# BCRPA Personal Training Module
# ICE Registration

**Form A**

**CANDIDATE INFORMATION: Please print clearly. You can access your Fitness Leader account at**
**www.thefitnessregistry.com**

| | | |
|---|---|---|
| **First Name:** | **Last Name:** | **BCRPA Leader ID:** |
| **Current Email Address in the Registry®** | | |
| **Current First Aid in the Registry®** | **Attached? Yes / NO** ☐ ☐ | **In the Registry®? Yes / NO** ☐ ☐ |
| **Current CPR in the Registry®** | **Attached? Yes / NO** ☐ ☐ | **In the Registry®? Yes / NO** ☐ ☐ |
| **BCRPA Personal Training Course Completion Certificate** | **Attached? Yes /(NO)** | **In the Registry®? (Yes) / NO** |

**Instructor Competency Evaluation (ICE) Procedure:**

**1. BEFORE you contact an Evaluator:**

- Refer to **Form B** for the components of the evaluation and to determine how you will be marked.
- Complete **Forms C-1 and C-2** (Sample Client File and Marketing Package).
- Complete **Form D** (Client Goal Setting Form) and **Form E Phase 1 and 2** (Program Design Card) for your chosen case study client.
- Complete forms **F-2 and F-4** and be prepared to demonstrate the tests described in forms **F-1 and F-3** during the evaluation.
- Obtain permission from a local fitness facility to use it, and arrange to have friends act as a "client" for the evaluation.

**2. Contact an Evaluator:** When you are ready for your evaluation, please refer to http://bcrpa.bc.ca/fitness_program/registration/ice.htm for a list of current evaluators. Ensure your evaluator is currently registered – check their registration status on the Registry® of Fitness Professionals. You may then contact one directly to make arrangements for your evaluation. The evaluator will discuss the ICE procedure and how to submit your form B2 for marking. The evaluator will also discuss the date, time and location of the ICE as well as any fees they may charge you to conduct the ICE evaluation.

**Please check and make sure that your BCRPA ICE PACKAGE contains the following forms:**

**Form A:** ICE Registration

**Form C-1 and C-2:** Sample Client File and Marketing

**Forms D and E:** Client Goal Setting and Program Design

**Forms F, G, and H:** Marked Evaluation

INCOMPLETE ICE PACKAGES WILL NOT BE PROCESSED. They will be returned. Email, fax, or mail ALL completed forms to the BCRPA. PLEASE ALLOW 4 – 6 WEEKS FOR PROCESSING. Please check the Registry® for Fitness Professionals for registration status in the specialty. The BCRPA will not notify Fitness Leaders regarding the status of the ICE package.

Submit copies only. Keep your originals for your own record. BCRPA is not responsible for ICE packages lost in transport or otherwise.

Office Use Only:

- ❑ Personal Training course completion certificate (from course conductor)
- ❑ Personal Training Exam mark in the Registry®, PT ICE and PT exam must be completed within a year of each other
- ❑ Current CPR Certificate: Minimum "CPR - A"
- ❑ Current First Aid Certificate: Minimum "Emergency First Aid"
- ❑ Completed ICE Forms A, C, D, E, F, G, H: Marked by an evaluator with passing marks.

Date of ICE: _____

# BCRPA Personal Training ICE Candidate Questions

Form B

## 1. CONTENTS OF PERSONAL TRAINING ICE PACKAGE:

**Form A:** ICE Registration Cover Letter
**Form B:** Candidate Instructions
**Form C:** Business Aspects Instructions
**Form D:** Goal Setting Form
**Form E:** Program Design Card (Phase 1 and Phase 2)
**Form F:** Assessment Protocol Instructions
**Form G:** Teaching Skills Form
**Form H:** Scoring Form
**Appendixes A-C:** Case Study Scenarios

## 2. CANDIDATE INSTRUCTIONS:

**Prior to Evaluation Date:**

- Contact an ICE evaluator to schedule an ICE date and location. It is the responsibility of the candidate to obtain approval from the facility management and be familiar with the equipment at the evaluation site.
- Review all forms
- Prepare a sample client file and marketing package; **Form C**
- Choose one case study; **Appendixes A-C**
- Based upon the chosen case study complete:
  - **Form D**: Goal Setting Forms (Phase I & II)
  - **Form E**: Program Design Cards 2 separate programs: Phase I (current) & II (3-12 months)
    - **Education**: refers to the educational resources/materials you will provide your client with.
    - **Need to See**: based on your case study, there are concerns which need to be addressed for each component of the program (ie. For the warm-up component, the clients history may indicate that special considerations are needed).
    - **Red flags**: based on your chosen scenario list some potential concerns that you may have with this client with respect to their exercise program.
- Attach additional resource/information pages to **Form D and E** if needed.

**Deliver completed sample client file (guidelines on form C), sample marketing package (guidelines on form C), goal setting forms (form D), program design cards (form E phase 1 and 2) and Form F with F2 and F4 complete to ICE evaluator for marking.**

**Form F:**

- Complete forms F2 and F4 and be prepared to demonstrate the tests/measurements described in forms F1 and F3 during the evaluation

**During the Evaluation you will be required to complete:**

- F1: Demonstrate a Hamstring Flexibility Test (Hip Flexion)
- F3: Demonstrate Girth Measurement technique on one of the following sites and explain limitations associated with the use of this test:
  - Upper Arm
  - Waist
  - Hip
  - Mid-Thigh

**Form G:**

- Demonstrate 3 exercises/stretches from your program design consisting of:
  - 1 upper body (exercise & stretch)
  - 1 lower body (exercise & stretch)
  - 1 core (exercise & stretch)

## 3. ICE PASS STANDARDS AND BCRPA REGISTRATION:

1. Passing Mark = 75% minimum in EACH area.

2. Participants who fail in one area may redo the area of deficiency with the same evaluators (fees may apply). This reassessment must be noted on the same form.

