



SETTING THE STANDARDS
FOR THE EUROPEAN
HEALTH AND FITNESS SECTOR

EHFA Standards EQF Level 5 Exercise for Health Specialist



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Executive Summary

Our modern way of living has largely eliminated physical activity as one of the fundamental stimuli from our lives. The growth of non-communicable lifestyle diseases and the epidemic increase in obesity provide clear evidence of this imbalance between our lifestyles and our physical requirements. Physical inactivity has become a major risk factor for chronic non-communicable diseases in populations. In fact, opportunities to be physically active tend to decrease as we become adults and recent lifestyle changes have reinforced this phenomenon (EU PA Guidelines, 2008). According to available data, between 40 and 60% of the EU population lead a sedentary lifestyle, and only about 31% are able to complete the EU guidelines of 30 minutes of moderate physical activity daily (Eurobarometer, 2010).

Physical activity, exercise, health and quality of life are closely interconnected. The human body was designed to move and therefore needs regular physical activity in order to function optimally and avoid illness. Furthermore, living an active life brings many other social and psychological benefits and there is a direct link between physical activity and life expectancy, so that physically active populations tend to live longer than inactive ones. Sedentary people who become more physically active report feeling better from both a physical and a mental point of view, and enjoy a better quality of life.

Much support has been given within the medical community and systems to the influence of diet on health, and as a result professions such as dietetics are well recognised, with community and hospital based roles available. The same cannot be said regarding physical activity and exercise, there are no comparable professionals within healthcare systems. Physiotherapists use exercise and movement as a therapy to rehabilitate patients with specific injuries or postoperative requirements to return them to 'normal' function but this does not address the more general need for the majority of the population to become more physically active, or facilitate the delivery of personalised exercise programmes appropriate for those with, or at high risk of developing, non-communicable diseases as a result of their physical inactivity and lifestyle.

The fitness sector in Europe has an important role to play and is well positioned to fulfil this requirement, working alongside healthcare professionals and in partnership with health services. In order to prepare to meet this need it is important that a resource of exercise professionals is trained to effectively equip them to deliver exercise to this particular population groups. These standards aim to begin this process and provide an opportunity for Personal Trainers to develop their skillset in order to work with individuals at risk and/or patients with chronic medical conditions that will benefit from structured exercise programmes.

These new Standards and the Education associated are purpose and outcome driven, and are aligned with the industry main goal to get: **'More People, More Active, More Often'**.



This booklet contains the new EHFA Standards for Exercise for Health Specialist (EQF level 5) and is organized in the following chapters, which offer the reader a comprehensive approach to the required knowledge, skills and competences for the health & fitness sector:

- Chapter 1: A short statement about the development of EHFA Standards from 2005 and addition of the new standards in 2012.
- Chapter 2: The essential Skills and Knowledge written as Learning Outcomes, based on the job purpose, required to work as an Exercise for Health Specialist in the European Health and Fitness Industry at the Sector Qualification Framework -EQF Level 5, and where EQF 3 Fitness Instructor and EQF 4 Personal Trainer knowledge area pre-requisite.
- Chapter 3: The EHFA Competence Framework and the essential Competences, associated to Skills and Knowledge written as Learning Outcomes, based on the occupational purpose of an Exercise for Health Specialist within the European Health and Fitness Industry at the EQF-Fitness Level 5.

Finally, it is to be noted that a qualified group of technical experts across Europe representing the different stakeholders of our sector volunteered to assist with the development of the EHFA Standards, and that relevant experts around the world have been involved on the external consultation process.

TEG Members for new European Standards Exercise for Health Specialist (EQF level 5):

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- Dr. Antonino Bianco, University of Palermo, Italy.
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- Steven Mann, FIA Research Institute, UK.
- Prof. Rita Santos Rocha, PhD, ESDRM, Portugal.
- Dr. John Searle, Former FIA Chief Medical Officer, UK.
- Stephen Wilson, FIA, UK (TEG Secretary).



Experts who participated on the external consultation process:

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Brussels, 23rd of April 2012

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SETTING THE STANDARDS FOR THE EUROPEAN HEALTH AND FITNESS SECTOR

Introductory statement about the update of the
EHFA Standards from 2005 and addition of the
new standards in 2012

EHFA Standards EQF Level 5
Exercise for Health Specialist



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What is the EQF and what are its benefits?

The Standards that are agreed by EHFA are based upon the European Qualification Framework (EQF) which is a common European reference framework which links countries' qualifications systems together, acting as a translation device to make qualifications more readable.

This will help learners and workers wishing to move between countries, or to change jobs, or to move between educational institutions at home.

Why does the EQF use learning outcomes?

The EQF uses 8 reference levels based on learning outcomes (defined in terms of knowledge, skills and competences). The EQF shifts the focus from input (lengths of a learning experience, type of institution) to what a person holding a particular qualification actually knows and is able to do. By shifting the focus to learning outcomes it helps to:

- support a better match between the needs of the labour market (for knowledge, skills and competences) and education and training provision
- facilitate the validation of non-formal and informal learning
- facilitate the transfer and use of qualifications across different countries and education and training systems
- transfer units of learning outcome, based on a credit system (ECVET)

It also recognizes that Europe's Education systems are so diverse that comparisons based on inputs, such as a length of study, are impracticable.

Progression of development of the EHFA Standards?

The 2004-2005 EHFA Standards Project was the first of its kind for the European Fitness Industry, but now with its much expanded position and broader base of stakeholders (which includes 19 national associations, over 100 separate members and represents over 10,000 fitness facilities), EHFA has a central role and mandate to ensure that standards are current, forward looking, and carry the consensus of the industry.

The original work pre-dated the completion of the EQF, and when the level descriptors are applied to the original work, some re-alignment is to be expected. The emphasis from the EU is now about learning outcomes for all training programmes, rather than the more tradition input-driven approach. This means that the 2005 Standards need to be more concisely drafted, and will also allow the opportunity to remove a considerable amount of repetition in the earlier work.



More than 30 technical experts across Europe volunteered to assist with the review and expansion of EHFA Standards in 2009/10, and this considerable resource needed to be focused on priorities of updating following the launch of EREPS in 2008.

The wider international position also provides other referencing points that are taken into consideration when the true question of mobility for workers and learners is taken into account. National positions are established in a number of countries outside of Europe and in the USA there are four main certification organisations who, being evidence-based, also provide good benchmarking and referencing for the European position. Many EU countries are now developing their own national qualification frameworks which place a requirement on EHFA to keep the pan-European standards complete and up to date.

What does the EQF mean for the Fitness Sector?

Raising and developing skills for exercise professionals is more important than ever with new opportunities and responsibilities for the fitness sector to play its part in getting **more people, more active, more often**. Training organisations must adapt and develop to deliver the skills that the industry and employers want and expect. Importantly, individual exercise professionals want their achievements recognised through an independent process based on accepted European standards. If there are common standards and processes then the outcomes can be the same and transferable. As a European solution, the EQF is the backbone of this process.

