
Unit Specification

USP184 – Exercise, fitness and lifestyle consultation and management

Unit reference number: J/617/2592

Level: 3

Guided Learning (GL) hours: 50

Overview

This unit provides learners with knowledge and understanding of the principles of exercise, fitness, health and well-being; and the skills to consult with clients to motivate and manage lifestyle behaviour changes.

Learners will develop their knowledge and understanding of the health-related and skill-related fitness; the effects of exercise on the body and individual and lifestyle factors that affect health and fitness. They will develop their knowledge of the role of exercise and physical activity in the prevention and management of chronic health condition and explore the exercise contra-indications and key safety guidelines for special populations. They will develop knowledge of the importance of healthy eating in relation to exercise, physical activity and health.

Learners will also develop the knowledge and skills to consult with clients to support and motivate changes to lifestyle and exercise behaviour, within their scope of practice.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand health-related and skill-related fitness

LO2 Know the role of exercise and physical activity in the prevention and management of chronic health conditions

LO3 Know the exercise contra-indications and key safety guidelines for special populations

LO4 Know the importance of healthy eating

LO5 Know how to consult with clients to support and motivate lifestyle behaviour change and exercise adherence

LO6 Be able to consult with clients to support and motivate lifestyle behaviour change and exercise adherence

Unit content

LO1 Understand health-related and skill-related fitness

The terms physical activity, exercise, fitness and health

Taught content

- Physical activity
 - Definition – any movement of the body that increases energy expenditure above resting levels
 - Not being physically inactive/sedentary for extended periods of time
 - Everyday activities, e.g. gardening or vigorous housework, playing games, dancing
- Exercise
 - Definition – activities that are planned, structured and performed regularly with the specific intention of maintaining or improving one or more of the components of physical fitness
 - Examples – walking, swimming (cardiovascular fitness), weight training, body weight exercises (muscular fitness), stretching, yoga, Pilates (flexibility, core stability and balance), sports or sports training sessions
- Fitness
 - Definition – a result or outcome from taking part in regular exercise
 - Health-related fitness – cardiovascular, muscular fitness (strength and endurance), flexibility
 - Skill-related fitness – agility, balance, power, speed, reaction time, coordination
- Health
 - Definition – ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (World Health Organisation. 1948)
 - Components of total fitness or health/wellbeing
 - Physical – the body systems: heart, lungs, muscles, bones and joints
 - Nutritional – diet and healthy eating: eating a healthy and balanced diet containing all main nutrients, maintaining a healthy body weight and body composition, having access to healthy food
 - Medical – absence of any diagnosed chronic health condition, disease, illness or injury
 - Mental and emotional – the mind and emotions; positive mind-set, balanced emotions, harmony between the mind and emotions, ability to cope and manage stress and stressful situations
 - Social – maintaining positive relationships and connections with others at work, home, community and society, inclusion and equality, rather than isolation and exclusion

Training recommendations for all components of physical fitness

Taught content

- The components of health-related fitness – cardiovascular, muscular fitness (muscular strength and muscular endurance), flexibility
- The components of skill-related fitness – speed, reaction time, agility, balance, coordination, power
- ACSM Training guidelines information source for apparently healthy adults and other populations
- Cardiovascular
 - Definition – efficiency of the heart, lungs and circulatory system to take in, transport and utilise oxygen and remove waste products
 - Types of exercise – activities that involve rhythmic use of large muscle groups, moderate or vigorous intensity
 - Examples – swimming, cycling, walking, running, stair climbing, use of cardiovascular machines, group exercise, indoor cycling
 - Benefits – improved cardiovascular health and reduced risk of associated cardiovascular diseases, improved body composition
 - Risks – impact and/or overuse injuries, over-training
 - Training guidelines
 - 3-5 days a week, moderate to vigorous intensity, 20-30 minutes or up to 60 minutes of continuous or intermittent activity
 - Moderate – 30 minutes, which can be accumulated in bouts of 10 minutes or more
 - Vigorous – 20 minutes sustained (See ACSM guidelines)
- Muscular fitness
 - Definition – muscular strength – ability of a muscle or group of muscles to generate maximal force or overcome a maximal resistance, e.g. 1 repetition maximum (RM) to 10 repetition maximum (RM)
 - Definition – muscular endurance – ability of a muscle or group of muscles to contract repeatedly for an extended duration without fatigue, e.g. working with lower resistances 40-70% of 1RM
 - Types of exercise – resistance machines, body weight exercises, free weights, water resistance, cable machines, portable resistance training equipment, elastic resistance, cable machines
 - Examples – gym-based training, studio resistance training, body conditioning classes, core stability, yoga, Pilates
 - Benefits – improved posture, improved muscle tone and physical shape, improved body composition, improved joint stability
 - Risks – overuse injuries, muscle imbalance, incorrect exercise technique and alignment
 - Training guidelines
 - 2-3 days a week for same muscle groups on non-consecutive days (See ACSM guidelines)
 - Resistance or % of one repetition maximum (1RM): 40-50% for older or sedentary adults, 60-70% for beginners, > 80% for experienced

