

UNIT 5 PROGRAMMING PERSONAL TRAINING WITH CLIENTS

This is a mandatory unit that is locally assessed and internally verified and subject to external verification by an OCR external verifier.

The following forms are included for use by centres.

- Physical activity readiness questionnaire*
- Physical activity and lifestyle screening questionnaire*
- Informed consent*
- Lifestyle screening document*
- Client profile*
- Goal planner table*
- Programme card*
- Session plan
- Programme review*
- Viva
- Assessment checklist. To be completed by the assessor

*Forms can be learner or centre – devised, as long as the centre assessor is happy that the format meets the assessment requirements of this unit

Assessment Guidance/Instructions for Candidates

1. Learners should conduct a thorough consultation and agree goals to meet their clients' needs. The learner must conduct the interview using the activity and lifestyle screening questionnaire and PAR Q form. Physical measurements should be taken as appropriate for the client. The checklist must be used to record outcomes.
2. Learners should produce a client profile, and devise a 12 week progressive programme; this includes completing the goal planner table and programme cards to meet the needs of the client. The programme must include the components of fitness.
3. Learners should produce session plans for one session.
4. Learners should conduct a mid term progress review with their client.
5. Assessors should conduct a viva with learners, and record a summary on the viva form.

Physical Activity Readiness Questionnaire

Name: _____

Address: _____

Date: _____

Phone no: _____

Emergency contact name and phone no: _____

If you are planning to take part in physical activity or an exercise class and you are new to exercise, start by answering the questions below. If you are between the ages of 15 and 69 the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. *Your trainer will treat all information confidentially.*

	Please tick appropriate box	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel pain in your chest when you do physical activity?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had chest pain when you were not doing physical activity?		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever feel faint or have spells of dizziness?		<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a joint problem that could be made worse by exercise?		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been told that you have high blood pressure?		<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently taking any medication of which the trainer should be made aware? If so, what?		<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant or have you had a baby in the last 6 months?		<input type="checkbox"/>	<input type="checkbox"/>
9. Is there any other reason why you should not participate in physical activity? If so, what?		<input type="checkbox"/>	<input type="checkbox"/>

<p>IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS:</p> <p>Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which question you answered YES to.</p> <p>You may be able to do any activity you want - as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow her/his advice.</p>	<p>IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:</p> <p>You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember - begin slowly and build up gradually.</p> <p>PLEASE NOTE: If your health changes so that subsequently you answer YES to any of the above questions, inform your fitness or health professional immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of a temporary illness such as a cold or flu – wait until you are better.</p>
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I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. I HAVE DISCUSSED ANY ISSUES WITH THE TRAINER. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION

Discussion with Client and outcomes:

Learner Signature _____

Client Signature _____

OCR Level 3 Certificate in Personal Training

Lifestyle screening document

Client Name:.....	Date:
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General Instructions: Please fill out this form as completely as possible. If you have any questions, **DO NOT GUESS!** Ask for assistance. The summary is to be used by the trainer.

Physical Activity
<p>In the last year how often have you participated in physical activity?</p> <p><input type="checkbox"/> 5 to 7 times per week</p> <p><input type="checkbox"/> 3 to 4 times per week</p> <p><input type="checkbox"/> 1 to 2 times per week</p> <p><input type="checkbox"/> 1 to 2 times per month</p> <p><input type="checkbox"/> Not at all</p>
<p>List the physical activity has worked for you in the past?</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
<p>What types of physical activity do you enjoy?</p>
<p>Do you have any negative feelings toward, or have you had any bad experience with exercise?</p> <p>If YES please give details</p>

If you have been unable to exercise regularly, what are the reasons?

Stress

Do you ever feel stressed, if so, how often?

What makes you feel stressed?

How do you deal with stress?