3. To register with the BCRPA in the Personal Training Module, you must deliver copies of proof of the following:

   **Registered Weight Training Leaders:**
   - Personal Training Course completion certificate (from course conductor)
   - Results of BCRPA Personal Training Exam: Letter and/or date of exam
   - Completion of BCRPA Personal Training ICE package
   - Current CPR Certificate: Minimum “CPR-A”
   - Current First Aid Certificate: Minimum “Emergency First Aid”

4. Registration with the BCRPA requires ALL Forms. Incomplete registration packages will be returned to the candidate

5. Upon receipt of the above, a BCRPA registration certificate will be mailed to you within 4-6 weeks.

# BCRPA Personal Training ICE
# Business Aspects

# Form C

## C1. CREATE A SAMPLE CLIENT FILE:

Sample client file should include the following (1 point per item):

| | | Score |
|---|---|---|
| 1. | Folder | |
| 2. | Par Q | |
| 3. | Par Med X (if necessary) | |
| 4. | Medical Waiver | |
| 5. | Informed Consent Form | |
| 6. | Lifestyle Questionnaire | |
| 7. | Sample Workout Card | |
| 8. | Session Tracking Sheet (i.e. billing) | |
| 9. | Sample Assessment Sheet | |
| | **Subtotal (9 points maximum):** | **0** |

Include any **one** of the following:

| | | Score |
|---|---|---|
| 1. | Reference Material | |
| 2. | Client Handouts | |
| 3. | Progress Chart | |
| 4. | Cancellation Policy | |
| | **Subtotal (1 point maximum):** | **0** |

**Total C1:** 1111 **/10**

## C2. CREATE A SAMPLE MARKETING PACKAGE:

Sample Marketing Package should include the following (1 point per item):

| | | Score |
|---|---|---|
| 1. | Sample business card (include name, contact, and credentials) | |
| 2. | Pricing information | |
| 3. | Referral Sources (i.e. healthcare practitioners/agencies) | |
| 4. | Biography (include philosophy, mission statement, education, continuing education, areas of expertise) | |
| 5. | Website/brochure | |
| | **Subtotal (4 point maximum):** | **0** |

**Total C2:** 0 **/5**

**Total Form C:** 1111 **/15**

***Note: Reference sources must be credited properly and respect copyright regulations***

# BCRPA Personal Training ICE
# Business Aspects

# Form D

**GOAL SETTING INFORMATION:**

In order to increase the chances of being successful at achieving goals, a certain protocol should be followed. It is easier to accomplish personal goals if they can be clearly identified. Ensure that all goals are "SMART".

S = Specific - provide details, how long, how much, etc.
M = Measurable - how will you measure whether or not you have reached the goal?
A = Attainable - be realistic, set smaller goals
R = Relevant - make the goals specific to health and fitness
T = Time Frame - set specific dates for the goals

Outline specific health and fitness goals based upon chosen case study; obstacles which may impede your client reaching their goals; and action plans for your client for Phase I (short term – i.e. 2-6 weeks) and Phase II (long term – i.e. 4 -12 months).

**GOAL SETTING:**

*Maximum of 4 points per goal (Phase I Goals = 4 points, Phase 2 Goals = 4 points) and will be based upon application of the SMART principle.*

D1. Phase I Goals (Short Term – i.e. 2 to 6 weeks)

| Goal | Timelines | Obstacles | Action Plans | Score |
|---|---|---|---|---|
| a. | | | | /4 |
| b. | | | | /4 |
| c. | | | | /4 |

**Total D1:** 0 **/12**

**GOAL SETTING:**

D2. Phase II Goals (Long Term – i.e. 4 to 12 months)

| Goal | Timelines | Obstacles | Action Plans | Score |
|---|---|---|---|---|
| a. | | | | /4 |
| b. | | | | /4 |
| c. | | | | /4 |

**Total D2: 0 /12**

**Total Form D: 0 /24**

**BCRPA Personal Training ICE**
**Program Design Card**

# Form E - Phase 1

| | |
|---|---|
| **PHASE I:** Current Program | **Education:** |
| **Name:** | |
| **Age:** | |
| **Gender:** | |

| | Warm Up: | Cardio: | Cooldown: | Weights: |
|---|---|---|---|---|
| **F – Frequency** | | | | |
| **I – Intensity** | | | | |
| **T – Time** | | | | |
| **T – Type** | | | | |
| **Need to See** | | | | |

| | Resistance Exercises | | Day 1 | | | Day 2 | | | Day 3 | | | Day 4 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Set | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| 1 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 2 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 3 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 4 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 5 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 6 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 7 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 8 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 9 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |

| | Flexibility: | Core: | Comments: |
|---|---|---|---|
| F – Frequency | | | |
| I – Intensity | | | |
| T – Time | | | |
| T – Type | | | |
| Need to See | | | |

| | Muscle | Stretch |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

| *Evaluator Use only* | |
|---|---|
| Max 5 points per category:<br>• Frequency – 1 point<br>• Intensity – 1 point<br>• Type – 1 point<br>• Time – 1 point<br>• Demonstrates "Need to See" – 1 point | |
| Education: | /5 |
| Red Flags: | /5 |
| Exercise Selection: | /5 |
| Warm Up: | /5 |
| Cardio: | /5 |
| Cooldown: | /5 |
| Weights: | /5 |
| Flexibility: | /5 |
| Core: | /5 |
| Total Phase 1: 0 | /45 |

