance of having a personal action plan for development
 |  |
| 1. How to develop a personal action plan that will help you improve your professional practice
 |  |
| 1. The importance of regularly reviewing and updating personal action plan
 |  |
| 1. The importance of discussing ideas with **other professionals**
 |  |
| 1. The importance of receiving and accepting feedback from **other professionals**
 |  |
| 1. How to work and interact with **other professionals**
 |  |
| 1. How to analyse how well you work and interact with **other professionals**
 |  |
| 1. How to access information on developments in the fitness industry
 |  |
| 1. How to identify areas where further development of professional practice is needed
 |  |
| 1. How to review your own professional practice according to **legal and organisational procedures**
 |  |
| 1. Why you should review your professional practice on a regular basis
 |  |
| 1. Sources of information to keep you up-to-date with developments in the industry
 |  |
| **Personal business acumen** |  |
| 1. How to financially plan (profit and loss, tax, national insurance, liability insurance and music license fees etc)
 |  |
| 1. Organisation’s/own product offer and how to support secondary spends where appropriate
 |  |
| 1. Know the importance of digital media and how to develop a digital plan
 |  |
| 1. Social media/digital profiles and their impact
 |  |
| 1. How to set up a professional social media/digital profile
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Structure of the fitness Industry** |
| 1. Identify the structure and roles within the fitness industry
 |  |
| 1. Identify industry organisations and their relevance to the fitness professional
 |  |
| 1. Identify employment opportunities in different sectors of the industry
 |  |
| **Roles and responsibilities** |
| 1. Identify the national **legal and organisational** responsibilities of the fitness or group fitness instructor
 |  |
| 1. Identify roles and responsibilities of self and **other professionals** involved in the **programme** including the **client**
 |  |
| 1. Highlight the information you may need to share with **other professionals** involved with the **client**
 |  |
| 1. Explain why you need to clearly define your role and responsibilities with **participants**
 |  |
| 1. Conduct themselves portraying a professional image
 |  |
| 1. Demonstrate the professional ethics related to own role
 |  |
| 1. Demonstrate an ability to be an ambassador for the sector leading by example and displaying positive health behaviours
 |  |
| 1. Consult **other professionals** if **participants'** needs and expectations go outside your level of competence
 |  |
| 1. Follow current national guidelines, **legislation and organisational procedures** relevant to own role
 |  |
| 1. Demonstrate the ability to work alone and as part of a team with minimal supervision:
 |  |
| 1. Demonstrate skills and abilities such as adaptability, confidence, team working, problem solving, conscientiousness, efficient time management, ability to plan and prepare own work, ability to identify areas for development, ability to follow instructions
 |  |
| 1. Identify compliance with appropriate legislative requirements including appropriate licenses are in place for:
* music
* products
* broadcasting
* public performance
 |  |
| 1. Identify compliance with appropriate insurance guidelines:
* public liability
* personal indemnity
 |  |
| **Communicate with clients**  |
| 1. Use a range of **communication techniques** with **clients**
 |  |
| 1. Adapt **communication techniques** to meet the needs of **clients** from differing backgrounds, cultures, experience
 |  |
| 1. Use a range of methods to build rapport and create an effective working relationship in order to maximise the **client** experience
 |  |
| 1. Support **safe** and enjoyable use of the fitness **environment**
 |  |
| 1. Use **communication methods** effectively with a range of **clients** including different cultural and social differences
 |  |
| **Continuing professional development (CPD)** |
| 1. Explain the importance of reflection and continuing professional development in helping you to develop participant fitness and motivation
 |  |
| 1. Identify appropriate registration systems and their importance
 |  |
| 1. Identify how to keep knowledge and skills up to date:
* importance of accessing regular relevant CPD activities
* how to access relevant industry-recognised CPD
* how to incorporate them into your personal action plan
* keeping up to date with industry trends
* know relevant legislation/policy and guidelines relating to CPD
 |  |
| **Reflect on teaching practice**  |
| 1. Explain the importance of reflection and continuing professional development in helping to develop client health, fitness and motivation
 |  |
| 1. Reflect on professional teaching practice to include:
* outcomes of working with **clients**
* their feedback
* feedback from **other professionals**
* exercise instruction
* **motivational methods**
* **learning styles** of the **client**
* **teaching methods**
* health, safety and welfare of the **client**
 |  |
| 1. Identify when to discuss ideas with **other professionals** and take account of their views
 |  |
| 1. Evaluate performance against a code of conduct or code of ethical practice for instructors
 |  |
| 1. Identify key lessons and how to make use of these in the future practice
 |  |
| **Improve own development and career opportunities**  |
| 1. Identify potential career pathways
 |  |
| 1. Develop a personal action plan that will help improve your professional practice
 |  |
| 1. Explain the importance of regularly reviewing and updating personal action plan
 |  |
| 1. Explain the importance of discussing ideas with **other professionals**
 |  |
| 1. Receive and accept feedback from **other professionals**
 |  |
| 1. Work and interact with **other professionals**
 |  |
| 1. Identify how to access information on developments in the fitness industry
 |  |
| 1. Identify how to identify areas where further development of professional practice is needed
 |  |
| 1. Review your own professional practice according to legal and organisational procedures
 |  |
| 1. Explain the importance of reviewing your professional practice on a regular basis
 |  |
| 1. Identify suitable sources of information to keep you up-to-date with developments in the industry
 |  |
| **Personal business acumen** |
| 1. Demonstrate and ability to financially plan (profit and loss, tax, national insurance, liability insurance and music license fees etc)
 |  |
| 1. Identify possible organisation’s/own product offer and how to support secondary spends where appropriate
 |  |
| 1. Identify relevant digital media and develop a digital plan
 |  |
| 1. Identify relevant social media/digital profiles and their impact
 |  |
| 1. Explain or demonstrate how to set up a professional social media/digital profile
 |  |

## Assessment Strategy: Professional practice and personal career development

|  |
| --- |
| **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.
 |
| 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.
 |
| Practical application | * Some of the performance can be met during the practical application assessment, for example the learner providing customer service to the participants. However, this must only be used for 5% of the assessment of this standard.
 |

# 4. Supporting and educating the client

* Rapport and communicating with client
* Client consultation
* Conduct health screening
* Supporting participation in regular exercise
* Setting goals
* Barriers to participation
* Strategies for motivation and adherence
* Basic stress management techniques

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Rapport and communicating with client** |
| 1. How to use different ways of establishing rapport with different types of **clients**, taking account of, for example, gender, age, social class, current level of health and fitness, ethnicity and culture
 |  |
| 1. How to professionally interact with **clients** and relevant **other professionals** to include:
* How to introduce oneself
* rapport building
* connecting with people to create a positive experience
* adapting communication style to suit **client** needs
* presenting accurate information: e.g. sensitivity, discretion, non-judgemental manner
* respect the individuality of the **client**
* language and terms understood by **client (**simplify technical information)
* use skills to engage **clients**
 |  |
| 1. The use of effective **communication techniques** to engage and motivate the **client**
 |  |
| 1. The importance of showing sensitivity and empathy to **clients** and the **information** they provide
 |  |
| 1. How to interpret **client** responses including body language and other forms of behaviour especially when undertaking physical activity
 |  |
| 1. How to connect with **client,** how to learn and remember people’s names
 |  |
| 1. How to praise and encourage positive behaviour
 |  |
| 1. How to show genuine interest in the **client**
 |  |
| **Client consultation** |
| 1. Understand the consultation process and own professional role boundaries
 |  |
| 1. Understand the significance of the consultation as part of the customer experience/customer journey
 |  |
| 1. The importance of educating **client** about their own role, responsibilities and limitations in providing assistance (scope of practice)
 |  |
| 1. The importance of the **participants/clients** having a knowledge of the full range of activities/services/classes across the facility available and how to provide further details about them
 |  |
| 1. The importance of explaining to **participants** the related products, systems and technology (e.g. class booking apps) that help to enhance the customer experience
 |  |
| 1. Educate **client** on the purpose of client consultation
 |  |
| **Conduct health screening** |
| 1. Understand the purpose and content of basic health screening questionnaires and what may happen if health screening **information** is not collected and correctly processed
 |  |
| 1. The purpose and importance of Informed consent
 |  |
| 1. Risk stratification models and when to signpost or refer a client to **other professionals** and/or medical professionals:
* How to risk stratify clients
* Clear understanding of the absolute contraindications to exercise and factors that indicate that a client is at low, medium or high risk of an adverse event occurring during exercise/propensity for risk
* Recognised tools (Irwin and Morgan traffic light system/other national/international evidence-based tools, national/locally agreed protocols/referral/care pathways
* Relevant health history, current health status, particularly in relation to risk factors for heart disease
* The identification of medical conditions that would necessitate medical clearance or referral to an appropriate medical professional or other clinician or medically supervised exercise **programme**, past and present injuries and disabilities
 |  |
| 1. Know the **legal and organisational procedures** for the collection, use, storage and disposal of personal **client** **information**
 |  |
| 1. Know **methods** of recording **information** in a way that will help with analysing it
 |  |
| 1. Use of lifestyle questionnaires to gather relevant **information**
 |  |
| 1. The importance of gaining **client** feedback to ensure they understand the reasons for the collection of **information** and how it will be used
 |  |
| **Supporting participation in regular exercise** |
| 1. Know the procedures for identifying the **participants'** reasons for taking part in regular exercise and physical activity
 |  |
| 1. The recommended amount of exercise and physical activity
 |  |
| 1. The perceived benefits **clients** can expect from an exercise **programme**
 |  |
| 1. Know typical contraindications to physical activity and how to respond to these
 |  |
| 1. Know where to find information on social and psychological support for inactive **clients**
 |  |

