### RPL Standard



### SISFFIT014 Instruct Exercise to Older Clients

**How to complete this form**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

### This unit describes the performance outcomes, skills and knowledge required to plan, instruct and evaluate exercise for male clients aged forty five and over, and female clients aged fifty five and over.

### To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

Relevant to all performance criteria, knowledge and **performance evidence**.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* Evidence of work as a fitness instructor who work in a variety of fitness locations such as fitness, leisure and community centers.
* Evidence of ability to provide instruction of exercise programs aimed at improving health and fitness for older clients, with consideration of aspects of healthy ageing.
* Evidence of covers promotion of incidental physical activity to clients to minimise the risk of developing sedentary lifestyle behaviours.
* Evidence of using industry endorsed risk stratification procedures when determining the provision of suitable advice and referral requirements
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

### Evidence of working with the industry through letters from employers outlining job role and duties

### Completion of ACFB e-learning quiz/oral questioning related to work within a fitness practice; If required this will be completed at a later stage.

### Evidence must include, but is not limited to:

* Ten (10) x industry endorsed pre-exercise screening tools completed and evidence of risk stratification processes to identify the risk level of at least ten older clients. Of the ten (10) completed health screens completed, select five (5) to:
* Submit 5 x exercise programs developed for older clients over a period of time, ensuring adequate time to allow for the implementation of required modifications including ***(all client identifiers are to be blacked out)***;
* health screen and fitness testing documents with evidence of interpreting and evaluating the pre-exercise screening and baseline assessment results
* documentation of using heart rate calculations or other monitoring techniques during training, where relevant
* documentation including use body mass index calculations during pre-exercise screening, where relevant
* fitness programs with modifications, client consent and copies of any communications
* Of the five (5) exercise programs listed above, two (2) of these need to be written with guidance from an Allied Health Professional after you have completed a written referral and received back guidance/instruction. Please ensure you submit the written referral and the received correspondence from the Allied Health Professional for each of the two (2) clients with the other required documents.

**Practical Demonstrations** *(completed after enrolment to determine currency of knowledge and skills)*

* Full client consultation with an older adult relevant to a case presentation provided during the demonstration

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### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| ***SIS30315*** | | Certificate III in Fitness | | | **SISFFIT014** | Instruct Exercise to Older Clients | **Office Use only** | |
| **Type of Unit: elective** | | | **Prerequisite:** None | |  | | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | | | | **EVIDENCE***(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | |  |  |
| **1.** **Identify client fitness requirements** | | | | | | | | |
| 1.1 | Consider and confirm client needs, expectations and preferences using suitable questioning techniques | | |  | | |  |  |
| 1.2 | Review and advise client of outcomes of pre-exercise health screening procedures | | |  |  |
| 1.3 | Refer client to medical or allied health professionals as required | | |  |  |
| 1.4 | Select and use appropriate baseline functional capacity or fitness assessments, as required | | |  |  |
| 1.5 | Identify common barriers to exercise participation by older clients | | |
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| 1.6 | Recognise and explain benefits of exercise for older populations and the role of exercise in reducing risks associated with ageing | | |  |  |
| 1.7 | Receive guidance from medical or allied health professionals for exercise participation, as required | | |  |  |
| 1.8 | Develop and document client profile for re-evaluation purposes | | |  |  |