Identify Red Flags in Program Design: _____

_____

_____

**BCRPA Personal Training ICE**
**Program Design Card**

# Form E - Phase 2

| | |
|---|---|
| **PHASE I:** Current Program | **Education:** |
| **Name:** | |
| **Age:** | |
| **Gender:** | |

| | Warm Up: | Cardio: | Cooldown: | Weights: |
|---|---|---|---|---|
| **F – Frequency** | | | | |
| **I – Intensity** | | | | |
| **T – Time** | | | | |
| **T – Type** | | | | |
| **Need to See** | | | | |

| | Resistance Exercises | | Day 1 | | | Day 2 | | | Day 3 | | | Day 4 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Set | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| 1 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 2 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 3 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 4 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 5 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 6 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 7 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 8 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |
| 9 | | Wt. | | | | | | | | | | | | |
| | | Reps | | | | | | | | | | | | |

| | Flexibility: | Core: | Comments: |
|---|---|---|---|
| F – Frequency | | | |
| I – Intensity | | | |
| T – Time | | | |
| T – Type | | | |
| Need to See | | | |

| | Muscle | Stretch |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

| *Evaluator Use only* | |
|---|---|
| Max 5 points per category:<br>• Frequency – 1 point<br>• Intensity – 1 point<br>• Type – 1 point<br>• Time – 1 point<br>• Demonstrates "Need to See" – 1 point | |
| Education: | /5 |
| Red Flags: | /5 |
| Exercise Selection: | /5 |
| Warm Up: | /5 |
| Cardio: | /5 |
| Cooldown: | /5 |
| Weights: | /5 |
| Flexibility: | /5 |
| Core: | /5 |
| Total Phase 2: 0 | /45 |

**Identify Red Flags in Program Design:** _____

_____

_____

# BCRPA Personal Training ICE Assessment Protocol

# Form F

## F1. HAMSTRING FLEXIBILITY TESTING – HIP FLEXION

Purpose: To evaluate range of motion in the hips and hamstring tightness. Limitations to hip flexion place undue stress on the low back, increasing risk for low-back pain and injury.

Candidate to demonstrate the following (Maximum 3 points):

| | | Score |
|---|---|---|
| 1. | Explanation/purpose of the test | |
| 2. | Proper technique and administration | |
| 3. | Knowledge/interpretation of results | |

**Total F1: ___/3**

## F2. BODY MASS INDEX (BMI)

Classification of Overweight and Obesity Based on Body Mass Index (BMI):

*Dada from WHO Report. 1998 Obesity: Preventing and managing the global epidemic. Report of a WHO Consultation on Obesity. Geneva: World Health Organization*

| ***Classification*** | ***BMI Value*** |
|---|---|
| Underweight | <18.5 |
| Normal Weight | 18.5-24.9 |
| Overweight | 25.0-29.9 |
| Obesity | |
| Class I | 30.0-34.9 |
| Class II | 35.0-39.9 |
| Class III> | >40.0 |

Calculate BMI for one case study based upon client information. Case Study Number_____:

| | |
|---|---|
| BMI: | Score (max. 1 point): |
| Explain the limitations associated with the use of this test: | Score (max. 1 point): |

**Total F2: ___/2**

## F3: GIRTH MEASUREMENTS

| Candidate to choose **one** of the following sites: | Candidate must demonstrate: |
|---|---|
| 1. Upper Arm<br>2. Waist<br>3. Hips<br>4. Mid-thigh | 1. Knowledge of landmark (1 point)<br>2. Protocol – asking permission (1 point)<br>3. Practical Technique – skills ( 1 point)<br>Candidate to explain the limitations associated with the use of this testing (1 point) |

Girth Measurement Site:

_____

| | | Score |
|---|---|---|
| 1. | Knowledge of landmark | |
| 2. | Protocol – asking permission | |
| 3. | Practical technique - skills | |
| | **Subtotal (3 points Maximum)** | |

Limitations associated with the use of this testing (1 Point):

Score (max. 1 point):

**Total F3: _____/4**

**F4: POSTURE PROFILE**

Purpose: Postural deviations are generally classified as either functional or structural problems. Functional problems develop from weakened muscles and structural problems develop from bones becoming misaligned once they adapt to the stresses put on them. Muscular strength and endurance are considered to be prerequisites for good static and dynamic posture. As a personal trainer you are able to use the postural assessment sheet to gain an insight into any abnormal deviations in a client's posture.

Procedure: For each photo analyse the client's posture by posing the following questions: 1. Head: Is the head erect?
2. Spine: Is the spine in a neutral position?
3. Neck: Is the neck erect, head in balance?
4. Ankles: Do the feet point straight ahead?
5. Upper Back: Is the upper back normally rounded?
6. Trunk: Is the trunk erect?
7. Lower Back: Is the lower back normally curved?