|  |
| --- |
| **Setting goals** |
| 1. Know ways to identify the typical **goals** and expectations that **clients** have
 |  |
| 1. Know why it is important to base **goal** setting on proper analysis of **clients’** needs
 |  |
| 1. Know how to analyse and interpret collected **information** so that **client** needs and **goals** can be identified
 |  |
| 1. Know the difference between advising on exercise participation and lifestyle physical activity
 |  |
| 1. Know the types of exercise preferences that different **clients** may have
 |  |
| 1. How to set, review, and revise short, medium and long-term **SMART goals** linked to a **client’s** individual needs, wants and motivators
 |  |
| 1. Know how to monitor targets, review and evaluate progress and adapt accordingly
 |  |
| 1. Know how to work with **clients** to agree short, medium and long-term **goals** appropriate to their needs
 |  |
| **Barriers to participation** |
| 1. Know and understand different behaviour change approaches/strategies to encourage adherence to exercise/physical activity to include:
* stages of change/trans-theoretical model of behaviour change
* Prochaska and Di Clemente
* **goal** setting
* social support
* problem-solving
* reinforcement strategies
* self-monitoring
* **motivational methods**
 |  |
| 1. Understand the needs and potential of the **client**
 |  |
| 1. Know ways of identifying barriers which may prevent clients participating in physical activity and achieving their **goals**
 |  |
| 1. **Clients** incentives and barriers to participate in exercise, including:
* influencing factors
	+ category of **client**
	+ stage of fitness
	+ personal
	+ **programme**
	+ **environment**
	+ social
 |  |
| **Strategies for motivation and adherence** |
| 1. Know ways of minimising and overcoming barriers to participation
 |  |
| 1. Know and identify the types of exercise preferences that different **participants** may have
 |  |
| 1. Know how to manage the expectations of clients related to their participation in exercise
 |  |
| 1. The readiness of the client to participate
 |  |
| 1. Personal, environmental and cognitive factors and their potential effect on exercise adherence
 |  |
| 1. Know how different incentives and rewards that can strengthen clients’ motivation and adherence
 |  |
| 1. Understand techniques of working with **participants** to build on opportunities, preferences, rewards and incentives to taking part in exercise and physical activity
 |  |
| 1. Understand the role of intrinsic and extrinsic motivation in exercise adherence and practical examples of both
 |  |
| 1. How incorporating clients’ exercise/physical activity preferences into their **programme** can strengthen motivation and adherence
 |  |
| 1. Know how to motivate **participants** to take part in exercise
 |  |
| 1. The importance of helping the **participants** identify, develop and use their own **motivational methods**
 |  |
| 1. Know a range of **teaching** and **motivational methods** that match **clients’** needs
 |  |
| 1. Know how to support **clients** to adhere to exercise/physical activity
 |  |
| 1. Why it is important for a **clien**t to take personal responsibility for their own fitness and motivation
 |  |
| 1. Understand how to monitor **clients'** adherence to exercise and physical activity
 |  |
| 1. Know and understand techniques to assist **participants** to adapt and refine their adherence to exercise and physical activity
 |  |
| **Basic stress management techniques** |
| 1. The definition of eustress and distress
 |  |
| 1. The implications of distress on health and wellbeing
 |  |
| 1. Possible relaxation techniques (sauna, massage, autogenic training (Shultz)), deep breathing, meditation, progressive muscle relaxation (Edmund, Jacobson), yoga
 |  |
| 1. The symptoms of anxiety and depression that may necessitate referral to a medical or mental health professional
 |  |
| 1. The importance of providing **clients** with basic information on stress management including:
* stress management techniques
* exercise
* different modes
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Rapport and communicating with client** |
| 1. Use different ways of establishing rapport with different types of **clients,** taking account of, for example, gender, age, social class, current level of health and fitness, ethnicity and culture
 |  |
| 1. Demonstrate the use of effective **communication techniques** to engage and motivate **participants:**
 |  |
| 1. Explain how to connect with clients, include how to
* learn and remember people’s names
* use empathetic listening
* show genuine interest in the individual
* praise and encourage positive behaviour
* use open-ended question and reflecting answering
* use effective use of voice and body language
* show sensitivity and empathy to clients and the **information** they provide
* interpret **client** responses including body language and other forms of behaviour
 |  |
| **Client consultation** |  |
| 1. Complete an effective **client** consultation as part of the customer experience/customer journey, ensure the following:
* correct process is followed
* educate the client on their own responsibilities and limitations
* educate **client** on the purpose of **client** consultation
* discuss with **client** other activities/services and classes
* explain any products, systems and technology that help to enhance the customer experience
 |  |
| **Conduct health screening** |  |
| 1. Describe the purpose and importance of health screening and Informed consent
 |  |
| 1. Demonstrate ability to perform effective health screening of client
 |  |
| 1. Demonstrate use of a risk stratification models
 |  |
| 1. Demonstrate the industry standards and practices for the collection, use, storage and disposal of personal client **information**
 |  |
| 1. Record **information** in a way that will help with analysing it
 |  |
| 1. Gain **client** feedback to ensure they understand the reasons for the collection of **information** and how it will be used
 |  |
| 1. Operate within professional boundaries and know how and when to refer to **other professionals** as appropriate
 |  |
| 1. Ensure the privacy and security needs of **clients** and any **legal and organisational procedures** are met
 |  |
| **Supporting participation in regular exercise** |
| 1. Identify the **clients'** reasons for taking part in regular exercise and physical activity
 |  |
| 1. Provide the **client** with information about the recommended amount of exercise and physical activity
 |  |
| 1. Explain the perceived benefits **clients** can expect from an exercise **programme**
 |  |
| 1. Identify typical contraindications to physical activity and respond to these accordingly
 |  |
| 1. Identify where to find information on social and psychological support for inactive **clients**
 |  |
| **Setting goals** |
| 1. Identify the typical **goals**, exercise preferences and expectations that **clients** may have
 |  |
| 1. Analyse and interpret collected **information** so that **client** needs and **goals** can be identified
 |  |
| 1. Describe the difference between advising on exercise participation and lifestyle physical activity
 |  |
| 1. Explain the purpose of assessing preferences, **goals** and barriers to the **client**
 |  |
| 1. Agree with **client** short, medium and long-term **SMART goals** linked to their individual needs, wants and motivators
 |  |
| 1. Monitor, review and evaluate progress and adapt targets and **programme** accordingly
 |  |
| **Barriers to participation** |
| 1. Identify different behaviour change approaches/strategies to encourage adherence to exercise/physical activity relevant to your **client**
 |  |
| 1. Identify **participants** incentives and barriers to participate in exercise, including:
	* influencing factors
	* category of client
	* stage of fitness
	* personal
	* **programme**
	* environmental
	* social
 |  |
| **Strategies for motivation and adherence** |
| 1. Support **participants** to minimise and overcome barriers to participation
 |  |
| 1. Manage the expectations of clients related to their participation in exercise
 |  |
| 1. Agree readiness to participate with clients
 |  |
| 1. Consider personal, environmental and cognitive factors and their potential effect on exercise adherence
 |  |
| 1. Identify different incentives and rewards that can strengthen clients’ motivation and adherence
 |  |
| 1. Build on opportunities, preferences, rewards and incentives to taking part in exercise and physical activity with clients
 |  |
| 1. Support the client to recognise and develop their intrinsic and extrinsic motivation to exercise.
 |  |
| 1. Explain how incorporating clients’ exercise/physical activity preferences into their **programme** can strengthen motivation and adherence
 |  |
| 1. Explain the importance of helping the **participants** identify, develop and use their own **motivational methods**
 |  |
| 1. Use a range of **teaching** and **motivational methods** that match individual needs
 |  |
| 1. Create a positive, motivating and empowering **environment** that supports **clients** to participate in and adhere to exercise.
 |  |
| 1. Use personal attitudes, actions and values to positively influence clients exercise adherence and behaviour
 |  |
| 1. Explain how to monitor **clients'** adherence to exercise and physical activity
 |  |
| **Basic stress management techniques** |
| 1. Explain the definition of eustress and distress
 |  |
| 1. Describe the implications of distress on health and wellbeing
 |  |
| 1. Identify possible relaxation techniques that can be recommend to the client
 |  |
| 1. Describe the symptoms of anxiety and depression that may necessitate referral to a medical or mental health professional
 |  |
| 1. Provide **participants** with basic information on stress management including:
* stress management techniques
* exercise
* different modes
 |  |

## Assessment Strategy: Supporting and educating the client

|  |
| --- |
| **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.
 |

# 5. Provide customer service

* Customer needs
* Industry products and services
* Communicate with clients
* Dealing with conflict
* Provide customer service to clients
* Respond to client complaints