Additional Notes:

<p>What is your current flexibility capacity?</p> <p>1 2 3 4 5 6 7 8 9 10</p>
<p>What is your current co-ordination (motor skill) capacity?</p> <p>1 2 3 4 5 6 7 8 9 10</p>
<p>How much time are you willing to devote to exercise?</p> <p>Minutes/day:</p> <p>Days/week:</p>
<p>What types of exercise interest you?</p>
<p>Additional Notes:</p>
<p>Occupation and Leisure</p>
<p>What is your present occupation?</p>
<p>What hours do you work?</p>
<p>Does your occupation involve much physical activity (i.e. lifting, walking)</p>
<p>What activities do you participate in during your leisure time?</p>
<p>Additional Notes:</p>

Goals

What do you want exercise to do for you in the next:

1-6 weeks

.....

7-25 weeks

.....

26 weeks +

.....

Additional Notes:

Rate your goals in undertaking exercise (Rate each goal separately)

	Extremely Important			Somewhat Important			Not at all Important			
	10	9	8	7	6	5	4	3	2	1
a.									
b.									
c.									
d.									
e.									
f.									
g.									

- h. Increase energy levels**
- i. Enjoyment**
- j. Other**

Additional Notes:

Client Signature: _____ Date: _____

Client Profile

Provide a detailed client profile below to include;

- a summary of the information gathered and agreed during consultation
- the clients stage of readiness to change
- Identify where and how in the programme the clients' progress will be monitored
- barriers or potential barriers your client has towards reaching the goals, and how you have addressed these with your client
- the feedback and lifestyle advice given to your client based on the consultation and the results of physical assessments.
- How you have agreed with the client to maintain contact between sessions

Client Profile

(continued)

(continue on a separate sheet if necessary)

Learner Signature

Assessor Signature

IV Signature (if sampled)

Date

Date

Date

Goal Planner Table

Using the table, identify your client's agreed goals. Explain briefly how you will structure the training to achieve their goals, using gradual progression.

Short-term goal (Explain how it is SMART)		
Initial stage		
Week 1 – 2	Week 3 – 4	Week 5 - 6

Medium to long-term goal (Explain how it is SMART)

Improvement and maintenance stage

Week 7 – 8

Week 9 – 10

Week 11 - 12

Client Signature:

Date:

Trainer signature:

Date:

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PROGRAMME REVIEW

Client Name: _____ Review Date: _____

To be completed following a mid-term programme review (for example, after week 6). The purpose of the review should be explained to the client:

Summarise the feedback that you gained from your client

How is your client progressing towards their short, medium and long term goals?

Describe how you have given motivational feedback to your client during the review

How effective is the trainer/client relationship?

What changes have you agreed with your client to their goals, programme, exercises (including any progressions and/or regressions), to optimise their achievement?

What advice have you given to your client regarding activity and exercise outside of the planned sessions?

