### RPL Standard



### SISFFIT031 – Implement Injury Prevention Strategies

**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 incorporate an understanding of injury prevention into fitness instruction, programming and provision of fitness advice. It involves the application of foundation knowledge and skills to support the encouragement of healthy posture, effective movement patterns and safe exercise technique.

### 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:**

* Knowledge to complete injury screening, developing and monitoring injury prevention strategies in at least five (5) different client sessions
* Prepared and conducted sessions that individually or cumulatively incorporate:
* pre-exercise screening using industry endorsed protocols, including; history of injuries, current function at past injury sites and industry endorsed risk stratification
* Completed observation and analysis of the movement patterns of push, pull, squat, lunge, rotate, overhead press, overhead pull.
* Used a variety of assessment methods including; grid, photographic technology, video analysis, tape measure, goniometer, flexometer, plurimeter, pressure biofeedback unit
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence**

### Evidence of working within the industry

### Relevant transcript & certificate

* Copy of membership of an Australian professional body that represents massage therapists
* Evidence of continuing professional development requirements of the professional body to which you belong
* Client consultation forms, health screening and testing forms

### Completion of ACFB e-learning quiz/oral questioning related to work within a massage practice

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

* Submission of five (5) client consultation documents (different clients presenting with different conditions) where you have prepared and conducted sessions that individually or cumulatively incorporate:
* Screening using industry endorsed protocols, including; history of injuries, current function at past injury sites and industry endorsed risk stratification including but not limited too; health screening & fitness testing, postural assessment, dynamic movement assessment, joint range of motion assessments (completed observation and analysis of the movement patterns of push, pull, squat, lunge, rotate, overhead press, overhead pull. At least three functional movements for each client will need to be completed)
* Corrective exercise programming specific to outcomes of health screening, assessment process and client goals and needs.

***Note:*** *all documents with client identifiers blanked out, demonstrating the ability to work with clients with a variety of presenting conditions*

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

### A practical demonstration of your ability to competently implement the following testing to a client complaint:

* Gait assessment
* Functional movement assessment; push, pull, squat, lunge, rotate, overhead press, overhead pull
* Injury prevention strategies including; stretches and strengthening, movement modification, postural awareness etc specific to case presentation

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### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| HLT52015 | | Diploma of Remedial Massage | | **SISFFIT031** | **Implement Injury Prevention Strategies** | **Office Use Only** | |
| **Type of Unit:** Elective | | **Prerequisite:** None | |
| **Elements / Performance Criteria** | | | **Evidence***(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | | **Sufficient** | **F.E.R.** |
| **1.** **Consolidate understanding of injury prevention** | | | | | | | |
| **1.1** | Source and access information on injury prevention relevant to prevention of recurrence or development of secondary injuries. | |  | | |  |  |
| **1.2** | Source and analyse data on common injuries for clients using fitness services. | |  |  |
| **1.3** | Use knowledge of injury prevention strategies in day-to-day professional practice. | |  |  |
| **1.4** | Discuss/explain how understanding of injury prevention strategies contribute to safe/optimum technique and skill development. | |  |  |
| **1.5** | Use a wide range of terminology relevant to injury prevention and fitness outcomes. | |  |  |
| **2. Analyse client risk of injury** | | | | | | | |
| **2.1** | Conduct pre-exercise screening using industry endorsed screening protocols. | |  | | |  |  |
| **2.2** | Review client history of injury, fitness level and risk factors that may lead to injury or complications for specific fitness activities. | |  |  |
| **2.3** | Observe and analyse client movement and exercise capacity against accepted movement analysis and exercise technique standards. | |  |  |
| **2.4** | Determine need for further functional evaluation and refer client to appropriate allied health professional as required | |  |  |

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| **3. Develop and implement injury prevention strategies** | | | | |
| **3.1** | Analyse various exercises, exercise techniques and fitness activities in relation to injury risk |  |  |  |
| **3.2** | Develop injury prevention strategies in consultation with client, and appropriate allied health professional as required |  |  |
| **3.3** | Explain injury prevention strategies to client |  |  |
| **3.4** | Use preventative strategies in fitness instruction, programming and provision of advice to minimise likelihood of client injury |  |  |
| **3.5** | Monitor client progress and seek guidance from, or provide feedback to, allied health professional as required |  |  |
| **3.6** | Adjust preventative measures and interventions in response to ongoing client monitoring |  |  |
| **3.7** | Maintain client records of injury prevention strategies |  |  |
| **4. Update knowledge of injury trends and prevention** | | | | |
| **3.1** | Evaluate own professional performance and identify potential improvements for future implementation of injury prevention strategies |  |  |  |
| **3.2** | Identify and use opportunities to update and expand own knowledge of injury trends, preventative measures and interventions |  |  |
| **3.3** | Monitor response to changes made to own professional practice or instruction. |  |  |
| **3.4** | Continue to adjust own practice to optimise results. |  |  |

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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.** |
| Legislation and regulatory requirements:   * appropriate collection and storage of client information * application of legal and ethical limitations of own role * work health and safety/occupational health and safety * equipment safety standards |  |  |  |
| Defined roles and responsibilities of the advanced personal trainer and their ethical and legal limitations in implementing injury prevention and management strategies |  |  |  |
| Risk factors associated with a range of injuries:   * personal and internal factors, past injury to an area, biomechanics, exercise technique * extrinsic factors, equipment used, gender, age – growing as well as ageing bodies * training load (acute and cumulative), fitness level, posture * trainer/instructor knowledge and skill |  |  |  |
| Basic principles of biomechanics to enable the application of appropriate techniques and strategies to minimise injuries for specific fitness activities |  |  |  |