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Customer needs** |
| 1. The definition of the exercise customer
 |  |
| 1. The local demographics of their organisation’s customers and how this affects the products and services offer.
 |  |
| 1. Customer expectations and aspirations within the fitness facility environment.
 |  |
| 1. How to build social support and inclusion within the fitness facility **environment.**
 |  |
| **Industry products and services** |
| 1. Ways of identifying potential opportunities (industry products and organisations services) for exercise and physical activity in relation to their needs, abilities, **goals** and preferences
 |  |
| **Dealing with conflict** |
| 1. Different types of conflict and how to manage them
 |  |
| 1. How to avoid conflict
 |  |
| **Provide customer service to clients**  |  |
| 1. A typical customer journey in a fitness **environment**
 |  |
| 1. The importance of customer retention and how to influence customer retention
 |  |
| 1. How to greet **clients** effectively
 |  |
| 1. How to Identify **client** needs and expectations correctly and provide appropriate products, services or information
 |  |
| 1. How to meet all reasonable **client** needs and requests
 |  |
| 1. The importance of **client** care both for the **client** and the organisation
 |  |
| 1. How to Identify **client** needs and expectations correctly and provide appropriate products, services or information
 |  |
| 1. Why it is important to deal with **clients’** needs to their satisfaction
 |  |
| 1. The basic principles of customer service to include:
* how to welcome and receive the customer
* the need and how to be service oriented
* how to be open and friendly all the time
* how to approach and respond to customers in a positive way
* present yourself in a professional and approachable manner
* how to ensure **client** satisfaction
* how to provide support to the **client**
* techniques to meet **client** requirements and requests
* how to provide alternative customer service solutions if necessary
* personal and interpersonal factors and their influence on customer service
* how to provide on-going customer service to **clients**
* how to engage with **clients** during exercise
 |  |
| 1. The skills of effective customer care:
* **Communication techniques**
* negotiation
 |  |
| 1. The methods and practices, which contribute to effective customer care
 |  |
| 1. The importance of consulting with a colleague or **other professional** where there is difficulty in meeting customer needs and expectations
 |  |
| 1. How to link customer service to client motivation and exercise adherence
 |  |
| 1. The importance of valuing equality and diversity when working with **clients**
 |  |
| 1. The importance of customer service to the development of the health and fitness industry and reaching out to non- traditional **clients**
 |  |
| **Respond to client complaints**  |
| 1. Different methods to obtain **client** feedback and channels of recording and reporting in line with **organisational procedures** to support membership retention
 |  |
| 1. The feedback cycle and the impact of their role on the **client** experience
 |  |
| 1. How to recognise **client** dissatisfaction promptly and take action to resolve the situation effectively
 |  |
| 1. The importance of explaining any delay in dealing with **clients** and how to do so effectively
 |  |
| 1. The importance of handling **client** complaints positively, sensitively and politely
 |  |
| 1. Techniques of handling **clients'** queries and complaints following legal and organisational procedures
 |  |
| 1. The importance of remaining positive and cooperative at all times
 |  |
| 1. How to follow a complaint handling policies and procedures in line with **organisational procedures**
 |  |
| 1. The types of issues that may need to be referred to colleague or **other professional**
 |  |
| 1. How to refer a complaint to colleague or **other professional**
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Customer needs** |
| 1. Describe the definition of the exercise customer
 |  |
| 1. Identify the local demographics of their organisation’s customers and explain how this affects the products and services on offer.
 |  |
| 1. Identify **clients’** expectations and aspirations within the fitness facility environment.
 |  |
| 1. Identify how to build social support and inclusion within the fitness **environment.**
 |  |
| **Industry products and services** |
| 1. Identifying potential opportunities (industry products and organisations services) for exercise and physical activity in relation to their needs, abilities, **goals** and preferences
 |  |
| **Dealing with conflict** |
| 1. Identify different types of conflict and explain how to manage and avoid conflict
 |  |
| **Provide customer service to clients**  |  |
| 1. Identify a typical **client** journey in a fitness **environment**
 |  |
| 1. Explain the importance of customer retention and how to influence customer retention
 |  |
| 1. Explain the importance of **client** care both for the **client** and the organisation
 |  |
| 1. Identify **client** needs and expectations correctly and provide appropriate products, services or information to their satisfaction
 |  |
| 1. Identify the basic principles of customer service
 |  |
| 1. Use effective customer care skills
 |  |
| 1. Identify methods and practices, which contribute to effective customer care
 |  |
| 1. Explain the importance of consulting with a colleague or **other professional** where there is difficulty in meeting **clients’** needs and expectations
 |  |
| 1. Link customer service to **client** motivation and exercise adherence
 |  |
| 1. Value equality and diversity when working with **clients**
 |  |
| 1. Explain the importance of customer service to the development of the health and fitness industry and reaching out to non- traditional **clients**
 |  |
| **Respond to client complaints**  |
| 1. Identify different methods to obtain **client** feedback and channels of recording and reporting to support membership retention
 |  |
| 1. Describe techniques of handling **clients'** queries and complaints
 |  |
| 1. Identify how to follow a complaint handling policies and procedures that generally operate within the fitness industry and the specific organisation
 |  |
| 1. Identify when and how to refer a complaint to colleague or **other professional**
 |  |

## Assessment Strategy: Provide customer service

|  |
| --- |
| **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.
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* 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.
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 |
| 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.
 |

# 6. Adaptations, modifications and contraindications for special populations

* Antenatal and postnatal women
* Older adult
* Disabled clients
* Young people
* Duty of care
* Safeguarding children and vulnerable adults

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Professional role boundaries in relation to special populations** |
| 1. Understand professional role boundaries when working with **special populations** and that this qualification does not qualify instructors to:
* be a specialist instructor in the area, or advertise as such
* instruct **special population** **clients**, 1:1 or in groups, on a regular and/or frequent progressive basis
* plan a progressive, long-term **special populations** physical activity **programme**
 |  |
| 1. The base knowledge required to enable an instructor to accommodate appropriately screened an **asymptomatic\*\*** **special population clients** within a mainstream studio, aqua or gym exercise **session** on an occasional basis.

\*\*Asymptomatic is the term used by the American College of Sports Medicine/American Heart Association (ACSM/AHA) 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) identified in the Physical Activity Readiness Questionnaire (PARQ) and AHA/ACSM pre-exercise screening tools. |  |
| 1. The importance of informing **clients** that they do not have the specialised qualification and training in the adaptation of exercise for **special populations** and only possess basic knowledge regarding recommended guidelines
 |  |
| 1. The importance of giving **clients** the choice to stay in the **session** and follow the basic recommended guidelines and/or seek further guidance from an appropriate **special populations** qualified instructor
 |  |
| 1. When Instructors find themselves frequently working with **special population clients**, the importance of obtaining the relevant qualification/s, and how failure to do so could render them in breach of their duty of care
 |  |
| 1. How to ensure insurance policies covers their instruction, however brief, of **special population clients**
 |  |
| 1. How to give guidance to encourage **special population** **clients** to follow the key safety guidelines and to discourage them from anything deemed to be potentially hazardous/contra-indicated to enable them to take part in **sessions**
 |  |