Candidate to assess photo for postural deviations and demonstrate one stretch and one strengthening exercise for each site (3 points per site – max. 12 points):

**Photo 1**
Misalignment:

Appropriate stretch:

Appropriate strengthening exercise:

Score: /3

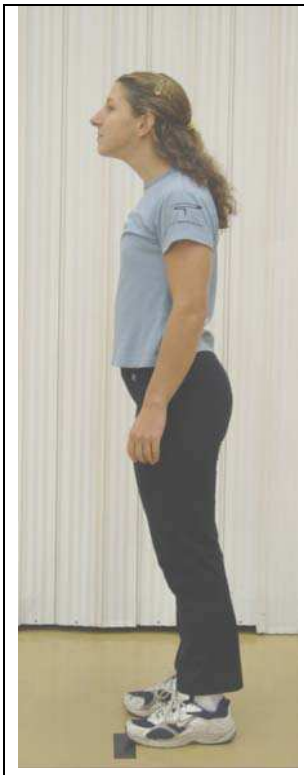

**Photo 2**
Misalignment:

Appropriate stretch:

Appropriate strengthening exercise:

Score: /3

**Photo 3**
Misalignment:

Appropriate stretch:

Appropriate strengthening exercise:

Score: /3

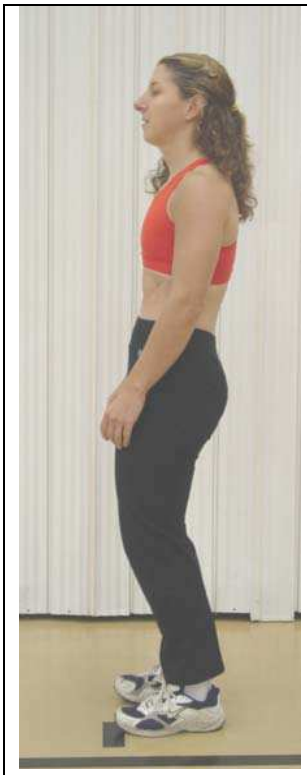

**Photo 4**
Misalignment:

Appropriate stretch:

Appropriate strengthening exercise:

Score: /3

**Total F4:** 0 **/12**
**Total Form F: _____/21**

# BCRPA Personal Training ICE
# Teaching Skills

Form G

**DEMONSTRATE TEACHING SKILLS:**

**Exercise/Stretches:** Candidate to demonstrate 3 exercises and stretches (1 Upper Body, 1 Lower Body and 1 Core) from the Program Design. Exercises will be rated on the following criteria:

1. Adjust Equipment/Workload/Body Position: Adjusts seat height/lever lengths to oppose the line of resistance. Determines the workload.
2. Consistent ROM through all repetitions.
3. Stabilization: Ensures that joints not involved in the exercise, especially those above and below involved joints, are stabilized. Body position is checked.
4. Movement Speed: Teaches appropriate speed of execution for a single repetition, exceptions may be appropriate for static stretches.
5. Breathing: Avoids holding breath. Ensures inhalation and exhalation during each repetition is appropriate for the exercise and velocity.
6. Musculoskeletal Knowledge: Describes muscle(s)/muscle group(s) and joints involved in the exercise.
7. Points of Concern: Educates participant on common technique errors for the exercise. Describes how to correct them.
8. Spotting: Demonstrates proper spotting techniques in order to minimize the risk of injury during the execution of the exercise.
9. Modification: Offers alternative exercises. Indicates for whom this exercise would be high risk.
10. Teaching Skills: Uses appropriate teaching skills for each exercise. (Description below.)

**Teaching Skills:** Practical Demonstration of Warm-Up and Weight Room Exercises

1. Body Language/Kinesthetic: Awareness of position that is appropriate for best instruction. Makes eye contact. Observes participant's technique/response. Uses hands touch appropriately. Demonstrates good posture, hygiene, and attire.
2. Voice: Tone, volume, tempo, inflection and projection appropriate for surroundings and participant.
3. Education/Explanation: Uses clear, complete instructions. Uses correct anatomical terminology, plus general terms. Questions participant for feedback and adjusts exercise accordingly.
4. Concise: Avoids information overload. Uses a step-by-step approach. Integrates education and instruction into exercise activity times. Instruction of each exercise, with 8-15 repetitions, takes approximately two minutes.

| **.5 point per criteria** | Exercise *Upper Body* | Stretch *Upper Body* | Exercise *Lower Body* | Stretch *Lower Body* | Exercise *Core* | Stretch *Core* |
|---|---|---|---|---|---|---|
| Adjust Equipment/Workload/Body Position: | | | | | | |
| ROM | | | | | | |
| Stabilization | | | | | | |
| Movement | | | | | | |
| Breathing | | | | | | |
| Musculoskeletal Knowledge | | | | | | |
| Points of Concern | | | | | | |
| Spotting | | | | | | |
| Modification | | | | | | |
| Teaching Skills | | | | | | |
| **Total (5 Points per exercise/Stretch** | /5 | /5 | /5 | /5 | /5 | /5 |

**Total Form G: 0 /30**

# BCRPA Personal Training ICE
# Scoring form

**Form H**

**ICE PASS STANDARDS:**

Passing Mark = 75% in EACH area. Participants who fail in one area may redo the area of deficiency with the same evaluator (fees may apply). This re-assessment must be noted on the same form.

| Form | Maximum Mark | Score | Percent |
|---|---|---|---|
| C | 15 | | % |
| D | 24 | | % |
| E | 90 | | % |
| F | 21 | | % |
| G | 30 | | % |
| Total | 180 | | % |

**Pass** ☐ **Yes** ☐ **No**

| | |
|---|---|
| **Evaluator Name:** | **ICE Candidate Name:** |
| **Evaluator Phone Number:** | **ICE Candidate Phone Number:** |
| **Evaluator Signature:** | **ICE Candidate Signature:** |
| **Date:** | **Date:** |

CASE STUDY #1 – SCENARIO:
Michelle is a 28-year old pregnant female. She has been exercising two to three times per week for the last six months. She has just found out she is 6 weeks pregnant with her first child. Michelle is available to workout 2-3 times per week for one hour each time. She is a part time teaching assistant at an elementary school.