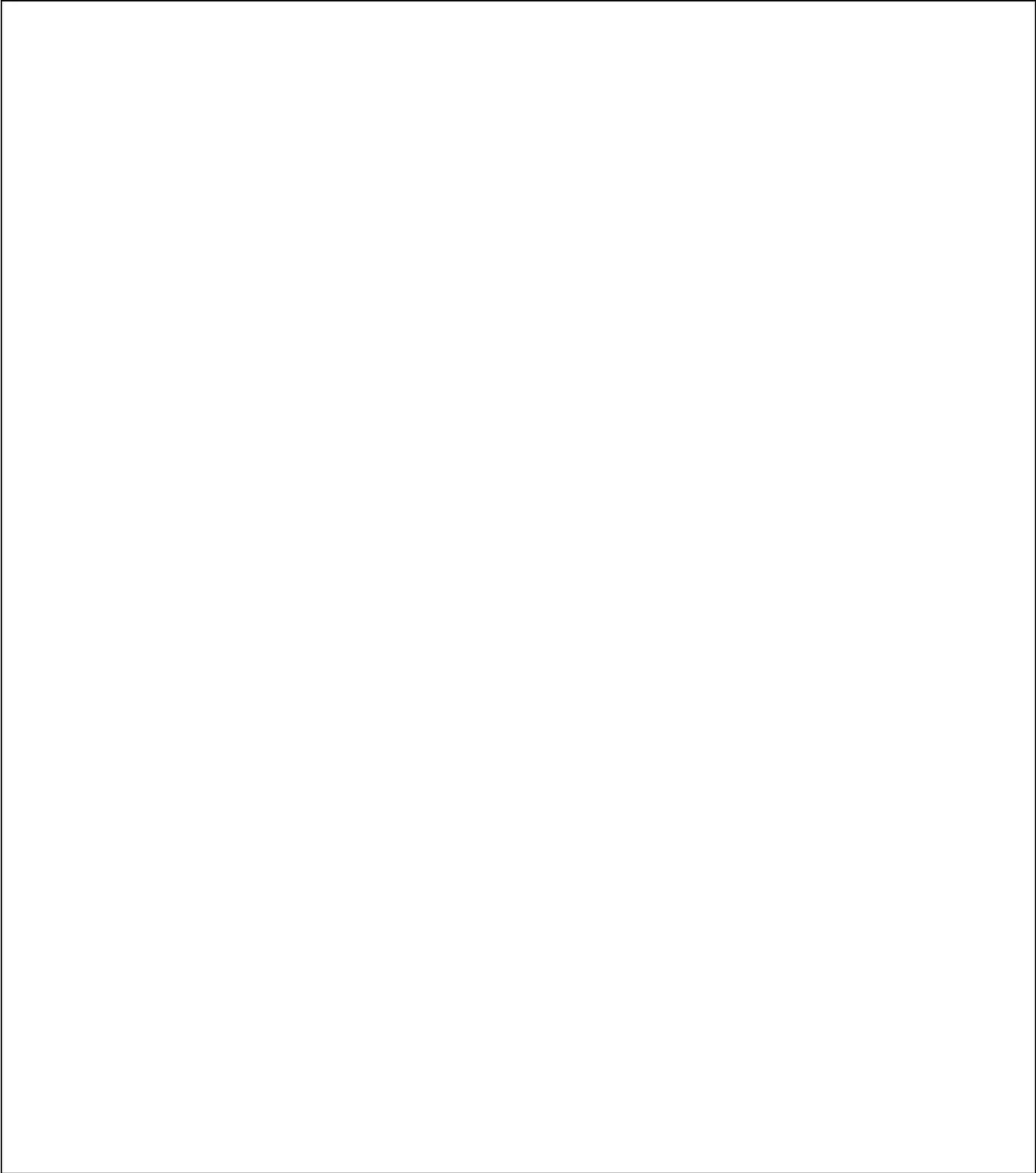
Learner Signature _____ - **Assessor Signature** _____

IV Signature (if sampled) _____

Date _____ **Date** _____

PLANNING PERSONAL TRAINING SESSIONS AWAY FROM A GYM ENVIRONMENT

As a personal trainer you are expected to be able to deliver sessions in environments not specifically designed for physical activity or exercise. In the space below, describe how to plan a personal training session in a non-gym environment of your choice. You may use diagrams and descriptions to help explain your session.



SESSION PLAN

Page Number:

Trainer Name: _____

Name of component _____ Duration of component _____

Exercise (including main muscles used)	Intensity Sets / reps / time / recovery	Teaching points	Progressions / Regressions / Alternatives

Please print or photocopy this sheet for continuation of your plan

VIVA

Use the questions below to form the basis of a viva with the learner. The guide time is 15-20 minutes. Learners should be allowed to talk around each of the topics, and a summary of their response noted by the assessor below.