|  |
| --- |
| **Antenatal and postnatal women**This information relates only to normal, healthy, adult women experiencing a normal, healthy, single pregnancy, or who have had a normal, healthy birth, and who have had previous normal, healthy pregnancies and births. Postnatal refers to a woman up to 12 months after birth. |
| 1. Brief overview of the changes to the body systems during antenatal and postnatal period, to include:
* general changes to the cardiovascular
* general changes to the respiratory system
* impact of hormones and endocrine system
* changes to musculoskeletal system (including bone, tendon, ligaments and joints)
* effects of pregnancy on joint alignment
* muscular system
* the nervous system
* implications of posture
* Exercise implications and contraindications of stability
 |  |
| 1. Why in most cases exercise is **safe** for both mother and baby.
 |  |
| 1. Why exercise at appropriate intensity for the **client** concerned is not associated with adverse pregnancy outcome
 |  |
| 1. Guidelines for women who have not exercised prior to pregnancy:
* They should begin with 15 minutes continuous aerobic activity, increasing gradually to 30 minutes continuous low-moderate intensity aerobic activity
 |  |
| 1. The importance for the pregnant to:
* maintain adequate hydration during exercise
* avoid exercising in very hot or humid conditions
* consume adequate calories
* restrict exercise sessions to no longer than 45 minutes
 |  |
| 1. The best method for monitoring heart rate and exercise intensity during pregnancy
* women should be advised to exercise according to how they are feeling and encouraged to use the talk-test to monitor appropriate, individual intensity
 |  |
| 1. The main contraindications for pregnant and postnatal and movements to avoid during exercise:
* exercising in the supine position after 16 weeks of pregnancy
* inclined position is also unlikely to be a successful alternative to flat supine
* exercising prone
* prolonged, motionless standing
* overhead resistance exercise
* leg adduction and abduction against a resistance
* isometric exercises
* loaded forward flexion
* rapid changes of direction or position
* uncontrolled twisting
* exercise with a risk of falling or abdominal trauma
* excessive and uncontrolled de-stabilisation techniques
* impact
* rapid, ballistic or aggressive movements
* sit up’, ‘crunch’ or ‘oblique cross-over’ type exercises
 |  |
| 1. The reasons pregnant women should stop exercising immediately if they experience:
* dizziness, faintness or nausea
* bleeding or leakage of amniotic fluid
* abdominal or contraction type pain
* unexplained pain in the back, pelvis, groin, buttocks or legs
* excessive shortness of breath, chest pain or palpitations
 |  |
| 1. The hormonal and postural changes that can make pregnant and postnatal women vulnerable to injury during exercise:
* joint misalignment
* muscle imbalance
* motor skill decline (especially if they are genetically hypermobile)
* stability
* transversus abdominis muscle recruitment
* pelvic floor muscle function
 |  |
| 1. The timeline that these changes in hormones may start (from very early on in pregnancy and gradually become more significant as pregnancy progresses)
 |  |
| 1. The effects of high intensity or impact exercise on the pelvic floor during and after pregnancy
 |  |
| 1. Certain conditions that have elevated risk during the first weeks post birth such as:
* air embolism
* thrombosis
* haemorrhage
 |  |
| 1. The importance of waiting until the women has the postnatal 6 to 8 week check before beginning exercising post birth and/or have received the permission of their health care professional
 |  |
| 1. The importance of re-educating posture and joint alignment with postnatal clients
 |  |
| 1. Linea Alba separation and the effects on the rectus abdominis for at least 12 months postnatal
 |  |
| 1. Suitable and non-suitable exercises for the abdominal, obliques, lower back and pelvic floor during pregnancy and postnatal
 |  |
| 1. Common changes to postural alignment in pregnant and postnatal to include:
* forward flexed with shoulder girdle protraction
* thoracic kyphosis
* long weak upper back extensors
* short tight pectoral muscles
* prone to neck and shoulder pain
 |  |
| 1. Why a woman should be referred to a health professional if she is experiencing any of the following symptoms post birth:
* stress incontinence or pelvic floor muscle weakness
* ‘dragging’ pain or a feeling of heaviness in the lower abdominal or pelvic floor area
* groin, low back pain or difficulty walking, even if mild and intermittent
* abdominal muscle weakness
* excessive abdominal doming
* abdominal muscle separation or softness/sinking at the umbilical mid-line
* umbilical hernia
 |  |
| 1. Why babies should not be used as resistance or a weight for exercise and why they should be excluded from the exercise area
 |  |
| 1. Why pregnant women may be vulnerable to nausea, dizziness and fainting, and the importance for instructors to ensure they hold up to date first aid skills
 |  |
| **Older adult**This guidance relates to clients aged 50 and over.  |  |
| 1. Brief overview of the changes to the body systems in an older adult, to include:
* general changes to the cardiovascular
* general changes to the respiratory system
* impact of hormones and endocrine system
* changes to musculoskeletal system (including bone, tendon, ligaments and joints)
* effects on joint alignment
* muscular system
* the nervous system
* implications of posture
* Exercise implications and contraindications of stability
 |  |
| 1. 50 is the current internationally recognised age at which there is significant reduction in the safety margins relating to exercise and when pre-exercise screening is essential to ensure exercise professionals meet their duty of care. These best practice guidelines are for 50+ **participants** who:
* are asymptomatic (i.e. determined by the pre-exercise completion and interpretation of one of the two recommended 50+ pre-exercise Screening Tools namely: Revised PARQ (PARQ-R) or the AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire)
* have little or no recent and frequent experience of the particular exercise modality
 |  |
| 1. Why relaxation of these guidelines for highly trained, recently and frequently, physically active asymptomatic individuals in a particular exercise modality is at the client’s own risk
 |  |
| 1. Why an instructor needs to be mindful that regardless of the older adult’s fitness levels and outward appearance, the ageing process is underway and the effects this can have on their body
 |  |
| 1. That 40 is the approximate age at which the ageing process begins and 50 is the age at which the progressive losses in the musculoskeletal/cardiovascular/neuromuscular systems means that adaptation of exercise needs to be considered
 |  |
| 1. Highly trained individuals in the 50+ age range are a very small and elite group accounting for approximately 1% of the 50+ population
 |  |
| 1. Ageing is not a disease. It is a natural, universal, complex and highly individual process characterised by progressive losses and declines in the function of most physiological and psychological systems and impacts on fitness and safety during exercise. Eventually these losses lead to increased frailty and inability to respond to stress and disease
 |  |
| 1. Functional status at any age depends not only on our age but also on our rate of ageing, health, gender, lifestyle (including our physical activity levels), behaviour and socio-economic influences
 |  |
| 1. Why potentially serious disease is increasingly prevalent with increasing age
 |  |
| 1. For most older adults, activity levels remain low or decrease with increasing age
 |  |
| 1. The losses in each of the body systems (NB from the age of 40) result in a corresponding loss of 1-2% loss per year in physical capacity in:
* muscular strength (fewer, smaller and weaker fibres)
* power (fewer fast twitch, smaller, weaker and slower)
* bone density (thinner, more brittle bone and less ability to withstand fracture)
* aerobic endurance (fewer capillaries, less elastic vessels and reduced intake, uptake and utilisation of oxygen)
* balance and co-ordination (less sensory input and less postural stability, co-coordinated and less ability to prevent a trip turning into a fall)
* flexibility
* agility
* mobility and transfer skills (stiffer joints, reduced range and ease of movement and less ability to perform activities of daily living (ADLs) such as getting up and down from floor, chairs safely etc.)
 |  |
| 1. The sensory declines including:
* reduced motor learning (slower motor learning)
* reduced visual and aural acuity (sight and hearing difficulties)
 |  |
| 1. The cognitive declines including:
* poorer short-term memory
 |  |
| 1. The recommendations for all clients over the age of 50 to complete a pre-exercise health screening questionnaire (PARQ-R or AHA/ACSM) to establish whether they are asymptomatic and ready to participate or whether they should seek further medical assessment prior to participating in an exercise **programme**
 |  |
| 1. The importance of spend longer warming up and warming up more gradually than younger clients (i.e. to ensure a total of 15 minutes)
 |  |
| 1. The importance of including mobility exercises in the warm up such as and moderate shoulder circles before increasing the shoulder range of movement (ROM) and progressing to arm circles
 |  |
| 1. Why clients should be encouraged to take responsibility for additional warm ups themselves, such as by walking to the **session** or by coming early and warming up before the **session**
 |  |
| 1. The importance of building in a longer, more gradually tapered cool down after the aerobic training
 |  |
| 1. Why clients should be encouraged to do this additional cool down for themselves, for example, by keeping going for a few minutes after the rest of the class have stopped and/or are changing to the next activity, to prevent/minimise the potential for diverse cardiovascular events
 |  |
| 1. How to keep the intensity of all training components to a challenging but health related level, that is, without pain or strain and within their individual ‘personal best training zone’
 |  |
| 1. The benefits of using the talk-test and educating clients on the use of the RPE scale as a means of monitoring and regulating exercise intensity, as required (NB it should be challenging)
 |  |
| 1. In addition, where appropriate, instructors should encourage 50+ **clients** to:
* ensure correct technique as it is even more important for injury prevention with this client group
* take more time during transitions, such as floor to standing etc.
* simplify exercise; when correct technique cannot be maintained and risk is increased, such as when any weight bearing steps involving laterally crossing one leg over the other (as in grapevine) are included in a group session
* break down moves into stages to prevent dizziness
* learn new exercises with the easiest position and/or the lightest resistance and progress slowly initially
 |  |
| 1. Why the instructor should use their professional judgement (including the client’s current physical activity history) before giving suitable alternatives
 |  |
| 1. Why to avoid contra-indicated exercises such as:
* extreme spinal flexion, such as full or half curl-ups from supine
* extension in the neck area, supported head if needed
 |  |
| **Disabled clients** |  |
| 1. Why many disabled **clients** experience barriers to accessing sufficient physical exercise to include: psychological, physical or social barriers
 |  |
| 1. How regular and planned physical activity in a **safe** and supportive **environment** may not only help disabled **clients** in the same range of ways as for non-disabled clients, but it may also:
* reduce the risk of gaining additional disabling conditions
* improve the ability to perform activities of daily living that might previously have been difficult
* maintain or even improve independence
 |  |
| 1. Why it is unlawful to:
* refuse to serve a disabled person
* provide a lower standard of service
* offer a less favourable service to a disabled person
 |  |
| 1. What disable refers to - a person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities
 |  |
| 1. The legal requirements of service providers:
* they must make ‘reasonable adjustments’ to their facilities and services so that they are accessible to disabled people
* Adjustments to buildings and services must be made in expectation of attendance by disabled people; it is not reasonable for disabled people to be asked to wait until adjustments have been made
* This may include providing extra help when required, but does not include automatically providing an additional service that is not required
* Exemption is justified for the following reasons:
* if by meeting the needs of the disabled person the health and safety of any person, including the disabled person, is endangered
* if by serving the needs of the disabled person the service provider is unable to serve others (not including a delay or inconvenience to others)
* if the disabled person is unable to enter into a legally enforceable agreement, or give informed consent
* if providing a service to disabled people on the same terms as to other people means that it would not be possible to offer the service at all, or if a higher charge would have to be made to others
 |  |
| 1. Where to find guidance and support for operators interested in welcoming disabled people into their facilities, and to disabled people interested in getting active
 |  |
| **Young people**This guidance relates to the provision of **safe** exercise instruction to young people in a gym and studio **environment** (aged 14 to 17) |  |
| 1. Brief overview of the changes to the body systems during adolescences, to include:
* general changes to the cardiovascular
* general changes to the respiratory system
* impact of hormones and endocrine system
* changes to musculoskeletal system (including bone, tendon, ligaments and joints)
* effects on joint alignment
* muscular system
* the nervous system
* implications of posture
* Exercise implications and contraindications of stability
 |  |
| 1. Why a young person’s fitness routine should include activities that are aerobic or endurance based to work the cardiovascular and cardio respiratory systems, driven by the processes of both anaerobic and aerobic metabolisms
 |  |