As part of the review and expansion of its standards EHFA is developing its own 8-level sector framework which is fully referenced to the EQF. This will make national referencing easier for VET and higher education providers, and better for national government understanding.

The reality is that a number of member states have already referenced their national frameworks against the EQF. DG EAC (European Commission) sees this as an important principle to help improve the mobility of workers and to create new opportunities of employment. The fitness industry is already effectively borderless. For workers and learners to move between different countries we need to understand different qualification systems – and the EQF acts as the central “leveller”. The lead in standards development being taken by EHFA opens the prospect of the fitness industry determining its own framework. This will help everyone to better understand the actual occupations in the industry and therefore the training requirements to support these roles.

The challenge for EHFA and the sector is to identify and collectively agree on what are the jobs and skills required for today and then to look into the future.



The positive impact of EHFA Standards and the application of the EQF through the SQF

With the ratification of the **Lisbon Treaty** came the European Commission agreeing to the competencies for workers in sport, which includes the fitness sector. If we are organized as an industry in our approach and can determine our own competencies for workers we will effectively be able to self-regulate. Creating competency standards based on the structure of the EQF and with our own sector qualification framework across all 8 levels demonstrates to other occupations and professions that not only is fitness well-organised, but it is also self-regulated through the measure of individual competencies by the European Register of Exercise Professionals (www.ereps.eu). This helps other occupations and professions – and consumers – to better understand the relationship of job roles and purposes.

The new standards and sector framework help to raise the credibility and accountability of the sector. Every training provider certificate and EREPS registration information will contain the relevant EQF level making qualifications and achievement against the EHFA standards much more understandable and transferrable.

With better understanding it will be possible to provide detailed labour market intelligence, giving evidence on skills gaps and shortages, and helping to direct the industry towards trends so that the skills of the workforce can match expectations and demands. Training providers – in both VET and in HE – will be better placed to understand the needs of the industry.

More information about EU-EQF is available at: www.ec.europa.eu/eqf

Job Purpose as the Foundation for Fitness Qualifications

In the current fitness sector, some occupational qualifications are not aligned with the industry purpose of 'more people, more active, more often'. This has happened predominantly as the result of a focus on input (amount of learning, product oriented learning) instead of output (work outcomes, customer oriented) learning.

To achieve its purpose the industry needs to become more market oriented, which means that it should listen to its users (customers) and to deliver according to their needs. It should therefore shift from an inward, product focus, to an outward, customer focus. For fitness occupations this means they should aim at delivering the experiences and results that people need, giving these jobs a real purpose. Job qualifications – that is the knowledge, skills and competencies – should enable the achievement of these job purposes.

The focus for the future should not be on qualifications, but on the outcomes of the work. Education should become more purpose or output driven instead of qualification or input driven. The learner should be central to the process.



What a person should know and be able to do in a certain fitness occupation depends on an understanding of the purpose of that role. This can only be achieved through delivering certain work outcomes and in meeting expectations of performance. In other words, learning outcomes should be determined by desired work and customer requirements delivered in a quality controlled way. A job is only performed well if it achieves what it's supposed to achieve.

Therefore, the correct way to determine the content of specific job qualification is:

1. To define the purpose of the occupation;
2. To determine which work outcomes (output) lead to achieving that purpose;
3. To determine which qualifications (knowledge, skills, competencies, range of application) are necessary to be able to deliver those outcomes;

Any definition of occupational purpose should include the interests of the major stakeholders, which in case of the Fitness Sector are:

- for the participant: fitness results from safe, effective exercise;
- for the professional: meaningful work, and recognition of achievement;
- for the business/facility: more participation/members/profit;
- for the Industry: 'more people, more active, more often';

These together form the desired work outcomes of an occupation.

Qualifications for fitness occupations should be solely based on the achievement of their purpose. This also applies to all other occupational content (roles, tasks, etc.)

The quality of a professional's work is determined by its outcomes, not by whether they meet the qualifications. So when we say someone is "good at their job", we should not mean they meet all the qualifications for the job, but that they deliver the desired outcomes. Certificates and diplomas are not a measure of quality but of a standard for the *minimum* quality required. It is just like having a driver license. By itself it doesn't make you a good driver, it merely allows you to drive and to possibly develop and practice to become one. So, for example, delivering safe and effective exercise is not only about a qualification that needs to be met, but are the purpose of the fitness job.

Occupational purpose can strongly impact the growth of businesses and the industry by providing a new context and impetus to fitness professionals and to help them achieve the desired outcomes of their work. These purpose-driven professionals in turn will better lead customers to achieve the desired experiences and results that they seek. Occupational purpose should drive occupational standards and help recruit people with the right motivation and skills, who can help us to create value and acquire and retain more members or customers.



Qualifications should be based on the everyday practice in which people visit fitness centres and want to participate in activities to achieve their desired fitness results.

We need people that love their work if we want to attract and retain members.

For any facility or club the number one purpose of a fitness occupation should be in contributing to the success and profitability of the business. This applies to commercial as well as not-for-profit facilities and operations.

Based on this new thinking and with agreement from the technical experts contributing to the review of the original 2005 EHFA Standards an "evolution" was formally approved in 2010, the development of new Standards for EQF level 2 in 2011 was completed and approved, and this document contains the new proposed EHFA Standards for EQF level 5 (Exercise for Health Specialist).

Following the same methodology than in the EHFA Standards for levels 2, 3 and 4, the new ones EQF level 5 have been referenced in a detailed way to the EQF level descriptors.

The focus for the future of the Industry should not be on qualifications, but on the outcomes or results of work. Wherever new people are recruited into the Industry, this should be based on their motivation and people skills instead of only on their technical qualifications and exercise related knowledge. The change is that education and the new Standards should be purpose and outcome driven, and not qualification or input driven.

Brussels, April 2012

EHFA Standards Council



SETTING THE STANDARDS
FOR THE EUROPEAN
HEALTH AND FITNESS SECTOR

EHFA EQF Level 5
Skills and Underpinning Knowledge for
Exercise for Health Specialist
as part of the
EHFA Learning Outcomes Framework



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EHFA Exercise for Health Specialist (EQF 5)

This chapter supports the EHFA Competence Framework and contains the essential Skills and Knowledge written as Learning Outcomes, based on occupational purposes, required to work as an **Exercise for Health Specialist** in the European Health and Fitness Industry at the EQF-Fitness Level 5. These Standards and the Education associated are purpose and outcome driven, aligned with the industry main goal to get 'more people, more active, more often'.

All Trainers will require both basic core knowledge and specific knowledge related to the context in which they work: All trainers must hold an EQF level 4 or equivalent EHFA accredited certification in Personal Training, plus have at least 12 months full-time equivalency of working as an exercise professional. This is a pre-requisite before starting the EQF 5 qualification. If wishing to deliver exercise to groups of participants with chronic health conditions, trainers must also hold a relevant Group Fitness EQF Level 3 or equivalent EHFA accredited certification.