Phase I Situation

| | |
|---|---|
| Her Goals | • Wants to maintain a reasonable level of fitness during pregnancy. She heard it helps with delivery.<br>• Does not want excessive weight gain during pregnancy<br>• Wants to maintain her energy levels during pregnancy<br>• Does not want to endanger baby due to exercise |
| Height | 5 ft. 5 in. |
| Weight | 145 lbs. |
| Resting BP | 128/82 mmHG |
| Resting HR | 72 bpm |
| Blood Lipids | Normal |
| Medication | None |
| Max METS | Will change due to pregnancy |
| Availability | See intro |
| Activities | • Occasionally walks with husband<br>• Plays recreation softball 1x/week during summer |
| Injuries | None; lower back occasionally aches |
| Medical Diagnosis & Prescription | Pregnant; Physician clearance to exercise |
| Lifestyle | • Sometimes misses breakfast<br>• Sleeps 7-8 hrs/night<br>• Semi-active 9am-3pm job |

Phase II Situation
Baby has arrived 8 months ago and she would like a new program to help her get back in shape

CAST STUDY #1 – HEALTH SCREENING QUESTIONNAIRE:

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

| | | Yes | No |
|---|---|---|---|
| 1. | Do you have any health or medical concerns? If yes, please specify ***6 weeks pregnant*** | X | |
| 2. | Are you currently taking any medication? If yes, list medications and for what condition<br>Medication _____ Condition_____<br>Medication _____ Condition_____ | | X |
| 3. | Do you smoke? If yes, how much? _____ | | X |
| 4. | Do you, or have you ever had, any of the following health conditions? | | |
| | • Blood Pressure Concerns: | | X |
| | • Heart Murmur: | | X |
| | • Any heart trouble: | | X |
| | • Chest pains/pressure: | | X |
| | • Disease of arteries: | | X |
| | • Asthma/allergies: | | X |
| | • High Cholesterol: | | X |
| | • Back injury | | X |
| | • Back pains: | X | |
| | • Epilepsy: | | X |
| | • Diabetes: | | X |
| | • Varicose veins: | | X |
| | • Lung Disease: | | X |
| | • Dizziness/Fainting spells: | | X |
| | • Arthritis: | | X |
| | • Osteoporosis: | | X |
| 5. | Have you ever injured or have pain in the following areas? If yes, please elaborate. | | |
| | • Neck: | | X |
| | • Upper Back: | | X |
| | • Shoulders: | | X |
| | • Elbows: | | X |
| | • Lower Back: | X | |
| | • Hips: | | X |
| | • Wrists: | | X |
| | • Knees: | | X |
| 6. | Have you had surgery in the past two years? If yes, when and for what: | | X |
| 7. | Are you currently undergoing treatment from any of the following? If yes, why? Occasional lower back pain from occupation | | |
| | • Physiotherapist | | X |
| | • Chiropractor | | X |
| | • Massage Therapist | X | |
| | • Other Practitioner | | X |
| 8. | Are you pregnant now, planning to be or have been in the past 6 months? | X | |
| 9. | Are you over 50 years of age? | | X |
| 10. | Do you have any physical limitations/injuries? | | X |
| 11. | Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program? | | X |

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study – Michelle declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Michelle Case Study
Signature of Participant

14 April, 2004
Date

CASE STUDY #1 – LIFESTYLE QUESIONNAIRE

Name: Case Study #1 – Michelle Date: 14 April, 2004

Physical Activity

1. In the past year, how often have you been engaged in physical activity?
   - ☐ > 4 times/week
   - ☐ 3 to 4 times/week
   - ☒ 2 to 3 times/week
   - ☐ 1 to 2 times/week
   - ☐ 1 to 2 times/month
   - ☐ None
2. List your current physical activities: Walks, recreational softball
3. What types of physical activity do you consider "fun"? Softball
4. What types of exercise interest you?

| | | |
|---|---|---|
| ☒ Walking | ☐ Jogging | ☐ Swimming |
| ☒ Cycling | ☐ Dance Exercise | ☒ Strength Training |
| ☐ Stationary biking | ☐ Rowing | ☐ Racquetball |
| ☐ Tennis | ☒ Other aerobic | ☐ Stretching |

Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Lack of time
6. What physical activity have you been successful with in the past (liked and participated in regularly)? Walking
7. Have you ever been at your desired fitness level? Yes ☐ No ☒
   If yes, when? _____ What were you doing? _____
8. Do you feel any family; friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity?
   Yes ☐ No ☒
9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals?
   Yes ☒ No ☐
10. Do you start exercise programs but then find yourself unable to stick with them? Yes ☒ No ☐

Occupation/Leisure

11. What is your present occupation? Teacher's Assistant
12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?
    Yes, walking, kneeling, bending and standing
13. What are your usual leisure activities? Watching movies
14. What are the physical demands of these activities? None

Stressors

15. What types of things make your feel stressed? Lack of money and job security
16. How do you deal with your stress normally? I don't