| 1. Adolescence is characterised by dramatic physical, cognitive, social and emotional changes. These changes, along with the young person’s growing independence, search for identity, concern with appearance, need for peer acceptance and active lifestyle, can significantly affect their mental and physical activity behaviours
 |  |
| 1. The importance of understanding how the impact of exercise participation on the young person both now and in the future will greatly depend on how psychological and physiological changes are managed by the individual and others
 |  |
| 1. If there is any doubt over the suitability of the **environment,** equipment and training for young people then instructors should contact a fully qualified children’s physical activity instructor
 |  |
| 1. Physiological safety considerations:
* a gym **environment** is typically designed with an adult in mind; therefore, certain elements may not be suitable until an individual reaches physical maturity.
* *for example: if a young person is unable to reach a lat pull down bar then they must be advised to use another piece of equipment*
* the same situation could also occur in a studio environment; for example, if a young person is unable to meet the required adjustments on a spin bike it may not be suitable for them to attend the class
* emphasise the importance of variety within a **session**. it is extremely important to avoid excessive training. these include too much of one form of exercise, participating in the wrong class for their body type *and using too heavy weight in weight training*
* inappropriate size matching in pairs should be avoided
* too much high impact moves on the spot should be avoided
* the appropriate equipment for the activity (correct size, weight etc.) should always be provided
 |  |
| 1. Psychological safety considerations - it is important to remember that psychological symptoms/difficulties often go hand in hand with growing up. It is extremely important that a qualified children’s physical activity instructor is consulted if any situations causing concern arise
 |  |
| 1. Why instructors should be aware of the lack of mental ability of some young people to cope with the psychological and physiological changes they are undergoing, especially if they are considerably bigger or smaller than the rest of their peer group. This may lead to low self-esteem or other psychological problems
 |  |
| 1. Why instructors should be aware that psychological changes in young people could lead to bouts of teenage depression, social issues (such as violence), smoking and drugs, eating disorders and even over-training
 |  |
| 1. How to use effective **communication methods** with both young people and parents to ensure an intelligent and **safe** **session** is followed. Simple language that is jargon free and not overly technical needs to be used
 |  |
| 1. The importance of implementing etiquette and rules from the onset (young people need clear guidelines of expected behaviour)
 |  |
| 1. Why it is important to identify common ground to build rapport and trust with young people but remain within the guidelines of safeguarding children
 |  |
| 1. The guidelines for cardiovascular training in young people:
* Interval training should ideally form the main focus when designing cardiovascular **session**s for young people. Interval training has been proven as the most successful type of cardiovascular training for young people for both physiological benefits and psychological benefits. It provides variety which boosts enthusiasm, motivation and confidence to complete short exercise tasks but also in relation to daily life
* The use of the Rate of Perceived Exertion (RPE) scale (refer to the Borg RPE scale) as a preferred method of monitoring intensity. RPE requires the young person to pay particular attention to how they feel regarding how tired they feel, how much effort it is taking and how much physical stress they are under
* Young people aged 14 plus using a heart rate chart solely depends on the mental and physical maturity of the young person. The preferred recommended method is to start to educate the participant in the use of heart rate charts alongside the use of RPE until full physical maturity has been reached
 |  |
| 1. Guidelines for flexibility training in young people:
* Caution should be taken when teaching any stretch exercise especially when young people are in a growth spurt. These are really vulnerable times and there is an increased injury risk as the soft tissue around the joints is already stretched as muscle growth does not keep up with bone growth rates
* Flexibility classes, for example yoga, need to be taught with caution especially with young people who are in their growth spurt. Adapted exercises may need to be applied if the young person complains of any discomfort or pain during certain exercises
* Some young people will not have gained sufficient motor skills to develop their flexibility with good technique and therefore risk injury by not understanding stretching to the point of ‘mild tension’. Terminology and understanding needs to be adapted to ensure young people understand the given task
 |  |
| 1. The importance of a youth specific PAR-Q and needs analysis to accommodate the young people who sign up to use the facilities (this should be done by a qualified children’s physical activity instructor). The terminology used in a youth specific PAR-Q needs to be client friendly to ensure they understand the questions asked. The PAR-Q and etiquette/rules will need to be signed for by their parent or guardian, if they are under the age of 16, to allow access into the gym prior to their first **session**
 |  |
| 1. Understand your scope of practice:
* if an instructor does not hold a children’s physical activity qualification, then they should not instruct young people to lift weights
* *free-weight exercises including dumbbells, barbells and cables require a significant amount of knowledge and experience with regards to postural alignment and engaging a neutral spine; therefore, these exercises must be guided under and provided by a qualified children’s physical activity instructor to encourage and develop solid basic skills*
* ultimately the most effective form of resistance training could cause the most harm if not supervised correctly by an experienced children’s physical activity instructor
 |  |
| **Duty of care** |  |
| 1. The Safeguarding of Children and Vulnerable Adults - with young people training within a fitness environment, the instructor is in ‘loco parentis’ in this situation and it is their responsibility to ensure the individuals are using the correct and suitable equipment according to their statue and mental capacity. In legal terms this is known as Duty of Care. If during a liability claim procedure it was found that an accident occurred on a piece of equipment that was unsuitable for the end-user, then the instructor and his/her employer would be held jointly responsible and therefore be deemed negligent
 |  |
| 1. Why duty of care applies to all clients (it is the obligation to exercise a reasonable level of care towards an individual, to avoid injury to that individual or his/her property)
 |  |
| 1. How duty of care and liability with regard to a breach in duty of care is based upon the relationship between the parties, the negligent act or omission and whether the loss to the individual was reasonably foreseeable
 |  |
| 1. Examples of how a negligent act is an unintentional but careless act which results in loss
 |  |
| 1. Why duty of care is said to be greater when working with vulnerable adults
 |  |
| 1. The definition of a vulnerable adult is defined by the UK government as ‘a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’
 |  |
| 1. Why instructors have a greater duty of care to vulnerable clients and any client undergoing a ‘special’ physiological lifespan process that puts them at greater risk of an exercise related event, such as childhood, ageing, ante and postnatal
 |  |
| **Safeguarding children and vulnerable adults** |
| 1. Health and safety requirements for safeguarding and protecting participants
 |  |
| 1. Ways of assessing and controlling risks using legal and organisational procedures
 |  |
| 1. Examples of procedures for safeguarding and protecting **participants** and why you should adhere to these at all times
 |  |
| 1. The values or codes of practice relevant to the work you will carrying out (the Exercise and Fitness Code of Ethical Practice) and their importance
 |  |
| 1. The responsibilities and limitations of an instructor and the importance of demonstrating safeguarding behaviour at all times; this includes:
* 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
* reporting any suspected abuse to the safeguarding and protection officer or senior manager
* responding to cases of abuse in a responsible manner
* working in an open environment
 |  |
| 1. The types of abuse which an instructor may encounter - Abuse can take on many forms, but it can be broadly separated into five categories:
* physical
* emotional
* sexual
* bullying
* neglect
 |  |
| 1. The statutory agencies responsible for safeguarding in your area
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Professional role boundaries in relation to special populations** |
| 1. Explain the importance of understanding professional role boundaries when working with **special populations**
 |  |
| 1. Identify the boundaries when working with **special population**s in a normal exercise setting
 |  |
| 1. Explain an asymptomatic **special population client**
 |  |
| 1. Explain the importance of informing **clients** that they do not have the specialised qualification and training in the adaptation of exercise for **special populations** and only possess basic knowledge regarding recommended guidelines
 |  |
| 1. Give the **client** the choice to stay in the **session** and follow the basic recommended guidelines and/or seek further guidance from an appropriate **special populations** qualified instructor
 |  |
| 1. Explain why Instructors who find themselves frequently working with **special population clients** may be in breach of their duty of care if they do not hold the suitable qualifications
 |  |
| 1. Identify how to ensure insurance policies covers their instruction, however brief, of **special population clients**
 |  |
| 1. Identify how to give guidance to encourage **special population** **clients** to follow the key safety guidelines and to discourage them from anything deemed to be potentially hazardous/contra-indicated to enable them to take part in **sessions.**
 |  |
| **Antenatal and postnatal women** |
| 1. Identify the changes to the body systems during antenatal and postnatal period.
 |  |
| 1. Identify relevant guidelines for women who have not exercised prior to pregnancy
 |  |
| 1. Identify relevant exercise guidelines for pregnant women during exercise
 |  |
| 1. Identify relevant exercise guidelines for postnatal women up to 12 months after childbirth
 |  |
| 1. Identify the main contraindications for pregnant and postnatal and movements to avoid during exercise
 |  |
| 1. Identify the reasons pregnant women should stop exercising
 |  |
| 1. Identify conditions that may have elevated risk during the first weeks post birth
 |  |
| 1. Describe the important of re-educating posture and joint alignment with postnatal clients
 |  |
| 1. Explain Linea Alba separation and the effects on the rectus abdominis
 |  |
| 1. Identify common changes to postural alignment in pregnant and postnatal
 |  |
| 1. Identify reasons why a postnatal woman should be referred to a health professional
 |  |
| 1. Explain why babies should not be used as resistance or a weight for exercise and why they should be excluded from the exercise area
 |  |
| **Older adult** This guidance relates to clients aged 50 and over |  |
| 1. Identify the changes to the body systems in the older adult
 |  |
| 1. Explain what is meant by asymptomatic
 |  |
| 1. Explain why the older adult’s fitness levels and outward appearance, may not be true indicators to their fitness ability
 |  |
| 1. Describe the main considerations for changes to the musculoskeletal/cardiovascular/neuromuscular systems
 |  |
| 1. Outline the main losses in each of the body systems for an older **client**
 |  |
| 1. Outline the main exercise guidelines for programming for an older **client**
 |  |
| 1. Explain the benefits of using the talk-test and educating clients on the use of the RPE scale as a means of monitoring and regulating exercise intensity
 |  |
| 1. Identify any contra-indicated exercises for older **clients**
 |  |
| **Disabled clients** |  |
| 1. Explain why disabled **clients** may encounter barriers to regular physical activity
 |  |
| 1. Identify the benefits of exercise to most disabled **clients**
 |  |
| 1. Describe the law in relation to the disable **client’s** ability to use a fitness **environment**
 |  |
| 1. Identify where to find guidance and support for operators interested in welcoming disabled people into their facilities, and to disabled **clients** interested in getting active
 |  |
| **Young people**This guidance relates to the provision of **safe** exercise instruction to young people in a gym and studio **environment** (aged 14 to 17) |  |
| 1. Identify the changes to the body systems during adolescence.
 |  |
| 1. Explain why a gym or studio **environment** may not be a suitable place for a young person to exercise
 |  |
| 1. Identify the physiological and psychological implications of working with young people
 |  |
| 1. Describe your scope of practice when programming exercise for young people
 |  |
| 1. Outline the general guidelines for programming exercise for young people
 |  |
| 1. Describe how to effectively communicate with both young people and parents to ensure an intelligent and **safe** **session** is followed
 |  |
| 1. Explain the importance of implementing etiquette and rules from the onset
 |  |
| 1. Identify the **information** that should be collected on a youth specific PAR-Q and needs analysis
 |  |
| **Duty of care** |  |
| 1. Describe loco parentis in regards to working with young adults and vulnerable adults
 |  |
| 1. Explain duty of care and neglect and how it applies to all your clients
 |  |
| **Safeguarding children and vulnerable adults** |
| 1. Explain how to safeguard children, young adults and vulnerable adults who may use your facilities
 |  |
| 1. Explain the responsibilities and limitations of an instructor with regards to safeguarding
 |  |
| 1. Identify the statutory agencies responsible for safeguarding in your area
 |  |