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| **2. Develop program plans** | | | | |
| 2.1 | Identify settings and program considerations that support safe and sustainable exercise participation for older clients |  |  |  |
| 2.2 | Determine type of training, training methods and equipment required to achieve client goals |  |  |
| 2.3 | Develop and document program plans that incorporate instructional information and guidance from medical or allied health professionals if required |  |  |
| 2.4 | Explain benefits of exercise and anticipated structural and physiological adaptations as they relate to client goals and needs |  |  |
| 2.5 | Develop customised training sessions that include a variety of exercises and equipment to meet client needs |  |  |
| 2.6 | Discuss and confirm client understanding of potential signs and symptoms of intolerance contraindications to exercise and recommended precautions |  |  |
| **3. Instruct exercise session** | | | | |
| 3.1 | Allocate sufficient space, assemble resources and check equipment for safety and maintenance requirements |  |  |  |
| 3.2 | Provide clear exercise instructions and confirm client understanding |  |  |
| 3.3 | Demonstrate exercises, techniques and equipment to client |  |  |
| 3.4 | Explain any precautions for exercise relevant to client age, ability and risk status |  |  |
| 3.5 | Monitor participation and performance to identify signs of exercise intolerance and modify as required |  |  |
| 3.6 | Monitor client intensity, techniques, posture and safety, and modify program as required |  |  |
| 3.7 | Seek ongoing guidance from, or refer client to, medical or allied health professionals, as appropriate |  |  |
| 3.8 | Select and use communication techniques that encourage and support clients |  |  |
| 3.9 | Modify session as required considering basic mechanics, safety and fitness outcomes |  |  |
| 3.10 | Respond to clients experiencing difficulties and answer questions as required |  |  |
| 3.11 | Complete session documentation and progress notes |  |  |
| **4. Evaluate program** | | | | |
| 4.1 | Monitor and evaluate exercise program at appropriate intervals |  |  |  |
| 4.2 | Provide written and verbal feedback to medical or allied health professionals, as required |  |  |
| 4.3 | Request and respond to feedback from clients |  |  |
| 4.4 | Review own performance and identify areas needing improvement |  |  |
| 4.5 | Identify aspects needing further emphasis or attention in future sessions |  |  |
| 4.6 | Evaluate program or activities and discuss modifications to program |  |  |
| 4.7 | Document and update records of evaluation and modification of programs |  |  |

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| **Knowledge Evidence** | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Legislative and regulatory requirements regarding specific population exercise participation:  • Privacy  • Anti-discrimination  • Work health and safety/ occupational health and safety  • Duty of care |  |  |  |
| Organisational policies and procedures in regards to specific population exercise participation:  • Industry endorsed risk management protocols, exercise implications and referral requirements  • Overcrowding  • Ventilation and/or climate control  • Hygiene  • Emergency  • Standards of personal presentation  • Participant’s clothing and footwear  • Use, care and maintenance of equipment |  |  |  |
| Precautions to exercise relevant to the older adults in accordance with industry guidelines, where applicable |  |  |  |
| Signs and symptoms of exercise intolerance and appropriate management strategies |  |  |
| Situations where cessation of exercise program 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) * Situation whereby the fitness professional makes a judgement that continuing the session is beyond their professional capabilities and scope of practice, and could potentially compromise client health and safety |  |  |  |
| Role of medical or allied health professionals for referral processes:  • Accredited exercise physiologist  • Accredited practising dietician  • Chiropractor  • Continence nurse advisor  • General practitioner referrals i |  |  |  |

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| **Performance Evidence** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role. This must include period(s) totalling at least five hours comprising at least five different client contact sessions and:   * use industry endorsed pre-exercise screening tools and risk stratification processes to identify the risk level of at least ten older clients * prepare referral letters to relevant medical or appropriate allied health professionals with supporting pre-exercise health screening documentation for at least two older clients * plan, document, implement and evaluate suitable exercise programs within scope of practice for older clients: * three clients that don’t require guidance or instruction provided by medical or allied health professionals * two clients in response to guidance or instruction provided by medical or allied health professionals | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Conduct sessions that incorporate:   * appropriate selection and monitoring of a range of equipment appropriate for the client’s functional ability, according to industry guidelines * demonstration, explanation, and instruction of exercises * injury prevention strategies specific to client needs and to minimise the risk of falls * suitable order and sequence of activities * session components that target the needs and goals of the individual * suitable duration, intensity, volume * ongoing clear and constructive feedback to clients and, where required, medical or allied health professionals * use of evidence based exercise adherence strategies * variations and structure suitable to the needs of the older client * provision of hydration and rest opportunities as required * explanation of the role of exercise and incidental physical activity in prevention of chronic diseases and functional decline that may or may not be associated with ageing and reducing the risk of falls | *This evidence will be collected via completion of a practical demonstration.* |  |  |
| Conduct periodic ongoing evaluation of outcomes from fitness programs in accordance with the established program goals and industry best practice. | *This evidence will be collected via submission of the 10 exercise programs.* |  |  |

**Office Use Only**

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| **RPL Outcome** | | | | |
| **RPL Achieved** | Yes □ | No □ | |
| **Further Evidence Required** | Yes □ | No □ | |
| **Further Evidence *(list of required evidence)*** | | | | |
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| *RPL Assessor Name:* | | | *Date:* | |