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Introductory information

As explained in the introductory chapter, the **European Qualifications Framework (EQF)** is a common European reference system which is linking different countries' national qualifications systems and frameworks together. In practice, it will function as a translation device making qualifications more readable. This will help learners and workers wishing to move between countries or change jobs or move between educational institutions at home.

Why does the EQF use learning outcomes?

The EQF uses 8 reference levels based on learning outcomes (defined in terms of knowledge, skills and competences). The EQF shifts the focus from input (lengths of a learning experience, type of institution) to what a person holding a particular qualification actually knows and is able to do. Shifting the focus to learning outcomes:

- supports a better match between the needs of the labour market (for knowledge, skills and competences) and education and training provision;
- facilitates the validation of non-formal and informal learning;
- facilitates the transfer and use of qualifications across different countries and education and training systems.

It also recognizes that Europe's education systems are so diverse that comparisons based on inputs, say length of study, are impracticable.

What does level 5 mean in the EQF?

Level of the EQF	Knowledge is described as theoretical and/or factual.	Skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments)	Competence is described in terms of responsibility and autonomy.
The learning outcomes relevant to Level 5 are	Comprehensive, specialised, factual and theoretical knowledge within a field of work or study and an awareness of the boundaries of that knowledge.	A comprehensive range of cognitive and practical skills required to develop creative solutions to abstract problems.	<ul style="list-style-type: none"> - Exercise management and supervision in contexts of work or study activities where there is unpredictable change; - Review and develop performance of self and others.



What does level 5 mean for the Sector Qualifications Framework?

EQF Level	Occupation	EHFA Standards	Target Audience
Level 5	Exercise for Health Specialist	EHFA Exercise for Health Specialist Level 5	Individuals at risk and/or with chronic health conditions (low and moderate risk)



EQF Level 5

Skills and Underpinning Knowledge for Exercise for Health Specialists, part of the EHFA Learning Outcomes Framework

Occupational Title

Exercise for Health Specialist

Job purpose

The purpose of the Exercise for Health Specialist is to build fitness participation of new and existing exercisers at risk or with chronic health conditions through group or individual fitness experiences that meet their needs and objectives. In addition, the Exercise for Health Specialist will be expected to regularly review participants progress and be able to report on adherence and outcomes to relevant stakeholders.

Occupational Description

An Exercise for Health Specialist has the ability to communicate sensitively with a wide range of individuals that have existing chronic health conditions or are at high risk of developing them due to their lifestyle. The Exercise for Health Specialist can programme and supervise exercise for individuals (and groups if they hold this prior competency) with a range of chronic health conditions determined to be of low or moderate risk of an adverse event according to recognised stratification tools. An Exercise for Health Specialist is able to communicate effectively with medical and healthcare professionals about participant's conditions using correct medical terminology and with an understanding of the standard treatment options for an individual's condition in what is related to exercise. An Exercise for Health Specialist will take a holistic approach to the wellness of their clients that includes advising on lifestyle, healthy eating and stress management in addition to exercise relevant to the condition, medication and with respect to professional boundaries.

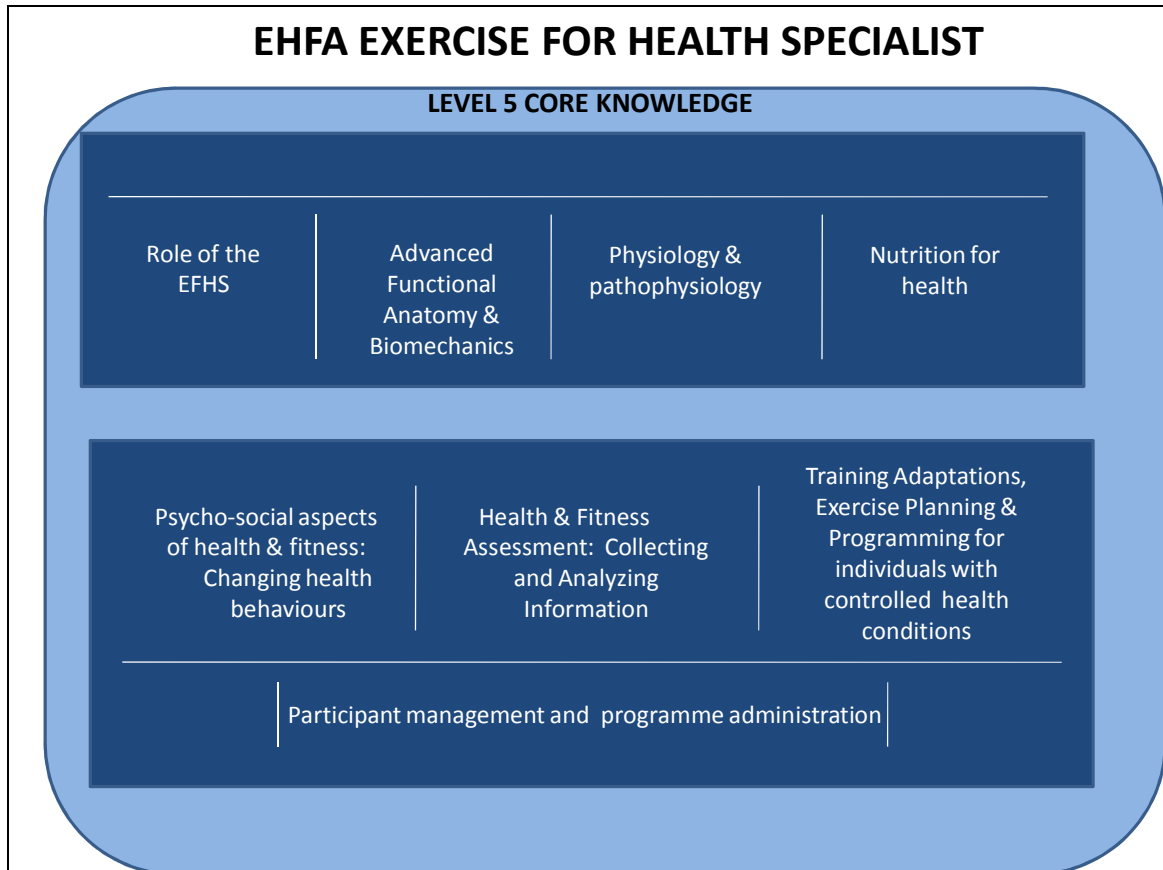
Occupational Roles

Building on the foundation of the role of a personal trainer, the Exercise for Health Specialist should additionally be able to:

1. Conduct screening and risk stratification of individuals at risk or with a health condition;
2. Conduct appropriate testing, functional and physical fitness assessments with exercisers and interpret results;
3. Create evidence-based exercise programmes for individuals at risk or with controlled health conditions;
4. Motivate exercisers with controlled health conditions to adopt and maintain healthy lifestyle behaviours;
5. Motivate exercisers with controlled health conditions to begin and continue with healthy eating behaviours;
6. Manage communication with exercisers, medical and health care professionals and maintain professional administrative records.