## Assessment Strategy: Adaptations, modifications and contraindications for special populations

|  |
| --- |
| **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.
 |
| Practical application | * Some of the performance can be met during the practical application assessment. However, this must only be used for 5% of the assessment of this standard.
 |

# 7. Health, safety and welfare

* Maintain a healthy and safe fitness environment
* Assessing and controlling risks
* Organisational procedures
* Deal with accidents, injuries signs of illness and emergency

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Maintain a healthy and safe fitness environment** |
| 1. How to follow national and local, **legal and organisational** **procedures** for health and safety relevant to working in a fitness **environment**, could include:
* health and safety policies
* Safeguarding
* manual handling
* control of substances hazardous to health
* Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
* First Aid regulations
* Emergency Action Plan (EAP)
* hazard identification
* health, hygiene and cleaning
* personal safety
* reporting procedures
 |  |
| 1. How to access up to date health and safety information to carry out all work tasks safely and responsibly
 |  |
| 1. Legislative rights and responsibilities for workplace health and safety
 |  |
| 1. How to maintain the safety of the **participants** involved
 |  |
| 1. The importance of manual handling during role as an instructor
 |  |
| **Assessing and controlling risks** |  |
| 1. Definition of hazards and how they can be identified, isolated, eliminated or minimised
 |  |
| 1. Know and understand ways of controlling risk in the fitness environment:
* dealing with the hazard personally
* reporting the hazard to the relevant colleague
* protecting others from harm
 |  |
| 1. How to identify likely hazards in the exercise **environment** and **programme** and assess the risks of these hazards, to include:

**Environment** factors which can affect the health and safety of the instructor and client * premises - surfaces
* staff
* customers
* behaviour, attitudes, needs
* equipment
* free weights
* machines
* exercise studio
* gym
* aqua equipment and pool
* sound system

**Operations** which can affect thehealth and safety of the instructor and **client:** * between staff, **client**, equipment and premises
* activities in the **programme**
* other activities happening at the same time
* client assessment methods
 |  |
| 1. Carry out risk assessments and minimise risk within the exercise setting:
* demonstrate a duty of care to **clients**
* **client** safety and wellbeing
* legal responsibilities
* compliance with national
* health and safety policies
* ethics and professional
* conduct
 |  |
| 1. How to implement risk management procedures required to minimise risk within the exercise setting:
* systems for identifying, assessing, reviewing and minimising risk
* systems for logging action
* systems for informing staff of risk management procedures and health and safety requirements
* industry and national guidelines for normal operating procedures
* supervision
* systems for informing **participants** of facility rules, correct use of services and equipment and health and safety requirements
* systems for maintenance of equipment and facilities
* breaches in risk management procedures/health and safety
* maintenance of risk management/health and safety records
 |  |
| 1. How to identify any new risks during a **session** and take action to control these in line with national guidelines
 |  |
| 1. Know why it is important to get advice from a relevant colleague if unsure about hazards and risks in the workplace
 |  |
| **Organisational procedures** |
| 1. Why health, safety and welfare are important in a fitness **environment**
 |  |
| 1. Typical safety issues in the fitness environment which may include:
* environmental conditions
* slippery surfaces
* manual handling and lifting
* toxic substances
* industrial gases
* body fluids
* fire
* infectious waste
* sharps
* chemical spills
* dust and vapours
* noise, light and energy sources
* faulty electrical equipment
* faulty sport or activity-specific equipment
* vehicles
 |  |
| 1. The persons responsible for health and safety in a general fitness **environment** and their role, could include:
* supervisors
* managers
* team leaders
 |  |
| 1. Manufacturers' guidelines for set up, maintenance and servicing and instructions for the use of facilities and equipment and where to locate them
 |  |
| 1. The health and safety implications of assembly, dismantling, maintaining hygiene and storage of equipment
 |  |
| 1. Understand storage plans and how to create one
 |  |
| 1. Key health and safety policies, **legal and organisational procedures** and documents
 |  |
| 1. Know why it is important to make suggestions about health and safety issues and how to do so
 |  |
| 1. The principle uses and suitability of a range of cleaning substances relevant to the gym **environment** e.g. anti-bacterial spray
 |  |
| 1. The principle uses and suitability of a range of cleaning equipment e.g. mop, paper towels etc.
 |  |
| **Deal with accidents, injuries signs of illness and emergency** |
| 1. The types of accidents, injuries and illnesses that may occur in the fitness **environment**
 |  |
| 1. How to deal with accidents, injuries and illnesses according to **legal and organisational procedures**
 |  |
| 1. Ensure first aid equipment meets health and safety guidelines and is present and functional
 |  |
| 1. Know how to decide whether to contact the on-site first aider or immediately call the emergency services
 |  |
| 1. Know the procedures to follow to contact the emergency services
 |  |
| 1. Call for a qualified first aider or the emergency services when required
 |  |
| 1. How to carry out your role whilst following emergency procedures
 |  |
| 1. Know the roles that different staff and external services play during an emergency
 |  |
| 1. How to maintain the safety of the **participants** involved in an emergency
 |  |
| 1. The **legal and organisational procedures** of your organisation for reporting an emergency
 |  |
| 1. How to show a responsible attitude to the care and safety of **participants** within the fitness **environment** and in planned activities ensuring that both are appropriate to the needs of the clients
 |  |
| 1. The importance of adequate and appropriate liability and indemnity insurance in place to protect their clients and any legal liability arising.
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Maintain a healthy and safe fitness environment** |
| 1. Identify national and local, **legal and organisational procedures** for health and safety relevant to working in a fitness **environment**
 |  |
| 1. Identify how to access up to date health and safety information to carry out all work tasks safely and responsibly
 |  |
| 1. Describe legislative rights and responsibilities for workplace health and safety
 |  |
| 1. Maintain the safety of the **participants** involved
 |  |
| 1. Demonstrate manual handling during role as an instructor
 |  |
| **Controlling risks** |  |
| 1. Identify likely hazards in the exercise setting and **programme** and assess the risks of these hazards to include:
* **environment** factors
* operations
 |  |
| 1. Carry out risk assessments and minimise risk within the exercise setting
 |  |
| 1. Demonstrate how to implement risk management procedures required to minimise risk within the exercise setting
 |  |
| 1. Identify any new risks during a **session** and take action to control these in line with national guidelines
 |  |
| 1. Get advice from a relevant colleague if unsure about hazards and risks in the workplace
 |  |
| **Organisational procedures** |  |
| 1. Explain why health, safety and welfare are important in a fitness **environment**
 |  |
| 1. Identify the persons responsible for health and safety the fitness **environment**
 |  |
| 1. Discuss the health and safety implications of assembly, dismantling, maintaining hygiene and storage of equipment
 |  |
| 1. Create a storage plan for equipment
 |  |
| 1. Identify key health and safety policies, **legal and organisational procedures** and documents which may be used in the fitness environment.
 |  |
| 1. Identify and report unsafe work practices
 |  |
| 1. Address safety issues within the limits of own role and responsibility
 |  |
| 1. Plan and prepare own cleaning activities
 |  |
| 1. Demonstrate suitable use of appropriate cleaning substances
 |  |
| 1. Demonstrate effective **communication techniques** with customers and colleagues whilst cleaning to ensure a positive customer experience.
 |  |
| **Deal with accidents, injuries signs of illness and emergency** |  |
| P20. Identify how to deal with accidents, injuries and illnesses according to **organisational procedures**, including when to call for emergency services as the involvement of **other professionals** |  |
| P22. Check suitable first aid equipment is available in the fitness environment |  |
| P23. Describe how to maintain the safety of the **participants** involved in an emergency |  |
| P24. Identify the **legal and organisational procedures** for reporting an emergency |  |
| P25. Demonstrate a responsible attitude to the care and safety of **participants** within the fitness **environment**  |  |
| P26. Explain how to ensure adequate and appropriate liability and indemnity insurance is in place  |  |

## Assessment Strategy: Health, safety and welfare

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| **To meet the performance criteria the training provider must use either all or a range of the following assessment methods:** |
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* 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.
 |
| Practical application | * Some of the performance can be met during the practical application assessment. However, this must only be used for 5% of the assessment of this standard.
 |

# 8. Plan and prepare water-based exercise

* Principles of teaching effective water-based exercise
* Prepare water-based session plans
* Music