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| Pathology of common injury for specific activities, and injury response and the phases of healing and repair:  Primary or secondary, direct or indirect, acute or overuse, musculoskeletal |  |  |  |
| Anatomy of the musculoskeletal system and its supporting systems to enable the design of appropriate programs |  |  |  |
| Function of the neuromuscular system to enable design of appropriate programs |  |  |  |
| Range of motion and stretching techniques to enable inclusion of exercise variables to suit client functional capacity |  |  |  |
| Role of exercise and fitness in the prevention, management and rehabilitation of common exercise related injuries and falls prevention |  |  |  |
| Appropriate measures for joint mobility:   * visual observation, use of appropriate equipment, joint specific range of movement, tests for specific joints, * segmental mobility of vertebral section, active range, functional range, hypo or hypermobile joints, contralateral, symptoms |  |  |  |

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| Common types of re-occurring injuries:   * sprains, strains, primary or secondary, direct or indirect, * acute or overuse, musculoskeletal |  |  |  |
| Appropriate tests for muscular strength;   * relative strength * muscular endurance including functional endurance, primal functional movement patterns and muscle activation for muscle groups used; * push, pull, squat, lunge, rotate, overhead press, overhead pull |  |  |  |
| Functional anatomy of joints, bones, ligaments, related structures & muscles acting on the joint for:   * glenohumeral, elbow * lumbo–sacral * intervertebral, hip (coxal) * knee (tibiofemoral and or patellofemoral) * ankle (talocrucal) |  |  |  |
| Bony landmarks:   * mastoid process, spinous process of the vertebrae, spine of the scapula, inferior angle of the scapula, acromion process, coracoid process, xiphoid process, * lateral epicondyle of humerus, head of the radius, styloid process, olecranon process, * umbilicus, anterior superior iliac spine, posterior superior iliac spine, iliac crest, ischial tuberosity, * greater trochanter, lateral femoral condyle, medial epicondyle, lateral epicondyle, superior border of the patella, inferior border of the patella, lateral malleolus, medial malleolus, calcaneus |  |  |  |

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| Factors affecting movement patterns and exercise performance, including deviations in posture or functional limitations at commencement, during, at completion of exercise or movement:   * asymmetrical muscle tone, range of movement and mobility of major joint complexes, spinal curvature – lordosis, kyphosis, scoliosis, scapula setting: * winging of scapula, anterior tipping/tilting, upward/downward rotation * pelvis position; anterior/posterior rotation * knee alignment; varus/valgus * foot alignment; internal/external rotation, pronation/supination * forward head * stability of major joint complexes, muscle strength and activation, neuromuscular control, sitting/standing/supine positions |  |  |  |
| Processes for, and reasons for referral to appropriate medical or allied health professionals:   * pain upon presentation to initial session/induction, history of uncontrolled/unresolved pain, 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 * client history of an injury that has resulted in residual functional limitation |  |  |  |
| Industry endorsed scope of practice |  |  |  |

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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.** | |
| Effectively use knowledge to improve own professional practice for injury screening, developing and monitoring injury prevention strategies in at least five different client sessions. | *This evidence will be collected via submission of documentation requested on the first page.* |  | |  |
| Conduct sessions that individually or cumulatively incorporate:   * Pre-exercise screening using industry endorsed protocols, including: * history of injuries * current function at past injury sites * industry endorsed risk stratification | *This evidence will be collected via submission of documentation requested on the first page and practical demonstration.* |  | |  |
| Observation and analysis of the following using at least three functional movements for each client in line with accepted movement and technique standards.  Functional movement capacity for at least five clients using exercise observation in all of 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 submission of documentation requested on the first page and practical demonstration.* |  | |  |
| Records of gait observation for at least three clients:   * view; anterior, posterior, lateral * gait cycle; stance phase, swing phase, flight phase, double stance phase * evaluation; ankle, foot, tibia, knee, pelvis, trunk, head, arm * foot cycle; foot strike, mid–stance, toe off, * evaluation of; sequence of movement at each joint, sequence of muscle actions, efficiency of movement | *This evidence will be collected via submission of documentation requested on the first page and practical demonstration.* |  | |  |
| Evidence-based injury prevention strategies supported by relevant research regarding the cause and prevalence of commonly occurring injuries; incidence, severity, prevalence, cause, type of injuries | *This evidence will be collected via submission of documentation requested on the first page and practical demonstration.* |  | |  |
| Implementation of at least three injury prevention measures for each client, involving:   * screening * protective equipment * hydration and healthy eating * pre-exercise, warm-up and stretching * neural stretching * recovery strategies and physical conditioning * frequency and duration of participation * correction of technique * checking for adequate rehabilitation following injury * appropriate management of risk factors that may predispose the client to further injury * staff training about risks, referral and appropriate exercise programming for specific populations * collaboration with medical or allied health professional, stakeholders and clients to develop, implement and monitor injury prevention and management strategies. | *This evidence will be collected via submission of documentation requested on the first page and practical demonstration.* |  | |  |

**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:* | |