**EHFA Level 5 Exercise for Health Specialist
Core Knowledge Areas**





Knowledge Requirements

Section 1: Role of the Exercise for Health Specialist

Section Overview

Learners will:

- Understand the Medical and Political need for Exercise for Health Specialists in Europe;
- Understand the role of the Exercise for Health Specialist;
- Know the career development opportunities available as an Exercise for Health Specialist;

Section Headings

1.1 The rationale for exercise for health services

Learners should demonstrate knowledge and understanding of:

- The prevalence of NCDs (Non Communicable Diseases) Globally, within Europe and nationally;
- The economic impact of NCDs and the reason for political intervention in policymaking to tackle their increasing incidence;
- How Exercise for Health Specialists can support existing healthcare provision in the management of NCDs;
- The national, European and international initiatives to raise awareness of the importance of exercise for health;
- The potential funding sources for Exercise for Health services including publically funded schemes and private practice as an Exercise for Health Specialist.

1.2 Professional development in exercise for health

- Opportunities for career development as an Exercise for Health Specialist;
- The importance of and how to maintain Continuous Professional Development as an Exercise for Health Specialist.

Section 2: Advanced Functional Anatomy & Biomechanics

Section Overview

Learners will:

- Understand the contrast between and synergies of the traditional (reductionist) and functional (integrated) views of human anatomy;
- Know how a range of NCD's can affect the normal anatomical function of the body;
- Understand the implications of impaired mobility for health and disease progression;



- Understand the implications of surgical interventions for the treatment of NCDs on integrated function.
- Understand the concept and effect of biomechanical loading, and the importance and effects of loading on the living tissues (particularly in cases of bad posture, musculoskeletal disorders, bone health promotion, osteogenic index of exercise, and prevention and treatment of osteopenia and osteoporosis).
- Understand the means of movement analysis.

Section Headings

2.1 Anatomy of integrated function

Learners should demonstrate knowledge and understanding of:

- Musculoskeletal anatomical terms, locations and isolated functions of muscles, muscle groups and major joint actions;
- The concept that in function every muscle acts in three dimensions;
- The role of the myofascial system and properties of connective tissue;
- Muscles work in a synergistic nature with fascia to create efficient movements of the body;
- The main adaptations of gait along the lifespan;
- Common compensatory patterns (e.g. upper- and lower crossed syndrome);
- The impact of bone disease (osteoporosis) on the skeleton in relation to posture and movement potential;
- The impact of joint disease (arthritis) on posture and movement;
- The impact of obesity on the myofascial and musculoskeletal systems, posture and movement;
- The effects of emotion on posture and movement in relation to mental health conditions including stress, anxiety and depression;
- The effects of neurological conditions on movement capacity, including stroke, MS, dementia, Alzheimer's and Parkinson's diseases.

Section 3: Physiology & Pathophysiology

Section Overview

Learners will:

- Understand the differences between normal physiology and the characteristic pathophysiology for a range of NCDs;
- Know how to identify credible information sources and conduct structured research into conditions they are not familiar with;
- Understand how to work safely with individuals who have conditions they are not familiar with.



Section Headings

3.1 Etiology and pathophysiology of common NCDs

Learners should demonstrate knowledge and understanding of:

- Homeostatic control mechanisms and the implications of homeostatic imbalances
- The pathophysiology of hypertension, and dyslipidemia
- The process of atherosclerosis and its effect on cardiovascular physiology and anatomy leading to blood vessel occlusion
- The outcomes of occlusion in cerebrovascular, coronary and peripheral blood vessels i.e. stroke, angina & MI and PAD
- The role of obesity in developing insulin resistance, impaired glucose tolerance and type 2 diabetes
- The causative factors and pathophysiology of overweight, obesity, metabolic syndrome, type 2 diabetes and type 1 diabetes
- The causative factors and pathophysiology of osteoarthritis and rheumatoid arthritis, non-specific low back pain
- The causative factors and pathophysiology of osteopenia and osteoporosis
- The causative factors and pathophysiology of stress, general anxiety disorder and depression
- The causative factors and pathophysiology of dementia, Alzheimer's disease, Parkinson's disease and Multiple Sclerosis
- The causative factors and pathophysiology of COPD and asthma
- The causative factors and pathophysiology of myalgia

3.2 Researching unfamiliar conditions

- Research methods and identifying credible sources of scientific information
- Approaching an unfamiliar medical condition in terms of identifying prevalence, causation, pathology, treatment/management, effects of exercise/physical activity and exercise guidelines for patients with the condition
- How to conduct consultations for new clients with unfamiliar medical conditions i.e. what to ask, where to seek further advice, when to begin exercise, how to introduce activities that are safe and relevant to improving the client's function/condition, rate of progression, setting expectations and goals that are appropriate and realistic in the context of the condition and medication effects



Section 4: Nutrition for Health

Section Overview

Learners will:

- Understand the importance of recommending credible, evidence based healthy eating guidelines for individuals with NCDs
- Know the specific national, European and/or international nutrition recommendations for common NCDs
- Know when and how to refer to a dietician or clinical nutritionist for specific dietary advice
- Understand the importance of using behaviour change techniques when addressing nutrition with individuals with NCDs

Section Headings

4.1 Eating for health

Learners should demonstrate knowledge and understanding of:

- Their country's national food guide model and other evidence-based guidelines for eating a healthy balanced diet containing all food groups
- The importance of obtaining adequate amounts of all macro and micronutrients in maintaining good health, particularly in those with existing medical conditions
- Specific nutrition recommendations for particular NCD's e.g. low fat and sugar diets for the management of cholesterol and triglycerides in those with CVD, limiting sodium intake for hypertensive patients and the use of tools such as glycemic index and glycemic load in those with insulin resistance metabolic syndrome and diabetes
- The concept that it is often not a lack of education about healthy eating but a lack of willingness or ability to make the required changes to eating habits that prevents individuals from improving their diet and achieving better health

4.2 Scope of practice and making referrals

Learners should demonstrate knowledge and understanding of:

- Professional boundaries and their scope of practice
- Processes for making referrals to public or privately funded nutrition and dietetic services



Section 5: Psycho-social aspects of Health & Fitness: Changing Health Behaviours

Section Overview

Learners will:

- Understand the importance of empathising with an individual's attitude towards exercise in the context of their health status
- Know the commonly held beliefs of individuals with NCDs and how these influence adherence to nutrition and physical activity recommendations
- Understand the value of incorporating a social element into exercise programmes for individuals with NCDs
- Know how to apply psychological models of change in the context of working with individuals with NCDs
- Understand which behaviour change techniques are most likely to be effective when working with individuals with NCDs

Section Headings

5.1 Psychological approaches in exercise for health

Learners should demonstrate knowledge and understanding of:

- The value of empathy and the psychological barriers to increasing physical activity levels that many individuals with an NCD will experience
- Commonly held beliefs of individuals with NCDs and the impact of these beliefs on their actions which ultimately affects their adherence to healthy eating and physical activity guidelines
- How to identify an individual's stage of readiness to change in the transtheoretical model and how this influences the motivational approach used
- Behaviour change tools that can be used to increase extrinsic and intrinsic motivation to adopt behaviours in healthy eating and physical activity

5.2 Social aspects of exercise for health

Learners should demonstrate knowledge and understanding of:

- The motivational value of social exercise and a sense of belonging
- Ways to facilitate the formation of social groups and encourage the formation of social support networks through exercise programme structure and scheduling of events



Section 6: Health & Fitness Assessment: Collecting and analysing information

Section Overview

Learners will:

- Know appropriate screening and referral protocols for use with individuals with NCDs
- Know which anthropometric and resting measurements are appropriate to use with individuals with common NCDs
- Know which specific measurements are not valid in the context of particular NCDs
- Know a range of assessments of functional ability and capacity that can be used safely for individuals with a range of NCDs

Section Headings

6.1 Screening and risk stratification in exercise for health

Learners should demonstrate knowledge and understanding of:

- How to use screening paperwork such as the PAR-Q, medical questionnaires and validated risk stratification tools to determine an individual's suitability for exercise and the level of supervision required
- The processes and procedures for seeking medical consent to exercise when required as determined by screening protocols
- When it is appropriate to use anthropometric and resting measurements including blood pressure, height, weight, BMI, waist measurement, other circumference measurements, resting heart rate or palpation of pulse, static posture analysis, range of movement evaluation
- When it is appropriate to perform observation or analysis of gait, functional movement screening or functional capacity tests, submaximal estimation of aerobic capacity, muscular fitness testing, balance, co-ordination or other proprioceptive/motor skill evaluations and which tests are suitable for the individual's level of ability and condition



Section 7: Training Adaptations, Exercise Planning & Programming for Individuals with Controlled Health Conditions

Section Overview

Learners will:

- Understand the importance of compliance with national legislation and following best practice guidance when providing exercise services for patients with NCDs
- Know specific evidence based exercise guidelines for individuals with a range of common NCDs
- Know where to source evidence-based guidelines for individuals with other less common conditions
- Know how to work within guidelines for exercise when co-morbidities are present
- Know how to work with medical professionals to agree appropriate exercise volumes and intensities for an individual when evidence based guidelines are not published for their health condition(s), or when abnormal responses to exercise are present although following guidelines prescription
- Understand the rationale for adapted exercise guidelines for NCDs in terms of pathophysiology and the altered physiological adaptation of the body to exercise stimulus
- Know the importance of using techniques to encourage self-sustainable physical activity
- Understand the importance of performing a thorough initial consultation with a new patient/client

Section Headings

7.1 Planning exercise with individuals at risk or with chronic health conditions

Learners should demonstrate knowledge and understanding of:

- National and local legislation, quality assurance frameworks or other policies and guidance relating to the provision of exercise services to participants
- The importance of compliance with and adherence to legislative or best practice guidelines for working with patients

7.2 Guidance parameters for exercise with patients

Learners should demonstrate knowledge and understanding of:

- ACSM or other evidence based guidelines for FITT and programme design for common NCD's including; hypertension, dyslipidaemia, stable angina, post-rehabilitation controlled coronary heart disease, obesity, metabolic syndrome, diabetes types 1 and 2, osteoarthritis, rheumatoid arthritis, osteopenia, osteoporosis, general anxiety disorder, depression, COPD, asthma, myalgia, mastectomy.



- Resources for obtaining credible evidence-based exercise guidelines for health conditions that are less common where guidelines are available
- How to safely programme exercise using the lower limits of all relevant exercise guidelines when an individual has more than one condition, complications or comorbid risk factors
- Communicating with an individual's primary care physician to establish safe parameters within which the individual can perform physical activity in cases where no established guidelines are published for their particular medical condition or combination of conditions, or when abnormal responses to exercise are present although following guidelines prescription

7.3 Effects of pathophysiology on exercise

Learners should demonstrate knowledge and understanding of:

- The relationship between the etiology, pathophysiology and the guidelines for controlling intensity, duration or type of exercise for individuals with a chronic health condition in order to safely progress the individual's programme without increasing the risk of adverse events
- The effect of a condition and the side effects of medication commonly used to treat it, on the outcome of exercise programmes compared to those expected in an un-medicated individual with normal physiology
- How to apply principles of periodization within the limits of recommended guidelines to achieve client's desired long-term outcomes without compromising health
- Structure exercise programmes to facilitate behaviour change in the long-term, leading to self-sustained increases in physical activity
- Collect detailed medical, lifestyle and other information and set goals in a consultation in order to construct a programme that meets the client's wants and needs

7.4 Adaptation and modification of exercise

Learners should demonstrate knowledge and understanding of:

- Adapting exercise programmes and modifying planned activities in response to a client's acute needs on the day of a planned exercise session
- Know acute contraindications to exercise for the given conditions, and how to detect it
- Use appropriate methods of intensity monitoring relevant to the client, their goals, health condition and the exercise environment
- Perform regular performance reviews with client's to evaluate progress against expectations and identify new goals



8.1 Participant Management and Programme Administration

Section Overview

Learners will:

- Understand how to plan marketing and advertise services as an Exercise for Health Specialist
- Know different approaches for the recruitment of patients/clients into the services of an Exercise for Health Specialist
- Know the policies, procedures and quality assurance requirements for delivering services as an Exercise for Health Specialist
- Know how to create a sustainable business as an Exercise for Health Specialist
- Understand communication pathways and terminology with medical and healthcare professionals
- Understand confidentiality and management of data in compliance with national legislation, including data protection requirements
- Know how to manage documentation and administration of services as an Exercise for Health Specialist
- Know how to implement systems for patient/client communication, tracking and follow-up

Section Headings

8.1 Programme marketing & administration

Learners should demonstrate knowledge and understanding of:

- Market position and market advantage as an Exercise for Health Specialist
- How to identify a target market
- The networks and professional relationships that will benefit them as an Exercise for Health Specialist
- The various routes to market that exist locally and nationally as an Exercise for Health Specialist
- Where and How to advertise their services as an Exercise for Health Specialist
- How to identify an appropriate price point for services and develop a business model based on available revenue opportunities (potentially private, public or insurance funded, depending on national healthcare systems policy and legislation)
- How to create rapport with medical and healthcare professionals in order to develop their confidence in your ability to deliver a high quality service that is safe for their patients



8.2 Participants management & administration

Learners should demonstrate knowledge and understanding of:

- Policies that convey a professional, lawful and ethical approach to patient/client health & safety, equality of opportunity, quality assurance, confidentiality, security of and access to personal data, level of service they can expect, progress monitoring and reporting, terms and conditions of service that clearly identify the responsibilities of exercise professional, medical professional and client/participant
- Processes that outline the communication pathway and agreed information required when recruiting/accepting new participants/clients with medical conditions
- How to manage data in compliance with all prevailing legislative requirements
- A system for administration that includes standardised documentation used to track and monitor client/participant progress and report to medical professionals at an agreed frequency
- A client database and client management system that allows records of previous communication with each client to be maintained in order to track and monitor progress effectively and follow up session non-attendance or lapsed clients



EHFA EXERCISE FOR HEALTH SPECIALIST EQF L5 STANDARDS & COMPETENCIES FRAMEWORK

This document describes the EHFA Competence Framework and contains the essential Competences, associated to Skills and Knowledge written as Learning Outcomes, based on occupational purposes, required to work as an Exercise for Health Specialist in the European Health and Fitness Industry at the EQF-Fitness Level 5. These Competence Framework, the Standards and the Education associated are purpose and outcome driven, aligned with the industry main goal to get 'more people, more active, more often'.