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Principles of teaching effective water-based exercise** |
| 1. The roles and responsibilities of:
* pool owners and management
* clients
* aqua instructors
* pool lifeguards
* pool maintenance staff
 |  |
| 1. The principles of training and components of fitness in terms of their use in water-based fitness
 |  |
| 1. Properties of water:
* mass
* relative density
* viscosity
* hydrostatic pressure
 |  |
| 1. Forces that act upon the body in water:
* buoyancy
* resistance
* turbulence
* propulsion
* inertia
 |  |
| 1. The effect water has on the body for example:
* static and travelling balance
* greater range of joint movement
* mobility
* hyperbaric pressure on the chest
 |  |
| 1. The physiological and biomechanical effects of immersion in water in terms of:
* heart rate
* respiration
* blood pressure
* heat conductance
* energy expenditure
 |  |
| 1. Methods for modifying the body’s resistance in water including:
* inertia
* acceleration
* pace and speed
* lever length
* range of motion
* surface area presented to water (such as hand position)
* travelling
* current generation and use
 |  |
| 1. The effects of the following movement patterns in water to include:
* anchored or weighted movement
* active or energetic movement
* propulsion or turbulent actions
* suspended movements in deep, chest deep or shallow water
 |  |
| 1. The differences between water-based exercise and land-based exercise in terms of:
* heart rate
* respiration
* blood pressure
* heat conductance
* energy expenditure
* impact
* muscle balance
* muscle soreness
* movement
* speed/control
* range of motion
* strength development
* endurance
* posture
* barriers to effective instruction
 |  |
| 1. The different purpose/objectives of water-based fitness activities including:
* different types of fitness
* balance and coordination
* drills, fun and aquatic games
* social
* movement functionality
 |  |
| 1. The exercise techniques used in water-based exercises classes in terms of the muscle groups used, the exercise purpose, and key technique points
 |  |
| 1. A range of water-based activities which may include:
* interval
* circuit
* drills
* exercises
* games
* choreographed sessions to music
* deep water session
* equipment based
 |  |
| 1. The importance of the following environmental factors when planning sessions:
* water temperature
* depth
* humidity
* air temperature
 |  |
| 1. The effect of the use of shallow and deep water when planning water-based exercise
 |  |
| 1. Stretches and stretching movements used in water-based exercise in terms of their purpose, execution and application
 |  |
| 1. The effects of thermoregulation on class structure particularly in relation to different age groups
 |  |
| 1. The factors to consider when including non-swimmers in a session
 |  |
| 1. How to ensure the safety and welfare of clients appropriate to the environment, including:
* entry and exit to the water
* Thermoregulation
* continued visual contact with clients
* use of electrical equipment
* methods/movements to maintain or regain balance of their clients in the water
 |  |
| 1. How water-based exercise can assist injury rehabilitation
 |  |
| 1. Appropriate teaching positioning in regards to clients, pool and deck, sound system and sun glare, teaching positions to include:
* Teaching on pool deck
* Teaching in water
 |  |
| 1. Safe and effective instructional techniques in water-based exercise, to include:
* formations
* instructor preservation techniques
* visual and verbal cueing
* mirror imagine
* emulating water movements
* Hydrodynamic principles
* anchored and weighted movements
* active and energetic movements
* propulsion or turbulent actions
* suspended movements in deep or shallow water
* efficient learning curves
* modification of exercise options to meet individual needs
* appropriate components of water-based circuit training
 |  |
| 1. Use of a range of water-based equipment including but not limited to:
* kickboards
* flotation belts and vests
* flippers
* balls
* dumbbells
* paddles
* webbed gloves
* resistance bands
* clothing and sun protection (outdoor pools only)
* ankle cuffs
* shoes
* water-resistant heart rate monitors and stop watches
 |  |
| 1. How to monitor exercise intensity during sessions using the following methods:
* heart rate response
* perceived rate of exertion
* talk test
 |  |
| 1. Organisational policies and procedures to ensure safety of clients and other facility users in regards to:
* overcrowding
* ventilation
* hygiene
* climate control
* energy
* standards of personal presentation
* swimwear and pool footwear
* use, care and maintenance of pool equipment
 |  |
| **Prepare water-based session plans** |
| 1. When creating plans consider:
* client’s functional ability
* specific population conditions
* participant goals
* depth of water
* fitness and ability of participant
* water safety and awareness
* session type
 |  |
| 1. Session plans that catering for:
* beginners, intermediate and advanced participants
* low and high impact
 |  |
| 1. Injury prevention strategies specific to client needs and programme
 |  |
| 1. Industry endorsed risk stratification procedures, exercise implications and referral requirements for:
* low-risk clients
* moderate risk clients
* higher risk clients
 |  |
| 1. Suitable duration and intensity,
 |  |
| 1. The importance of careful and thorough planning and preparation for sessions
 |  |
| 1. The needs and potential of the participants including reasons for and barriers to participation in the appropriate session
 |  |
| 1. The types of special requirements that participants may have and how to adapt your plans, yourself and the equipment and facilities to meet these needs and give reasons for temporary deferral of exercise
 |  |
| 1. Suitable order and sequence of activities
 |  |
| 1. Determine appropriate phases, exercises, or choreography to meet group needs
 |  |
| 1. The importance of modify exercises for clients, addressing the following:
* technical requirements
* changing needs due to fitness adaptations
* changing goals
* client needs, objectives, likes and dislikes
* technical difficulty adjustments of exercises
 |  |
| 1. Develop and document session plans that incorporate instructional information
 |  |
| **Music** |
| 1. How to use music to enhance water-based exercise including selection of the speed and type of music for the clients and phase of the class
 |  |
| 1. Appropriate music for instructing water-based exercise:
* motivating
* themed
* phrased and unphrased
* appropriate beats per minute
 |  |
| 1. How to work to the structure and phrase of the music
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Principles of teaching effective water-based exercise** |
| 1. Describe the roles and responsibilities of those involved in water-based exercise:
 |  |
| 1. Explain the principles of training and components of fitness in terms of their use in water-based fitness
 |  |
| 1. Explain the properties of water
 |  |
| 1. Explain the forces that act upon the body in water
 |  |
| 1. Explain the effect water has on the body during exercise
 |  |
| 1. Explain the physiological and biomechanical effects of immersion in water
 |  |
| 1. Demonstrate methods for modifying the body’s resistance in water
 |  |
| 1. Demonstrate a range of movement patterns in water to include:
* anchored or weighted movement
* active or energetic movement
* propulsion or turbulent actions
* suspended movements in deep, chest deep or shallow water
 |  |
| 1. Explain the differences between water-based exercise and land-based exercise
 |  |
| 1. Identify the different purpose/objectives of water-based fitness activities
 |  |
| 1. Identify the exercise techniques used in water-based exercises classes in terms of the muscle groups used, the exercise purpose, and key technique points
 |  |
| 1. Demonstrate a range of water-based activities
 |  |
| 1. Demonstrate an understanding of the environmental factors when planning sessions
 |  |
| 1. Demonstrate an understanding of the effect of the use of shallow and deep water when planning water-based exercise
 |  |
| 1. Demonstrate suitable stretches and stretching movements for water-based exercise
 |  |
| 1. Explain the effects of thermoregulation on class structure particularly in relation to different age groups
 |  |
| 1. Identify the factors to consider when including non-swimmers in a session
 |  |
| 1. Identify how to ensure the safety and welfare of clients appropriate to the environment
 |  |
| 1. Explain how water-based exercise can assist injury rehabilitation
 |  |
| 1. Instruct from an appropriate teaching positioning in regards to clients, pool and deck, sound system and sun glare
 |  |
| 1. Demonstrate safe and effective instructional techniques in water-based exercise
 |  |
| 1. Use of a range of water-based equipment
 |  |
| 1. Explain how to monitor exercise intensity during sessions
 |  |
| 1. Identify organisational policies and procedures to ensure safety of clients and other facility users
 |  |
| **Prepare water-based session plans** |
| 1. Prepare water-based session plans that:
* consider the client’s needs
* are a suitable duration and intensity for the client
* contain suitable order and sequence of activities
* appropriate phases, exercises, or choreography to meet group needs
* include suitable modifications
 |  |
| 1. Explain injury prevention strategies specific to client needs and programme
 |  |
| 1. Identify industry endorsed risk stratification procedures, exercise implications and referral requirements for:
* low-risk clients
* moderate risk clients
* higher risk clients
 |  |
| **Music** |
| 1. Identify the legalities covering the use of music
 |  |
| 1. Use appropriate music for instructing water-based exercise
 |  |
| 1. Plan to the structure and phrase of the music
 |  |

## Assessment Strategy: Plan and prepare water-based exercise

|  |
| --- |
| **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 | * The learner must use minimum of five apparently healthy case study participants, the learner could be assessed creating suitable session plans for their live case study class.
* It is the responsibility of the training provider to ensure that the live case study group the learner has chosen is suitable for this training.
 |
| Theoretical case study **session** plan | * 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.
 |

# 9. Instruct and supervise water-based exercise

* Prepare for water-based session
* Instruct water-based session
* Ending the session