Explain how you decided what information to collect from your client, and why the methods you chose were appropriate for your client

Explain your choice of programme

Explain how and when personal trainers should refer clients to another professional

Identify when personal trainers should involve others, apart from their clients, in goal setting

Identify when it might be appropriate to share the programme with other professionals

<p>Explain why it is important for clients to commit to long-term behaviour change when developing their fitness</p>
<p>Describe the types of medical conditions that will prevent personal trainers from working with a client unless they have specialist training and qualifications</p>
<p>Which sources of guidelines on programme design and safe exercise did you use?</p>
<p>Explain how you have considered legal and ethical implications when collecting and storing your clients' data</p>

<p>ASSESSORS COMMENTS AND FEEDBACK</p>

Learner Signature	Assessor Signature	IV Signature (if sampled)
Date	Date	Date

UNIT 5 PROGRAMMING PERSONAL TRAINING WITH CLIENTS: ASSESSMENT CHECKLIST

A tick in the **YES** box indicates that the criterion has been met satisfactorily

A tick in the **Q** box indicates that a **question** needs to be asked to clarify the learner's understanding

A tick in the **NO** box means that the criterion has not yet been met

A tick in the **C** box indicates that the assessor had made a written **comment** relating to the criterion

Each criterion must be ticked in the Yes box for the learner to be considered competent

Questions and learner responses should be recorded

Plan safe and effective personal training programmes with clients

Did the learner:	Yes	No	Q	C
1 Has the learner collected client information that can be used to help plan a personal training programme?				
2 Has the learner analysed the client information collected to agree suitable SMART goals?				
3 Has the learner explained the types of medical conditions which would prevent a personal trainer working with clients without specialist training?				
4 Has the learner explained reasons for referral to another professional?				
5 as the learner explained; their role and responsibility, the advantages of personal training and the programme demands to the client?				
6 Has the learner used methods for collecting information and physical assessments appropriate to the client?				
7 Has the learner provided sensitive feedback to the client about the information collected, where appropriate?				
8 Has the learner planned a safe and effective personal training programme that includes cardiovascular fitness, muscular fitness (using resistance machines and free weights), flexibility and motor skills, using realistic timings and sequences?				
9 Is the programme recorded accurately and in an appropriate format to aid analysis and review?				
10 Has the learner explained the legal and ethical implications for collecting and storing client data?				
11 Has the learner identified how to plan sessions in an environment not specifically designed for exercise?				
12 Has the learner produced a plan that includes at least one core stability exercise?				
13 Has the learner produced plans and programmes showing appropriate progressions/regressions/alternatives which are based on client progress?				
14 Has the learner agreed with their client how they will maintain contact between sessions?				
15 Has the learner explained why it is important for clients to commit to long term behaviour change?				
16 Has the learner identified credible sources of guidelines for programme design and safe exercise?				
17 Has the learner provided lifestyle advice on physical activity to compliment exercise sessions?				
18 Has the learner agreed and undertaken appropriate progress reviews with the client, using the information to make changes to the programme, exercises or goals as necessary?				
19 Has the learner established a good rapport and working relationship with their client?				
20 Has the learner received feedback from their client, and provided motivational feedback to the client on their progress?				

UNIT 5

PROGRAMMING PERSONAL TRAINING WITH CLIENTS: ASSESSMENT CHECKLIST

The physical assessment should include: appropriate measurements for the client from the following choices (no minimum number)		The session plans should include: (tick those covered)	
<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	Cardiovascular fitness
<input type="checkbox"/>	Anthropometrics	<input type="checkbox"/>	Range of motion
<input type="checkbox"/>	Body composition	<input type="checkbox"/>	Muscular fitness
		Cardiovascular machines , including a minimum of two cardiovascular training approaches:	
<input type="checkbox"/>	Interval	<input type="checkbox"/>	Fartlek
<input type="checkbox"/>		<input type="checkbox"/>	Continuous
		All of the following types of equipment:	
<input type="checkbox"/>	Resistance machines		
<input type="checkbox"/>	Free weights. To include; barbells, dumbbells and cables where available		
		Approaches to resistance training , including a minimum of four from;	
<input type="checkbox"/>	Pyramid systems	<input type="checkbox"/>	Forced repetitions
<input type="checkbox"/>	Super setting	<input type="checkbox"/>	Pre/post exhaust
<input type="checkbox"/>	Giant sets	<input type="checkbox"/>	Negative/eccentric training
<input type="checkbox"/>	Tri sets	<input type="checkbox"/>	Muscular strength endurance/muscular fitness