Dietary Patterns

17. How many meals do you have per day? 3 per day
18. How many snacks do you have per day? None
19. Do you feel you eat healthy "most of the time"? Yes
20. How many glasses of water do you drink per day? 3 per day

Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:
    - 1 month: Safe exercises to perform during my pregnancy
    - 4 months: Maintain a healthy weight gain during my pregnancy
    - 1 year: Return to pre-pregnancy weight

CASE STUDY #2

Ben is a 42 year old owner of a website design company. Before starting his company 8 years ago, he used to be very active lifting weights 2x a week and running on the weekends. He now finds that he only has time to play rugby 2x a week after work because he typically works 8-10 hours per day. Lately he has been noticing that he feels a dull ache in the centre of his right knee after rugby. Ben would like to start working out in the weight room again because he feels that he is not doing enough. He would also like to run a 10km race in the next year. His main concern is time and his knee. He has also started to notice that his once in-shape, toned body is starting to feel flabby. He would like you to set him up on a program that he can do a few times a week.

Phase I Situation

| | |
|---|---|
| His Goals | ▪ Start working out in the weight room again<br>▪ Wants to lose some weight<br>▪ Wants to manage his knee pain |
| Height | 5 ft. 7 in. |
| Weight | 200 lbs. |
| Resting BP | 120/80 mmHG |
| Resting HR | 85 bpm |
| Blood Lipids | Total Cholesterol = 5.0 mmol/l (196 mg/dl)<br>HDL = 1.0 mmol/l (37 mg/dl)<br>LDL = 3.0 mmol/l (115 mg/dl) |
| Medication | Advil for knee pain |
| Max METS | 8 METS or a Max $VO_2$ of 28.0 ml/kg/min |
| Availability | After work around 8 pm; 3x/week |
| Activities | Rugby after work for 2 hours, 2x/week |
| Injuries | Knee pain during and after his rugby games |
| Medical Diagnosis & Prescription | ▪ Exercise prescription from physiotherapist<br>▪ Patellofermoral Stress Syndrome<br>▪ Stretch Hamstrings, Gastrocnemius, IT Band<br>▪ Strengthen and balance VMO and VL<br>▪ Watch for proper patellar tracking and over pronation of the foot |
| Lifestyle | ▪ Non-smoker, social drinker (3-5 glasses of wine a week)<br>▪ Eats out a lot at fast food places<br>▪ Sits at a computer for most of the day and talks on the phone<br>▪ Some low back stiffness and definite forward head posture<br>▪ Single, sleeps 6-7 hours a night and often has a hard time falling asleep at night |

Phase II Situation

1 year later; he has been working out consistently with weight 2x/week: RHR 70 bpm; knee pain is gone; running 2x/week 1 hour per session; wants to start building size.

CASE STUDY #2 – HEALTH SCREENING QUESTIONNAIRE

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

| | | Yes | No |
|---|---|---|---|
| 1. | Do you have any health or medical concerns? If yes, please specify knee pain | X | |
| 2. | Are you currently taking any medication? If yes, list medications and for what condition<br>Medication Advil Condition sore knee<br>Medication _____ Condition _____ | X | |
| 3. | Do you smoke? If yes, how much? _____ | | X |
| 4. | Do you, or have you ever had, any of the following health conditions? | | |
| | • Blood Pressure Concerns: | | X |
| | • Heart Murmur: | | X |
| | • Any heart trouble: | | X |
| | • Chest pains/pressure: | | X |
| | • Disease of arteries: | | X |
| | • Asthma/allergies: | | X |
| | • High Cholesterol: | | X |
| | • Back injury | | X |
| | • Back pains: | | X |
| | • Epilepsy: | | X |
| | • Diabetes: | | X |
| | • Varicose veins: | | X |
| | • Lung Disease: | | X |
| | • Dizziness/Fainting spells: | | X |
| | • Arthritis: | | X |
| | • Osteoporosis: | | X |
| 5. | Have you ever injured or have pain in the following areas? If yes, please elaborate. | | |
| | • Neck: | | X |
| | • Upper Back: | | X |
| | • Shoulders: | | X |
| | • Elbows: | | X |
| | • Lower Back: | | X |
| | • Hips: | | X |
| | • Wrists: | | X |
| | • Knees: | X | |
| 6. | Have you had surgery in the past two years? If yes, when and for what: | | X |
| 7. | Are you currently undergoing treatment from any of the following? If yes, why? *Patella femoral stress syndrome* | | |
| | • Physiotherapist | X | |
| | • Chiropractor | | X |
| | • Massage Therapist | | X |
| | • Other Practitioner | | X |
| 8. | Are you pregnant now, planning to be or have been in the past 6 months? | | X |
| 9. | Are you over 50 years of age? | | X |
| 10. | Do you have any physical limitations/injuries? | X | |
| 11. | Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program? | | X |

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study – Ben declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Ben Case Study
Signature of Participant

6 June, 2004
Date

CASE STUDY #2 – LIFESTYLE QUESTIONNAIRE

Name: Case Study #2 – Ben Date: 6 June, 2004

## Physical Activity

1. In the past year, how often have you been engaged in physical activity?
   - ☐ > 4 times/week
   - ☐ 3 to 4 times/week
   - ☒ 2 to 3 times/week
   - ☐ 1 to 2 times/week
   - ☐ 1 to 2 times/month
   - None
2. List your current physical activities: Rugby 2 x per week
3. What types of physical activity do you consider "fun"? Rugby
4. What types of exercise interest you?