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Prepare for water-based session** |
| 1. The importance of health and safety in the wet side environment and considerations for health and safety to include:
* differences for indoor or outdoor swimming pools
* swimming pool entry and exit points
* wet decks
* slippery surfaces
* ramps
* steps
* bulk heads
* surface of pool and concourse
* pool floor gradient
* water depth
* water/pool temperature
* railings
* chemical additives
* ambient temperature
 |  |
| 1. The importance of site aspects and pool design and their impact on the conduct of activities
 |  |
| 1. How to assess the availability of area, assemble resources and prepare environment appropriately
 |  |
| 1. How to do equipment maintenance requirements, as required
 |  |
| 1. Aqua instructor resources as appropriate to the facility including but not limited to:
* ropes
* reach poles
* flotation devices
* whistle
* access to hydration
* non-slip pool deck instructor mat
* instructor aqua frame
* microphone and sound system
 |  |
| 1. The impact of capacity to independently participate in session
 |  |
| 1. The risks of using electrical equipment on the poolside and how to minimise these risks
 |  |
| 1. Spacing of the class; shallow water to deep water
 |  |
| 1. The importance of arriving in time to set up sessions, meet the clients punctually and make them feel welcome and at ease
 |  |
| 1. Pre-session instructions and screening to include client’s water familiarisation/confidence
 |  |
| 1. The importance of checking clients’ level of experience and ability, and identifying any new clients
 |  |
| 1. How to check clients’ physical condition, whether they have an illness or injury and advise individuals of any reasons why they should not participate in the exercises where appropriate
 |  |
| 1. How to advise clients where to position themselves in the pool
 |  |
| 1. The benefits versus risk of participation for some clients
 |  |
| 1. Situations where cessation of exercise is required, this may include but is not limited to:
* chest pain at rest or during activity
* severe breathlessness/feeling faint/dizziness/loss of balance
* unusual fatigue or shortness of breath
* asthma aggravation/attack
* significant muscle, bone or joint pain (beyond what is normally expected during exercise)
1. A situation whereby the aqua instructor makes a judgement that continuing the session is beyond their professional capabilities and scope of practice, and could potentially compromise client health and safety
 |  |
| 1. Signs and symptoms of poor exercise tolerance or unstable condition
 |  |
| 1. Instructor safety concerns, such as heat stress, joint stress and vocal cord injury
 |  |
| **Instruct water-based session** |
| 1. Exercises that are safe and appropriate for participants, including alternatives to potentially harmful exercises; safe and effective alignment of exercise positions
 |  |
| 1. The purpose and value of warm-up and cool- down
 |  |
| 1. Why participants need to understand the purpose and value of warm-up and cool- down
 |  |
| 1. Safe and effective warm-up and cool-down activities specific to the session
 |  |
| 1. A range of alternative exercises for adaptation including progressions and regressions as appropriate
 |  |
| 1. How to develop participant co-ordination by building exercises/movements up gradually
 |  |
| 1. The importance/methods of voice projection; effective use of volume and pitch of voice, with and without a microphone
 |  |
| 1. The aims of the programme that you are delivering
 |  |
| 1. Effective teaching strategies appropriate to the client(s) to include:
* break exercise/movements down to their component parts
* effective methods of building combinations of movements
* develop exercises gradually
* directive
* guided discovery
* multi-sensory
* positive reinforcement
* repeating instructions
* visual, verbal, aural and tactile
* effective cueing
* vary the pace and speed of exercise to ensure safety and effectiveness in the water
* mirror imaging
* formations
 |  |
| 1. How to emulate water movement patterns when instructing from pool deck
 |  |
| 1. Effects of water on client movement responses.
 |  |
| 1. Methods to monitor client technique and safety within appropriate hydrodynamic principles, and modify as required
 |  |
| 1. Appropriate attire for the participants and instructor
 |  |
| 1. The information that you must give to other people who are involved in the session including lane discipline/etiquette and direction
 |  |
| 1. How to recognise and respond to inappropriate client behaviour to effectively manage group cohesion
 |  |
| 1. Pacing and speed of exercises in an aquatic environment
 |  |
| 1. Working to the phrase of music (if applicable)
 |  |
| 1. The types of new hazards that may occur during a session and how to identify and deal with these
 |  |
| **Ending the session** |
| 1. The importance of giving clients feedback
 |  |
| 1. Those leaving exit the pool safely
 |  |
| 1. The correct procedures for checking and dealing with any equipment used
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Prepare for water-based session** |
| 1. Arrive in time to set up sessions, meet the clients punctually and make them feel welcome and at ease
 |  |
| 1. Identify site aspects and pool design that may impact on the conduct of activities
 |  |
| 1. Confirm availability of area, assemble resources and prepare environment appropriately
 |  |
| 1. Check equipment for maintenance requirements, as required
 |  |
| 1. Confirm capacity to independently participate in session
 |  |
| 1. Provide pre-session instructions
 |  |
| 1. Screen clients for any contraindications and/or precautions that may affect water-based participation and taking the necessary action to include client’s water familiarisation/confidence
 |  |
| 1. Check clients’ level of experience and ability, identifying any new clients
 |  |
| 1. Check clients’ physical condition, whether they have an illness or injury and advise individuals of any reasons why they should not participate in the exercises where appropriate
 |  |
| 1. Prepare self to teach sessions
 |  |
| **Instruct water-based session** |
| 1. Adopt appropriate teaching positions to observe all clients and respond to their needs
 |  |
| 1. Use instructor preservation techniques to support the safety of the instructor
 |  |
| 1. Use of a range of water-based exercise equipment
 |  |
| 1. Demonstration, explanation, and instruction of exercises, techniques and equipment
 |  |
| 1. Demonstrate transferability of hydrodynamic principles and emulate water movement patterns when instructing from pool deck
 |  |
| 1. Develop exercises gradually
 |  |
| 1. Vary the pace and speed of exercise to ensure safety and effectiveness in the water
 |  |
| 1. Provide ongoing clear and constructive feedback to clients
 |  |
| 1. Modify activity, as required to cater for a multi-level group
 |  |
| 1. Explain effects of water on client movement responses.
 |  |
| 1. Monitor participation and performance of each participant.
 |  |
| 1. Monitor client technique and safety within appropriate hydrodynamic principles
 |  |
| 1. Monitor for signs and symptoms of poor exercise tolerance or unstable condition
 |  |
| 1. Give clear verbal and visual instructions including volume, pitch and voice projection with or without a microphone
 |  |
| 1. Incorporate motivational techniques to maximise exercise program adherence
 |  |
| 1. Ensure a suitable order and sequence of activities
 |  |
| 1. Show sensitivity to participant cultural and social differences
 |  |
| 1. Respond to participants experiencing difficulties and answer questions as required
 |  |
| 1. Suitable duration, intensity, volume
 |  |
| 1. Encourage group cohesion and manage conflicts as they arise
 |  |
| **Ending the session** |
| 1. Give clients feedback
 |  |
| 1. Ensure those leaving exit the pool safely
 |  |
| 1. Follow the correct procedures for checking and dealing with any equipment used
 |  |
| 1. Leave the environment in a condition acceptable for future use
 |  |

## Assessment Strategy: Instruct and supervise water-based exercise

|  |
| --- |
| **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 must use a minimum of five apparently healthy case study **participants**.
* The learner must be assessed instructing a group of a minimum of five **participants** through a **session.**
* The **session** must be between 30-60 minutes depending on the needs and goals of the case study **group**.
* The assessor must observe the full assessment, for more guidance see **Guidance of summative practical assessment** in the Foundation Training 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 Foundation Training Endorsement Guide.
* It is the responsibility of the training provider to ensure that the live case study group the learner has chosen is suitable for this training.
* The training provider will be responsible for the supervision of the live case study group exercise **session**.
 |
| Theoretical case study | * The training provider could produce theoretical case studies for the learner to base their instructing skills on and to be assessed on their knowledge and understanding of instructing.
* The training provider must have at least two case studies for the learner to choose from
* The theoretical case study must include a range of health and lifestyle issues that will challenge the learner to be able to show their knowledge and understanding.
 |

# 10. Evaluate water-based session

* Evaluate water-based session

|  |  |
| --- | --- |
| **Knowledge and understanding (you need to know and understand)** | **Mapping to learning resources** |
| **Evaluate water-based session** |
| 1. The benefits of seeking and acknowledging feedback from participants
 |  |
| 1. How to evaluate participant response and feedback
 |  |
| 1. How to evaluate own performance and identify areas needing improvement
 |  |

|  |  |
| --- | --- |
| **Performance Criteria (you must be able to)** | **Mapping to assessments** |
| **Evaluate water-based session** |
| 1. Seek and acknowledge feedback from participants
 |  |
| 1. Evaluate participant response and feedback
 |  |
| 1. Evaluate own performance and identify areas needing improvement
 |  |
| 1. Implement modifications to future sessions where relevant to meet participant needs
 |  |
| 1. Update session documentation
 |  |

## Assessment Strategy: Evaluate water-based session

|  |
| --- |
| **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 **participants** and their own reflection on their performance.
 |
| 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

**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. medications
5. physical activity history
6. physical activity preferences
7. likes and dislikes
8. time availability
9. attitude and motivation to participate
10. current fitness level
11. stage of readiness
12. psychological

**Group exercise**

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

**Small groups (personal training/121)**

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**

1. Ante and Post Natal
2. Children (age 6-11 years)
3. Young People (age 12-17 years)
4. Older adult (65 plus)

**Methods**

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

**Other professionals (could include)**

1. gynaecologist
2. midwife
3. physiotherapists and medics
4. psychologists
5. physiologists
6. biomechanists
7. nutritionists/dietician
8. lifestyle support specialists
9. participants' social support network
10. senior instructors
11. 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/complaint 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
	* studio
	* sports hall
	* community centre
	* Pilates studio
	* Client’s home
	* Client’s workplace
2. layout
3. temperature
4. flooring
5. lighting
6. ventilation
7. noise level
8. use of music
9. equipment for the session
10. personal clothing and equipment
11. 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

**Learning styles**

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

**Evidence-based**

To include:

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

**Communication techniques (could include)**

1. interaction
	* question and answer
	* open-ended question
	* reflecting answering
	* simple explanations
	* offering feedback
	* active listening
	* empathetic listening
	* using understandable terminology
	* hands on correction and guidance
2. observation
3. practical demonstration
4. verbal - clear concise specific audible
5. body language
6. face-to-face
7. telephone
8. written (letters, email, posters)
9. social media
10. 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 (could include)**

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 is 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**

1. kyphotic
2. lordotic
3. swayback
4. flatback
5. neutral/ideal

**Full range of movement (ROM)**

1. flexion
2. extension
3. rotation
4. circumduction
5. 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**

1. flexion and extension
2. lateral flexion and rotation
3. orientations to gravity
4. mobility and stability
5. strength and flexibility

**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).

**Pregnant client**

This relates only to normal, healthy, adult women experiencing a normal, healthy, single pregnancy, or who have had a normal, healthy birth, and who have had previous normal, healthy pregnancies and births.

**Postnatal client**

Postnatal refers to a woman up to 12 months after birth.