The Units in the document are broken down in to competencies, skills and range. This document should be read in conjunction with the **EHFA European Level 5 Exercise for Health Specialist Knowledge Requirements** which describe the knowledge which underpin the skills of the exercise professional working specifically with individual at risk or with NCDs (at low and moderate risk).

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Section 6: Health & fitness Assessment, collecting & analysing information

Section 7: Training Adaptations, Exercise Planning and Programming for individuals with controlled medical conditions

Section 8: Participant Management & Programme Administration



Section 1: Role of the Exercise for Health Specialist

WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies	SKILLS Learners should be able to demonstrate the following skills	RANGE Learners should be able to cover the following range	UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:
Follow a Professionalism and Ethics Code of Practice	Demonstrate responsibility and professional duty of care to clients	<ul style="list-style-type: none"> Client Safety and wellbeing Legal responsibilities Compliance with National Health and Safety policies Ethics and professional conduct Expectations of medical and health care professionals Expectations of clients 	Pre-requisite level 4 PT knowledge requirement applied and interpreted in the context of exercise for health (EHFA/EREPs Code)
Commitment to continued personal and professional development	Investment in continued professional development activities and progression in quality or range of exercise for health service delivery	<ul style="list-style-type: none"> Formal learning Informal learning Self-directed study Mentored experience at work 	1.2 Professional development in exercise for health
Establish communication with providers of funding for exercise for health services	Communicate the benefits of an exercise for health service as a cost effective adjunct treatment method & prevention tool for many NCDs	<ul style="list-style-type: none"> Private medical facilities Public health care organisations Local Government departments 	1.1 The rationale for exercise for health services
Promote exercise for health services to medical professionals, healthcare professionals and patients	Communicate the benefits for patients of engaging in a structured, supervised exercise programme	<ul style="list-style-type: none"> Medical professionals Healthcare professionals <i>including physiotherapists, nurses, occupational therapists</i> Clients in public or private care The public 	1.1 The rationale for exercise for health services 8. Participant Management & Programme Administration



Accept patient referrals and recommendations	Demonstrate awareness of the healthcare system and processes for accepting referrals	Including referrals from: <ul style="list-style-type: none"> • Health service medical and healthcare practitioners • Private medical practitioners • Private allied health professionals • Participants (self-referral) 	1.1 The rationale for exercise for health services 7.1 Planning exercise with patients 8. Participant Management & Programme Administration
Build rapport with patients and put them at ease by setting expectations correctly in line with individual needs	Demonstrate empathy, listen to patient to identify needs and explain the demands and benefits of an exercise for health programme tailored to their individual requirements	<ul style="list-style-type: none"> • Anxious individuals • Individuals with no previous experience of structured exercise • Individuals with physical limitations • Individuals with an existing or previously high level of fitness 	5.1 Psychological approaches in exercise for health
Perform health screening and risk stratification of patients	a. Use validated screening and risk stratification instruments to determine patient suitability to the exercise for health service	<ul style="list-style-type: none"> • Referred patients • Self-referred patients • Questionnaires e.g. revised PAR-Q • Risk stratification tools e.g. ACSM, Irwin and Morgan 	6.1 Screening and risk stratification in exercise for health
	b. Use recognised resting and anthropological measurements for risk stratification	<ul style="list-style-type: none"> • BMI • Waist measurement • Resting blood pressure • Resting pulse 	6.1 Screening and risk stratification in exercise for health
	c. Use active assessments to determine functional ability in components of fitness as appropriate	<ul style="list-style-type: none"> • Movement/gait observation • Tests of functional capacity e.g. sit to stand • Evaluation of motor skill function related to proprioception and risk of falling 	6.1 Screening and risk stratification in exercise for health



Motivational counselling with individuals about to embark on exercise for health programmes	a. Employ appropriate listening and questioning as part of a recognised process of behaviour change	<ul style="list-style-type: none"> Physical activity Lifestyle practices e.g. drinking, smoking Healthy eating 	5.1 Psychological approaches in exercise for health
	b. Set SMART goals based on client's wants and relevant to managing their health status	Goals including: <ul style="list-style-type: none"> Fat loss, lean body mass gain, wellness or function in daily life, sports performance, rehabilitation 	5.1 Psychological approaches in exercise for health
Plan exercise programmes for participants	a. Use appropriate condition specific volume and intensity guidelines in planning programmes	<ul style="list-style-type: none"> Evidence based guidelines from ACSM or similar where available Agreed parameters established with the client's medical practitioner in instances where no evidence based guidelines exist for a condition 	3.1 Etiology and pathophysiology of common NCDs 3.2 Researching unfamiliar conditions 7.2 Guidance parameters for exercise with patients
	b. Adapt generic guidelines to account for individual client's signs and symptoms, disease progression and comorbidities or complications	<ul style="list-style-type: none"> Information gathered from the client Information sent from the referring medical professional Information from observation and measurement Information from research into the condition 	7.3 Effects of pathophysiology on exercise 6.1 Screening and risk stratification in exercise for health 3.2 Researching unfamiliar conditions 2.1 Anatomy of integrated function
	c. Structure programmes to account for individual client's motivations and desired programme outcomes (goals)	<ul style="list-style-type: none"> Health goals Personal goals 	5.1 Psychological approaches in exercise for health