| | | |
|---|---|---|
| ☐ Walking | ☒ Jogging | ☐ Swimming |
| ☐ Cycling | ☐ Dance Exercise | ☒ Strength Training |
| ☐ Stationary biking | ☐ Rowing | ☒ Racquetball |
| ☐ Tennis | ☒ Other aerobic | ☐ Stretching |

## Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Job; computer; tired
6. What physical activity have you been successful with in the past (liked and participated in regularly)? Weight Training
7. Have you ever been at your desired fitness level? Yes☒ No☐
   If yes, when? 8 years ago What were you doing? Running and weight training
8. Do you feel any family; friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity? Yes☐ No☒
9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals? Yes☒ No☐
10. Do you start exercise programs but then find yourself unable to stick with them? Yes☒ No☐

## Occupation/Leisure

11. What is your present occupation? Website Designer
12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)? No
13. What are your usual leisure activities? Eating out
14. What are the physical demands of these activities? None

## Stressors

15. What types of things make your feel stressed? Lack of time
16. How do you deal with your stress normally? Drinks

## Dietary Patterns

17. How many meals do you have per day? 2 per day
18. How many snacks do you have per day? 3 snacks per day
19. Do you feel you eat healthy "most of the time"? No
20. How many glasses of water do you drink per day? None, 5 cups of coffee per day

## Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:
    - 1 month: Decrease knee pain
    - 4 months: Lose 20 lbs.
    - 1 year: Run the 10km. Sun Run Race

# BCRPA Personal Training ICE
# Case Study #3 - Donald

Appendix C

CASE STUDY #3 – SCENARIO

Donald is a 69 year old retired farmer whose physical activity has decreased since selling his farm. He and his wife want to travel, but he is having a hard time getting around due to osteoarthritis gradually developing in his hips. He also has a family history of diabetes and he is borderline himself, but not yet on medication. His doctor recommends exercise to help control it. He has gained about 15 lbs. since retiring and has gone up 2 waist sizes. Donald takes Tylenol for his arthritis and is trying mint tea to combat the possible diabetes onset. He used to enjoy curling once a week with his wife, five years ago. He has had several farm related injuries over the years, but he has healed well. Donald has plenty of free time and would like to improve his fitness level for a short trip he has planned in 3 months.

Phase I Situation

| | |
|---|---|
| His Goals | ▪ Prevent onset of diabetes<br>▪ Lose 15 lbs.<br>▪ Increase mobility and independent living |
| Height | 5 ft. 8 in. |
| Weight | 185 lbs. |
| Resting BP | 142/85 mmHG |
| Resting HR | 74 bpm |
| Blood Lipids | Not available |
| Medication | Tylenol for arthritis |
| Max METS | Not available |
| Availability | Flexible |
| Activities | Seasonal homeowners chores (lawn cutting, etc.); walks 1x/week with wife |
| Injuries | Low back pain; treated by physiotherapist 5 years ago |
| Medical Diagnosis & Prescription | Physician prescribes exercise<br>▪ Borderline diabetic<br>▪ Borderline hypertensive |
| Lifestyle | ▪ Non-smoker, social drinker (6 beers a week)<br>▪ Predominantly meat and potatoes diet<br>▪ Watches a lot of TV<br>▪ Some low back stiffness |

Phase II Situation

6 months later; he has been weight training consistently 2x/week and cardio 3x/week

CASE STUDY #3 – HEALTH SCREENING QUESIONNAIRE:

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

| | | Yes | No |
|---|---|---|---|
| 1. | Do you have any health or medical concerns? If yes, please specify ***Osteoarthritis of the hip; borderline diabetic; borderline high blood pressure*** | X | |
| 2. | Are you currently taking any medication? If yes, list medications and for what condition<br>Medication Tylenol Condition Arthritis<br>Medication _____ Condition_____ | X | |
| 3. | Do you smoke? If yes, how much? _____ | | X |
| 4. | Do you, or have you ever had, any of the following health conditions? | | |
| | • Blood Pressure Concerns: | X | |
| | • Heart Murmur: | | X |
| | • Any heart trouble: | | X |
| | • Chest pains/pressure: | | X |
| | • Disease of arteries: | | X |
| | • Asthma/allergies: | | X |
| | • High Cholesterol: | | X |
| | • Back injury | | X |
| | • Back pains: | | X |
| | • Epilepsy: | | X |
| | • Diabetes: | X | |
| | • Varicose veins: | | X |
| | • Lung Disease: | | X |
| | • Dizziness/Fainting spells: | | X |
| | • Arthritis: | X | |
| | • Osteoporosis: | | X |
| 5. | Have you ever injured or have pain in the following areas? If yes, please elaborate. | | |
| | • Neck: | | X |
| | • Upper Back: | | X |
| | • Shoulders: | | X |
| | • Elbows: | | X |
| | • Lower Back: | | X |
| | • Hips: | X | |
| | • Wrists: | | X |
| | • Knees: | | X |
| 6. | Have you had surgery in the past two years? If yes, when and for what: | | X |
| 7. | Are you currently undergoing treatment from any of the following? If yes, why? | | |
| | • Physiotherapist | | X |
| | • Chiropractor | | X |
| | • Massage Therapist | | X |
| | • Other Practitioner | | X |
| 8. | Are you pregnant now, planning to be or have been in the past 6 months? | | X |
| 9. | Are you over 50 years of age? | X | |
| 10. | Do you have any physical limitations/injuries? | X | |
| 11. | Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program? | | X |

