### RPL Standard



SISFFIT018 Promote functional movement capacity

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 assess client movement and exercise capacity and develop an appropriate exercise program.

### 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:**

* The applicant must have industry experience within a health/fitness service where direct client contact is involved, this can be within work placement from previous health courses.
* Applicants who may have completed a similar unit within a health course.
* The applicant must be able to:
* observe functional movement patterns, dynamic posture, joints range of movements, muscle activation and strength, balance, stability and coordination.
* knowledge and skills of functional movements in day-to-day professional practice to encourage healthy posture, effective movement patterns and safe exercise technique
* offer exercise programs to improve functional movement for general populations, including older adults and young people (clients are those with no unstable health conditions)
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills.

**Example Evidence**

* Relevant transcript & certificate
* Evidence of working within the industry
* Evidence of providing clients with information related to exercise in a manner which they can understand and implement to their exercise sessions
* Evidence of capability to determine referral requirements after reviewing pre-exercise health screening information and as a result of functional movement observation.
* Evidence of competency to collaborate with various professionals and client in order to establish and follow through with the most appropriate functional exercise strategies for the client, if required.
* Completion of ACFB e-learning quiz/oral questioning may be required

**Evidence documents MUST include, but not limited to:**

Screening, fitness assessment and exercise program forms for five (5) clients where you have observed and analysed functional movement capacity in line with accepted movement and technique standards incorporating the following for each client:

* Postural assessment
* At least three functional movements
* Active & passive joint ranges of motion testing
* Flexibility testing
* Exercise programs to correct the dysfunctions found within the screening and testing process

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

A practical demonstration will be organised after enrolment to assess your current knowledge and skills of the following performance skills:

* Movement and exercise observation in the following movement patterns and scenarios:
* Push
* Pull
* Squat
* Lunge
* Rotate
* Overhead press
* Overhead pull
* With and without equipment
* Loaded and unloaded
* A variety of functional movement measurement tools to support dynamic posture analysis:
* Goniometer
* Plumb line
* Pressure biofeedback unit
* Photographic technology
* Tape measure

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



| ***SIS40215*** | | Certificate IV in Fitness | | | | **SISFFIT018** | Promote functional movement capacity | **Office Use only** | |
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| **Unit Type:** Core | | | **Prerequisite:** None | | | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | | | | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | | |  |  |
| **1. Consolidate understanding of functional movement.** | | | | | | | | | |
| 1.1 | Source and access information on functional movement relevant to fitness outcomes in line with accepted movement and exercise technique standards. | | | |  | | |  |  |
| 1.2 | Use knowledge of functional movement in day-to-day professional practice. | | | |  |  |
| 1.3 | Discuss/explain how understanding of functional movement contributes to safe/optimum technique and skill development. | | | |  |  |
| 1.4 | Use a wide range of functional movement terminology relevant to injury prevention and fitness outcomes. | | | |  |  |
| **2. Inform clients of importance of functional movement.** | | | | | | | | | |
| 2.1 | Review pre-exercise health screening, risk stratification, and health assessment procedures as required. | | | |  | | |  |  |
| 2.2 | Discuss client health-related goals and acquire additional client information as required. | | | |  |  |
| 2.3 | Refer client to a medical or allied health professional as required. | | | |  |  |

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| 2.4 | Discuss importance of identifying postural variances and explain relationship between posture and injury prevention to clients. |  |  |  |
| 2.5 | Provide information about common causes of poor posture and movement capacity to client. |  |  |  |
| 2.6 | Inform clients of legal  and ethical limitations of a personal trainer |  |  |  |
| **3. Recognise and analyse client functional movement** | | | | |
| 3.1 | Provide clear and accurate instruction and demonstration during relevant movements and exercises. |  |  |  |
| 3.2 | Explain the importance of functional movement and correct technique and dynamic posture during exercise. |  |  |
| 3.3 | Observe functional movement, range of movement and exercise capacity to identify any joint mobility or movement restrictions |  |  |
| 3.4 | Observe strength and muscle activation outputs to identify any muscle activation concerns and/or strength limitation or imbalance. |  |  |
| 3.5 | Observe and record any client balance, stability or coordination limitations. |  |  |
| 3.6 | Monitor participation and performance to identify ineffective movement patterns and exercise technique. |  |  |
| 3.7 | Determine need for further evaluation and seek guidance from an appropriate allied health professional as required. |  |  |
| 3.8 | Document observations and discuss with client. |  |  |

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| **4. Consider static posture.** | | | | |
| 4.1 | Apply understanding of postural mechanisms and symptoms of poor posture to client observation and consultation. |  |  |  |
| 4.2 | Observe client static posture and identify issues that may be relevant in a dynamic setting. |  |  |
| 4.3 | Identify and document joints, muscles and connective tissues that would benefit from functional exercise strategies. |  |  |
| 4.4 | Seek guidance from an appropriate allied health professional as required. |  |  |  |

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| **5. Implement functional exercise strategies** | | | | |
| 5.1 | Develop strategies to promote functional movement, exercise performance and reduce likelihood of injury. |  |  |  |
| 5.2 | Advise client of exercises or activities that are contraindicated or may further exacerbate any postural variance. |  |  |
| 5.3 | Modify client exercise technique and dynamic posture as required. |  |  |
| 5.4 | Seek guidance from an appropriate allied health professional as required. |  |  |  |