	d. Provide healthy eating advice specific to goals, exercise programme demands and medical conditions	<ul style="list-style-type: none"> • Energy balance • National food guide model • Condition specific requirements or restrictions 	4.1 Eating for health
	e. Write long term programmes in a format that show progression towards client's goals within guideline parameters	<ul style="list-style-type: none"> • Minimum 12 week structure Variation in training variables may include: <ul style="list-style-type: none"> • Frequency • Duration • Intensity • Recovery periods • Exercise technique complexity • Exercise modality • Exercise equipment choice 	7.2 Guidance parameters for exercise with patients 7.3 Effects of pathophysiology on exercise
	f. Write session plans in a format that can be interpreted by the client	<ul style="list-style-type: none"> • Use a standard format for presenting exercise sessions to clients • Type or write clearly using common terminology 	5.1 Psychological approaches in exercise for health
	g. Plan exercises that enhance functional movement of the body	<ul style="list-style-type: none"> • Mobility • Flexibility • Functional strength and power • Movement efficiency 	2.1 Anatomy of integrated function
	h. Plan exercise sessions or schedules to include or facilitate social interaction	Facilitate social interaction of patients: <ul style="list-style-type: none"> • During exercise sessions • Outside of exercise sessions 	5.2 Social aspects of exercise for health
Deliver exercise sessions to clients	a. Welcome clients to sessions and create a sense of security in the exercise environment	<ul style="list-style-type: none"> • Gym environment • Studio environment 	5.1 Psychological approaches in exercise for health
	b. Create opportunities for social interaction in the exercise environment	<ul style="list-style-type: none"> • Before exercising • During exercise • After exercising 	5.2 Social aspects of exercise for health



	c. Monitor intensity to keep client within guideline parameters of volume and intensity	<ul style="list-style-type: none"> • CV exercise intensity & duration • Resistance exercise intensity and volume • Recovery period duration 	<p>7.2 Guidance parameters for exercise with patients</p> <p>7.3 Effects of pathophysiology on exercise</p> <p>7.4 Adaptation and modification of exercise</p>
	d. Adapt exercises within sessions in response to patients immediate needs	<ul style="list-style-type: none"> • Mode of exercise • Equipment choice • Exercise alternative or variation • Intensity • Duration • Any other exercise variable 	<p>7.3 Effects of pathophysiology on exercise</p> <p>7.4 Adaptation and modification of exercise</p>
	e. Deal effectively with injuries and signs of illness as a result of the client's health condition	<ul style="list-style-type: none"> • Client monitoring for condition specific signs and symptoms • Symptoms of distress, illness or injury • CPR • Categories of injuries • Industry related First Aid in line with national guidelines 	<p>L3 fitness instructor pre-requisite plus</p> <p>7.3 Effects of pathophysiology on exercise</p> <p>7.4 Adaptation and modification of exercise</p>
	f. Close exercise session safely and provide relevant information on recovery and after-care	<ul style="list-style-type: none"> • Advice/reminders of post-exercise self-monitoring e.g. diabetics and blood glucose • Hydration • Eating to replace energy • Normal and abnormal post-exercise responses/discomfort 	<p>7.3 Effects of pathophysiology on exercise</p> <p>4.1 Eating for health</p>



	<p>g. Follow up missed appointments or in instances when session is finished early due to patient becoming symptomatic</p>	<ul style="list-style-type: none"> • Telephone • Email • Letters • Web 	<p>8.2 Participant management & administration</p>
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Section 2: Functional Anatomy & Biomechanics

<p>WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies</p>	<p>SKILLS Learners should be able to demonstrate the following skills</p>	<p>RANGE Learners should be able to cover the following range</p>	<p>UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:</p>
<p>Integrate the principles of training to improve whole body function in programme design</p>	<p>a. Consider an individual's functional limitations when planning exercise programmes</p>	<p>Limitations of health conditions on functional movement including:</p> <ul style="list-style-type: none"> • Neurological conditions e.g. Multiple Sclerosis • Bone conditions e.g. osteoporosis • Joint conditions e.g. osteoarthritis • Metabolic conditions e.g. Obesity • Mental health conditions e.g. Muscle tension in stress & anxiety 	<p>2.1 Anatomy of integrated function</p> <p>3.1 Etiology & pathophysiology of common NCDs</p>
	<p>b. Plan exercises that progressively develop mobility and coordination through programmes</p>	<ul style="list-style-type: none"> • Three dimensional movement patterns for all joints • Coordinated movements involving multiple joints, muscles and fascia in natural movement patterns <p>Benefits of functional movement patterns compared to traditional exercise techniques:</p> <ul style="list-style-type: none"> • Reduced risk of pattern overload • Improved proprioceptive response • Improved movement efficiency 	<p>2.1 Anatomy of integrated function</p>



Adapt exercise technique during sessions to facilitate improved movement patterns	a. Observe exercise performance and regress movements to enable clients to work within their sphere of function	Identify: <ul style="list-style-type: none"> • Impaired movement timing and rhythm • Compensatory movement Regress by: <ul style="list-style-type: none"> • Increasing stability using body position or external support • Reducing ROM • Changing movement speed • Reducing load (intensity) • Reducing target number of repetitions 	2.1 Anatomy of integrated function 7.4 Adaptation and modification of exercise
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Section 3: Physiology & pathophysiology

WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies	SKILLS Learners should be able to demonstrate the following skills	RANGE Learners should be able to cover the following range	UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:
Communicate and converse about medical conditions with clients and medical professionals	a. Correct use of medical terminology and the ability to explain medical terms to clients in accessible language	<ul style="list-style-type: none"> • General anatomical terminology • Terminology specific to common NCDs 	3.1 Etiology & pathophysiology of common NCDs
	b. Able to explain to clients the progression of their condition and the role of exercise in prevention and/or as an adjunct to pharmacological or surgical treatment	<ul style="list-style-type: none"> • Role of Dyslipidaemia in promoting Atherosclerosis leading to CHD/CVD/PVD • Role of hypertension in renal failure, glaucoma and CVD • BMD loss, osteopenia and osteoporosis • Relapsing remitting nature of autoimmune diseases including rheumatoid 	3.1 Etiology & pathophysiology of common NCDs



		<p>arthritis</p> <ul style="list-style-type: none"> • The process of cartilage damage leading to osteoarthritis • Role of obesity in insulin resistance leading to impaired glucose tolerance or metabolic syndrome and type 2 diabetes • Causative factors in the development and progression of stress, anxiety, depression, dementia, Alzheimer’s disease, Parkinson’s disease, COPD and Asthma <p>Beneficial effects of exercise in the prevention of and/or as an adjunct to treatment for:</p> <ul style="list-style-type: none"> • Dyslipidaemia • Hypertension • Coronary Heart Disease • Cerebro-Vascular Disease • Peripheral Artery Disease • Osteoporosis • Rheumatoid arthritis • Osteoarthritis • Obesity • Metabolic syndrome • Type 1 diabetes and type 2 diabetes • Stress, anxiety & depression • Dementia & Alzheimer’s disease • Parkinson’s disease • COPD & Asthma 	
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		<ul style="list-style-type: none"> • Colon, breast and prostate cancers 	
<p>Anticipate client’s needs and limitations when planning exercise programmes based on an understanding of the effects of their condition on exercise capacity</p>	<p>Follow appropriate guidelines when planning exercise programmes for clients</p>	<ul style="list-style-type: none"> • Where available use evidence based exercise prescription guidelines from credible research organisations • For conditions that have no evidence based guidelines, and in instances of co-morbidities or complications individual parameters for programme variables are to be researched and agreed with the client’s primary care physician 	<p>3.1 Etiology & pathophysiology of common NCDs</p> <p>3.2 Researching unfamiliar conditions</p>
<p>Adapt exercise techniques and programme variables during sessions to minimise the client’s risk of inducing adverse effects related to their medical condition</p>	<p>Look for appropriate warning signs when observing and monitoring client’s during exercise sessions</p>	<ul style="list-style-type: none"> • Visible indicators of overexertion • Use of monitoring devices e.g. heart rate monitors to signal overexertion • Verbal feedback cues indicating difficulty in performing exercises safely • Facial expressions during exercise signalling discomfort or overexertion 	<p>3.1 Etiology & pathophysiology of common NCDs</p>



