

# 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:

- Physical Activity Readiness Questionnaire (PARQ) including medical and fitness history,
- 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"> <li>• Physical activity</li> <li>• Occupation</li> <li>• Leisure activities</li> <li>• Stress levels</li> <li>• Diet</li> </ul>			
Personal exercise history questionnaire, including: <ul style="list-style-type: none"> <li>• How the client(s) feels about exercise</li> <li>• How often the client(s) can attend</li> <li>• What type of exercise the client(s) prefers</li> <li>• Goals</li> </ul>			
Detailed exercise recommendations			

<ul style="list-style-type: none"> <li>• Rationale for choice of exercises</li> <li>• Alternative exercises recommended</li> <li>• Progressions expected and achieved</li> </ul>		
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		
<b>All performance evidence completed</b>		

**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