

Case Study Guidance Form

iUSP147 – Programming yoga teaching sessions

Evidence of practical case studies of which 20 case studies to be taken comprising of 10 clients seen twice each.

Each client should be taken through different yoga sessions and observations recorded. A range of clients should be selected to demonstrate expertise with various ages, fitness levels etc.

These should include:

- Client consultation form and Physical Activity Readiness Questionnaire (PARQ)
- Postural analysis forms (where appropriate)
- Details of yoga exercises given with reasons and the alternatives given
- Details of how the participant felt before, during and after the session
- Details of home care advice, reflective practice and overall conclusion

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner’s completed treatment evidence form.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation and Physical Activity Readiness Questionnaire (PARQ)			
Medical history			
Detailed lifestyle history, including: <ul style="list-style-type: none"> • Physical activity • Occupation • Leisure activities • Stress levels • Diet 			
Personal exercise history questionnaire, including: <ul style="list-style-type: none"> • How the client(s) feels about exercise • How often the client(s) can attend • What type of exercise the client(s) prefers • Goals 			

Detailed exercise recommendations		
<ul style="list-style-type: none"> • Rationale for choice of exercises • Alternative exercises recommended • Progressions expected and achieved 		
Nutritional advice		
How the client(s) felt during each session		
How the client(s) felt after each session		
Home care advice for each session		
Overall conclusion of the case study		
All performance evidence completed		

Please note; each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the treatment evidence will be referred until the omitted section is completed.

External examiner name: _____

External examiner signature: _____ **Date:** _____

Lecturer/Assessor name: _____

Lecturer/Assessor signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualifications Administrator