Section 4: Nutrition for Health

WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies	SKILLS Learners should be able to demonstrate the following skills	RANGE Learners should be able to cover the following range	UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:
Advise clients of national healthy eating guidelines and the health benefits of eating a balanced diet	a. Explain the national food guide and relate the balance of food groups to health benefits	<ul style="list-style-type: none"> • Energy balance manipulation to support health/fitness goals • Meeting macronutrient requirements • Meeting micronutrient requirements • Effects of supplements 	4.1 Eating for health
	b. Describe specific evidence based nutrition guidelines for a client's condition	Nutrition recommendations for managing: <ul style="list-style-type: none"> • CHD • Overweight and Obesity • Insulin resistance, metabolic syndrome, Diabetes type 2 • Diabetes type 1 • Hypertension • Bone health 	4.1 Eating for health
Refer clients to dietetic services for specialist dietary advice	a. Identify when client's needs are outside of their scope of practice and refer to an appropriately qualified professional using correct processes	<ul style="list-style-type: none"> • Medication-food interactions • Use of individual micronutrient dietary supplements • Diet planning and prescription • Principles of weight management 	4.1 Eating for health



<p>Support clients through the psychological process of changing their eating behaviours</p>	<p>a. Use behaviour change tools and techniques during sessions with clients to help them change their eating habits</p>	<ul style="list-style-type: none"> • Reduce energy intake • Increase energy intake • Increase consumption of fruit and vegetables • Reduce consumption of processed, refined foods • Swap current food choices to healthier alternatives • Consume adequate water to maintain hydration 	<p>4.1 Eating for health</p>
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Section 5: Psycho-social aspects of health & fitness: Changing health behaviours

<p>WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies</p>	<p>SKILLS Learners should be able to demonstrate the following skills</p>	<p>RANGE Learners should be able to cover the following range</p>	<p>UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:</p>
<p>Integrate behaviour change approaches into consultation appointments and exercise session delivery</p>	<p>a. Use one or more process for facilitating behaviour change e.g. motivational interviewing during conversations with clients to increase their intrinsic motivation to exercise</p>	<ul style="list-style-type: none"> • Initial consultation appointments • Supervised exercise sessions • Brief conversations outside of appointments • Brief appointments on informal physical activity 	<p>5.1 Psychological approaches in exercise for health</p>
	<p>b. Use extrinsic reward systems to motivate clients to adhere to exercise programmes</p>	<ul style="list-style-type: none"> • Allocating rewards to achievement of goals • Setting competitions or challenges appropriate for clients 	<p>5.1 Psychological approaches in exercise for health</p>



Create opportunities for social interaction amongst clients participating in exercise for health programmes	Organise social events and introduce clients to one another to facilitate development of new social support networks	<ul style="list-style-type: none"> • Before or after exercise sessions • During exercise sessions • On special occasions • Adequate social events to age and family structure 	5.2 Social aspects of exercise for health
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Section 6: Health & fitness assessment: Collecting and analysing information

WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies	SKILLS Learners should be able to demonstrate the following skills	RANGE Learners should be able to cover the following range	UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:
Be able to screen and risk stratify clients	Use validated screening and risk stratification documents effectively	<ul style="list-style-type: none"> • Revised PAR-Q • ACSM risk stratification criteria • Risk stratification provided by specialized scientific organizations • Irwin and Morgan risk stratification tool 	6.1 Screening and risk stratification in exercise for health
Follow correct processes for gaining medical consent for clients to exercise	Refer clients to their primary care physician to gain consent for them to participate in a supervised exercise programme	<ul style="list-style-type: none"> • Writing a letter to a client's doctor requesting consent to exercise (e.g. PARMED-X by the CSEP) • Following up letters with a telephone call, e-mail 	6.1 Screening and risk stratification in exercise for health
Accurately and reliably conduct valid resting measurements on clients	Use equipment according to suitable standardised protocols for the client to obtain accurate results from tests	<ul style="list-style-type: none"> • Blood pressure • Height, weight & BMI • Waist measurement • Additional circumference measurements • Resting pulse • Posture analysis 	6.1 Screening and risk stratification in exercise for health



		<ul style="list-style-type: none"> • Range of movement/ flexibility test 	
Accurately and reliably conduct safe, valid active assessments on clients	Use equipment according to suitable standardised protocols for the client to obtain accurate results from tests	<ul style="list-style-type: none"> • Observation of gait balance, cadence and timing • Tests of function • Aerobic capacity • Muscular fitness • Balance/coordination 	6.1 Screening and risk stratification in exercise for health

Section 7: Training adaptations, exercise planning & programming for individuals with controlled health conditions

WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies	SKILLS Learners should be able to demonstrate the following skills	RANGE Learners should be able to cover the following range	UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:
Maintain compliance with legal and professional guidelines for the provision of exercise for health services	Access to and familiarity with current regulations and guidance for the provision of exercise for health services	<ul style="list-style-type: none"> • Legislation • Quality assurance frameworks • Professional codes of practice 	7.1 Planning exercise with clients
Maintain familiarity with current exercise guidelines for clients	Regular research into current exercise guidelines and new discoveries relevant to clients they are work with	<ul style="list-style-type: none"> • Signed up to receive notifications from relevant research organisations and charities • Dedicate time to research and reading on a regular basis • Professional discussions with colleagues and medical professionals 	7.2 Guidance parameters for exercise with clients



Section 8: Participant management and programme administration

WORKPLACE COMPETENCY Learners should be able to demonstrate the following competencies	SKILLS Learners should be able to demonstrate the following skills	RANGE Learners should be able to cover the following range	UNDERPINNING KNOWLEDGE Learners should demonstrate knowledge and understanding of:
Marketing and advertising of exercise for health services	Identify a target market and carry out advertising to attract potential users of the exercise for health service	<ul style="list-style-type: none"> • Health service funded clients • Privately funded patients • The public 	8.1 Programme marketing & administration
Managing and administering the tracking of inquiries, uptake of exercise for health services, adherence to programmes and follow up of lapsed clients	Administration of client information	<ul style="list-style-type: none"> • Tracking spread sheet or database • Analysis of successful programme completion rates • Telephone, email and letter follow-up of lapsed programme participants 	8.2 Participant management & administration