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| **Knowledge Evidence** | **EVIDENCE**  (please explain in detail how your evidence relates to each of the required knowledge listed) | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Legislative obligations and organisational policies and procedures in relation to:   * Duty of care * Work health and safety/occupational health and safety * Confidentiality of client information * Professional ethics * Appropriate collection and storage of client information |  |  |  |
| The relationship between injury, injury prevention and the following postural variances:   * Structural and functional variances * Kyphosis * Rounded shoulders * Winging of scapula * Increased or decreased lordosis * Excessive posterior or anterior pelvic tilt * Scoliosis * Genu varum or genu valgum * Increased pronation of foot or ankle complex * Increased supination of foot or ankle complex * Hyperextension of knees * Lateral tilt of pelvis or head * Forward head posture * Rotated patella |  |  |  |
| Ideal postural alignment:   * Normal spinal curves * Straight line running though: * Ear lobe, anterior shoulder joint, vertebral bodies of l1-5, posterior hip joint, anterior knee joint, anterior ankle joint. |  |  |  |

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| Relationship of poor posture and risk of injury and muscular deficits:   * Diminished muscle strength or endurance * Increased muscle tension/tone * Limited flexibility * Limited function |  |  |  |
| * Postural influences affecting dysfunctional movement patterns and exercise technique |  |  |  |
| * Typical range of movement for major joint complexes |  |  |  |
| Deviations in posture or functional limitations at commencement, during, at completion of exercise or movement:   * Asymmetrical muscle tone * Spinal curvature – lordosis, kyphosis, scoliosis * Scapula setting; winging, anterior tipping/tilting, upward/downward rotation * Pelvis position: * Anterior/posterior rotation, left/right rotation * Knee alignment; varus/valgus * Foot alignment; internal/external rotation,   pronation/supination   * Forward head * Sitting/standing/supine |  |  |  |
| * Locomotive gait – walking, jogging, running |  |  |  |
| Role of muscles in contractions:   * Agonist/prime mover * Antagonist * Fixator * Assistor/synergist |  |  |  |
| Causes of poor posture:   * Congenial abnormalities of the musculoskeletal system * Poor muscle strength & endurance * Muscle imbalance, lack of mobility * Damage to bony structures & connective tissue including ligaments and cartilage |  |  |  |

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| Muscle activation, correct execution, and teaching points for primal functional movement patterns;   * Push, pull, squat, lunge, rotate, overhead press, overhead pull |  |  |  |
| Role of muscle activation in functional movement and exercise performance:   * Muscle sensory reception * Reciprocal inhibition |  |  |  |
| * Normal range of movement for major joint complexes |  |  |  |
| Characteristics of balance and balance exercise:   * Base of support * Centre of gravity * Limits of stability * Components of balance maintenance * Variation of stance * Variation of surfaces or equipment * Balance disturbance * Progression of balance exercises |  |  |  |
| * Characteristics of coordination and agility: * Fine motor skills * Gross motor skills * Hand-eye skills * Progression of coordination or agility exercises |  |  |  |
| Changes to centre of gravity caused by:   * Pregnancy * Overweight * Inappropriate footwear * Behaviours * Work practices * Sport or leisure activities |  |  |  |

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| * Industry endorsed scope of practice for a personal trainer |  |  |  |
| * industry endorsed pre-exercise screening and risk stratification protocols |  |  |  |
| * Role of medical or allied health professionals for referral or guidance. * Reasons for referral to an appropriate medical or allied health professional: * Pain upon presentation to initial session/induction * History of uncontrolled/unresolved pain * Abnormal/inconsistent pain patterns which may point towards a pathology * Pain during movement or exercise * Static postural deviations * An inability to correct static or dynamic posture * Restricted joint range of movement, strength imbalance or balance, stability or coordination concern that is limiting function * A diagnosed muscle, bone or joint problem with medical or allied health advice that the problem could be made worse by participating in physical activity/exercise * Identified through industry endorsed pre-exercise screening and risk stratification. |  |  |  |

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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 eight hours comprising at least five different client contact sessions | *This evidence will be collected via documentation requested on the first & second page.& practical demonstration & oral questions.* |  |  |
| Observe and analyse functional movement capacity for at least five clients in line with accepted movement and technique standards incorporating the following for each client:   * At least three functional movements * Movement and exercise observation in the following movement patterns and scenarios: * Push * Pull * Squat * Lunge * Rotate * Overhead press * Overhead pull * With and without equipment * Loaded and unloaded | *This evidence will be collected via a practical demonstration & oral questions.* |  |  |
| Identification of joint mobility or movement restrictions against typical range of movement for major joint complexes, with consideration of:   * Joint movement * Muscle action * Passive range * Active range * Functional range * Joint and muscle interactions | *This evidence will be collected via a practical demonstration & oral questions.* |  |  |

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| * Stability of major joint complexes, relevant to the client’s needs, level of risk and experience | *This evidence will be collected via a practical demonstration & oral questions.* |  |  |
| * Balance and coordination, relevant to the client’s needs, level of risk and experience | *This evidence will be collected via a practical demonstration & oral questions.* |  |  |
| A variety of functional movement measurement tools to support dynamic posture analysis:   * Flexometer * Goniometer * Plumb line * Grid * Plurimeter * Pressure biofeedback unit * Photographic technology * Video analysis * Tape measure | *This evidence will be collected via a practical demonstration & oral questions.* |  |  |
| Identify each client’s capacity to activate and achieve good muscle function in all of the following muscle groups, using at least three muscle activation exercises per client:   * Core abdominals * Glutes * Hamstrings * Hip flexors * Rotator cuff * Chest * Back | *This evidence will be collected via a practical demonstration & oral questions.* |  |  |
| * Modify incorrect client exercise technique and poor dynamic posture of at least three clients | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |

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| Recommend appropriate exercise strategies to clients to promote functional movement and reduce the likelihood of injury, in accordance with functional movement observations and client risk status, including the following strategies:   * Flexibility * Functional strength training * Proprioception development * Education to develop correct exercise techniques or daily living postures. | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |

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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:* | |