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study –Donald declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Donald Case Study
Signature of Participant

16 October, 2004
Date

CASE STUDY #3 – LIFESTYLE QUESIONNAIRE

Name: Case Study #3 – Donald Date: 16 October, 2004

## Physical Activity

1. In the past year, how often have you been engaged in physical activity?
   - ☐ > 4 times/week
   - ☐ 3 to 4 times/week
   - ☐ 2 to 3 times/week
   - ☒ 1 to 2 times/week
   - ☐ 1 to 2 times/month
   - ☐ None
2. List your current physical activities: Walking and seasonal homeowners activities (cutting grass, etc.)
3. What types of physical activity do you consider "fun"? Curling
4. What types of exercise interest you?

| | | |
|---|---|---|
| ☒ Walking | ☐ Jogging | ☐ Swimming |
| ☐ Cycling | ☐ Dance Exercise | ☒ Strength Training |
| ☐ Stationary biking | ☐ Rowing | ☐ Racquetball |
| ☐ Tennis | ☐ Other aerobic | ☐ Stretching |

## Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Lack of mobility
6. What physical activity have you been successful with in the past (liked and participated in regularly)? Curling
7. Have you ever been at your desired fitness level? Yes☒ No☐
   If yes, when? Pre-retirement What were you doing? Farming
8. Do you feel any family; friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity? Yes☐ No☒
9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals? Yes☒ No☐
10. Do you start exercise programs but then find yourself unable to stick with them? Yes☐ No☐ N/A

## Occupation/Leisure

11. What is your present occupation? Retired Farmer
12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)? No
13. What are your usual leisure activities? Watching TV
14. What are the physical demands of these activities? None

## Stressors

15. What types of things make your feel stressed? Age/mobility
16. How do you deal with your stress normally? N/A

## Dietary Patterns

17. How many meals do you have per day? 3 per day
18. How many snacks do you have per day? Varies/evening
19. Do you feel you eat healthy "most of the time"? Yes
20. How many glasses of water do you drink per day? 2-3 per day

## Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:
    - 1 month: Decrease hip pain and increase mobility
    - 4 months: Lose 15 lbs.
    - 1 year: Return to pre-retirement activity level

## PRACTICAL MODULE EVALUATION

**Which practical module did you take?**

(1) Group Fitness (2) Weight Training (3) Aquatic Fitness

(4) Yoga Fitness (5) Personal Training (6) Osteofit (7) Pilates Fitness

**Organization/Club where module was held**: _____

**Module instructor:**_____

**Module Commencement Date: [ ] day [ ] month 20[ ] year**

**Using a 5-point scale where P = Poor, F = Fair, G = Good, V = Very Good, E = Excellent, please rate the following aspects of the module.**

| | | | | | |
|---|---|---|---|---|---|
| How would you rate the FACILITY provided for this module? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the INFORMATION you learned in this module? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the CONDUCTOR'S PRESENTATION STYLE? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the QUALITY OF THE MATERIALS provided? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the USEFULLNESS OF THE MATERIALS provided? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the QUALITY OF THE MODULE overall? | (P) | (F) | (G) | (V) | (E) |

**Was the ICE package explained to you in the module?** (Y) Yes (N) No

**Please list up to three things that you LIKED BEST about the module.**

**Please describe any changes that could be made to IMPROVE the module.**

**Additional Comments?**

**Practical Module Evaluation ID – to be completed during practical module**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| (A) | (B) | (C) | (D) | (E) | (1) | (2) | (3) | (4) | (5) |

## ICE EVALUATION QUESTIONNAIRE

**Which module is this ICE Evaluation for?**

(1) Group Fitness (2) Weight Training (3) Aquatic Fitness

(4) Yoga Fitness (5) Personal Training (6) Osteofit (7) Pilates Fitness

**ICE evaluator:**_____ **ICE Date: [ ] day [ ] month 20[ ] year**

**How long did the ICE evaluation take?: [ ] hours [ ] minutes**

**Using a 5-point scale where P = Poor, F = Fair, G = Good, V = Very Good, E = Excellent, please rate the following aspects of the evaluation.**

| | | | | | |
|---|---|---|---|---|---|
| How would you rate how well you were NOTIFIED by the ICE evaluator about what to expect during the evaluation? | (P) | (F) | (G) | (V) | (E) |
| How well were your pre-written questions/ program designs EXPLAINED to you during your ICE evaluation? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the LEARNING EXPERIENCE during the evaluation? | (P) | (F) | (G) | (V) | (E) |
| How would you rate how OBJECTIVE this assessment was of your leadership skills? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the PROFESSIONAL CONDUCT of the ICE evaluator? | (P) | (F) | (G) | (V) | (E) |
| How would you rate the QUALITY OF THE EVALUATION overall? | (P) | (F) | (G) | (V) | (E) |

**Please list up to three things that you LIKED BEST about the ICE evaluation.**

**Please describe any changes that could be made to IMPROVE the ICE.**

**Additional Comments?**

**ICE Instructor Evaluation ID – to be completed at evaluation**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| (A) | (B) | (C) | (D) | (E) | (1) | (2) | (3) | (4) | (5) |

*Thank you for taking the time to complete this questionnaire. We appreciate your constructive feedback so we can continue to improve the quality of the Fitness Registration Program.*

**Please return this questionnaire and your completed ICE package to: BCRPA**