### RPL Standard


### SISFFIT002 Recognise and Apply Exercise Considerations for Specific Populations

**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 recognise exercise considerations common to specific population groups. It requires the ability to understand anatomical and physiological considerations and apply that understanding to client exercise participation aimed at improving health-related components of fitness

### 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 working as a fitness instructors who typically work independently with some level of autonomy in a controlled environment. Work is performed according to relevant legislation including working with children and/or vulnerable people checks, and organisational policies and procedures.
* The applicant must have industry experience as a fitness instructor working within the industry endorsed scope of practice when providing advice regarding fitness services and referral requirements for clients from the following specific population groups:
* children
* women
* older adults
* clients with a disability
* Culturally and linguistically diverse (CALD) groups.
* 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 documents must include, but not limited to:

* Submission of ten (10) exercise programs that includes industry endorsed pre-exercise screening tools completed including health screening measures, health plans, programming and evaluation including the following population groups;
* children & adolescents
* women
* older adults
* clients with a disability
* culturally and linguistically diverse (CALD) groups
* Five (5) of the above programs will be designed after you have provided written referral for the client and received referral guidance/instruction (referral forms must be included)

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

### Demonstration of a full client consultation with a client from one of the specific population groups listed above.

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| ***SIS30315*** | Certificate III in Fitness | **SISFFIT002** | **Recognise and Apply Exercise Considerations for Specific Populations** | **Office Use only** |
| **Type of Unit: core**  | **Prerequisite:** None |  | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | **Suggested evidence** |  |  |
| **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 | Identify potential barriers to participation |  |  |
| 1.5 | Develop and document client profile for re-evaluation purposes |  |  |
| **2** **Develop program plans**  |
| 2.1 | Determine type of training, training methods and equipment required to achieve client goals |  |  |  |
| 2.2 | Incorporate guidance/advice from medical or allied health professionals into the provision of fitness advice/or planning of instruction |  |  |
| 2.3 | Develop and document program plans that incorporate key instructional information to target components of fitness, including 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, precautions or contraindications to exercise and recommended precautions |  |  |
| **3. Conduct exercise sessions** |
| 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 | Monitor participation and performance to identify signs of exercise intolerance and modify as required |  |  |
| 3.5 | Monitor client intensity, techniques, posture and safety, and modify program as required |  |  |
| 3.6 | Seek ongoing guidance from, or refer client to, medical or allied health professionals, as appropriate |  |  |
| 3.7 | Select and use communication techniques that encourage and support clients |  |  |
| 3.8 | Modify session as required considering basic mechanics, safety and fitness outcomes |  |  |
| 3.9 | Respond to clients experiencing difficulties and answer questions as required |  |  |
| 3.10 | 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**  (please explain in detail how your evidence relates to each of the required knowledge listed) | **Office Use Only** |
|  | **Sufficient** | **F.E.R.** |
| Legislative and regulatory requirements regarding specific population exercise participation:* Child protection
* Privacy
* Anti-discrimination
* Work health and safety/occupational health and safety
* Duty of care
 |  |  |  |
| Organizational 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
 |  |  |  |
| Industry endorsed client pre-exercise screening processes |  |  |  |
| Industry endorsed risk stratification procedures, exercise implications and referral requirements for:* low-risk clients
* moderate risk clients
* higher risk clients
* when there are extreme or multiple risk factors present and professional judgement to decide whether further medical advice is required identification of clients at high or higher risk of an adverse event occurring during exercise
* physical activity and exercise intensity and frequency guidelines
 |  |  |  |
| * Precautions to exercise relevant to the specific population in accordance with industry guidelines where applicable
* Benefits versus risk of participation
* 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)
* a 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
 |  |  |  |
| Signs and symptoms of poor exercise tolerance or unstable condition |  |  |  |
| Role of medical or allied health professionals for referral processes:* accredited exercise physiologist
* accredited practising dietician
* chiropractor
* continence nurse advisor
* general practitioner
* occupational therapist
* osteopath
* physiotherapist
* podiatrist
* psychologist
* remedial massage therapist
* sports doctor
* sports physician
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| Typical anatomical and physiological considerations for the following specific population groups:* children
* women
* older adults
* clients with a disability
* CALD groups
 |  |  |  |
| Appropriate management for signs and symptoms of intolerance or an unstable condition:* cease or modify exercise
* refer to a medical or allied health professional
* call an ambulance if required
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| Potential or actual effect of the condition on exercise behaviour |  |  |  |
| Exercise adherence strategies |  |  |  |

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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.** |
| Use industry endorsed pre-exercise screening tools and risk stratification processes to identify the risk level of at least ten clients across the following specific population groups:* children and adolescents
* women
* older adults
* clients with a disability
* culturally and linguistically diverse (CALD) groups
 | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Prepare referral letters to relevant medical or appropriate allied health professionals with supporting pre-exercise health screening documentation for a client from each specific population group  | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Plan, document, implement and evaluate suitable exercise programs within scope of practice for specific population clients:* five clients that don’t require guidance or instruction provided by medical or allied health professionals
* five 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 gym-based cardiovascular and resistance equipment, according to industry guidelines
* demonstration, explanation, and instruction of exercises
* injury prevention strategies specific to client needs and program
* 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 specific to the population groups
 | *This evidence will be collected via completion of a practical demonstration.* |  |  |
| Modify programs for clients, addressing at least three of the following:* technical requirements
* changing needs due to fitness adaptations
* changing goals
* client needs, objectives, likes and dislikes
* technical difficulty adjustments of exercises
* medical or allied health professional feedback
 | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Conduct periodic ongoing evaluation of outcomes from fitness programs in accordance with the established program goals and industry best practice.  |  |  |

**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:* |