- Repetitions 8-12 repetitions for muscular fitness (10-15 repetitions for beginners or 15-20 repetitions for endurance)
 - Sets and rests: single sets effective for beginners or older adults. 2-4 sets for adults. < 2 sets is for endurance. Intervals or 2-3 minutes between sets
- Flexibility
 - Definition – the ability of a joint and associated muscles to move through the full potential range of motion
 - Types of stretching – active and passive static, dynamic, ballistic, proprioceptive neuromuscular facilitation, e.g. contract-relax (CR) and contract-relax-antagonist-contract CRAC)
 - Benefits – improved range of motion, improved posture, reduced risk of injury, improved functional ability, injury rehabilitation, reduced muscle stiffness/cramps
 - Risks – incorrect technique leading to misalignment and joint strain/sprain, exceeding range of motion and overstretching, injury to muscles and tendons, injury to ligaments and joint capsules
 - Training guidelines
 - At least 2-3 days a week, ideally every day. Stretch to the point of mild discomfort. Static stretches 10-30 seconds. 2-4 repetitions of specific muscle stretches. PNF – static contraction for 3-6 seconds followed by 10-30 second static stretch (See ACSM guidelines)
- Skill-related or motor fitness – speed, reaction time, agility, balance, coordination, power
 - Benefits – skills related to specific sporting activities, e.g. power (strength and speed) required for throwing and jumping events, speed required for track events, coordination and balance required for gymnastics, reaction time required for boxing and leaving blocks in sprint races
 - Training guidelines – give consideration to guidelines for other fitness components trained e.g. for power see strength/endurance considerations in relation to frequency of training and allow sufficient rest and recovery

Individual and lifestyle factors that can affect fitness and health

Taught content

- Individual factors
 - Genetics and heredity – muscle fibre composition, body type (ectomorph, endomorph, mesomorph)
 - Gender, age, height, weight, lever length
- Activity and exercise/training experience
 - Inactive and sedentary
 - Active work and travel
 - Regular exerciser
 - Previously active (concept of muscle memory)
 - Athlete or sports person – recreational, amateur, professional, Olympian, Paralympian
- Lifestyle factors and components of a healthy lifestyle
 - Nutrition and diet
 - Smoking
 - Alcohol
 - Drugs
 - Work – employment, unemployment, type for work, working hours
 - Sleep and rest
 - Stress
 - Weather
- Health inequalities
 - Socio-economic status
 - Low income
 - Low education
 - Ethnicity

How the body responds and adapts to different types of exercise to enable them to prescribe appropriate exercise programmes

Taught content

- Cardiovascular and respiratory system responses and adaptations
 - Cardiac – improved oxygen transport, increased heart size, increased stroke volume, decreased resting heart rate, increased cardiac output, improved blood flow distribution
 - Respiratory – improved pulmonary ventilation, improved pulmonary diffusion, arterial-venous oxygen difference, decreased resting breathing rate, increased lung capacity, improved strength and endurance of respiratory muscles
 - Vascular – increased blood volume, capillarisation, reduced peripheral resistance
 - Exercise response: no change in diastolic blood pressure, progressive increase in systolic blood pressure
 - Immediate post-exercise effects: reduced resting blood pressure for up to 24 hours
 - Long term effects: reduction in overall resting blood pressure, improved regulation of overall blood pressure
 - Blood pooling – pooling of blood in the extremities (lower limbs)
 - Caused by reduced venous return following exercise relative to cardiac output (skeletal muscle pump, non-return valves)
 - Associated risks (dizziness, fainting)
 - Prevention of blood pooling through progressive cool down to maintain haemostasis
 - Exercise types (see cardiovascular fitness)
- Skeletal system responses and adaptations
 - Improved bone density, increased joint stability, improved mobilisation and range of motion at joints
 - Significance of weight bearing exercise – improved bone density and reduced risk of osteoporosis
 - Types of weight bearing exercise – walking, running, resistance training
 - Potential increase in risk of osteoarthritis from repetitive loading of joints
 - Exercise types (see muscular fitness)
- Energy systems
 - Long term effects of aerobic exercise, increased concentration of aerobic enzymes, increased size and number of mitochondria, increased ability to use fat as an energy source, increased storage of muscle glycogen
 - Long term effects of lactate threshold training (intervals) include improved tolerance and clearance/buffering of acidosis
 - Long term effects of phosphocreatine system training (maximal effort, sprints, explosive lifting, jumping) include increased levels of phosphocreatine and free creatine within muscles
 - Exercise types (see cardiovascular fitness)

- Neuromuscular system responses and adaptations
 - Short term – increased contractility, increased excitability, increased elasticity, increased energy metabolism, heat generation
 - Delayed onset of muscle soreness (DOMS)
 - Structural muscle damage (microscopic fibre tears, muscle cell leakage), effects of eccentric muscle contractions
 - Causal exercises and techniques (e.g. new or unaccustomed training techniques, increased training volume or intensity, plyometrics, eccentric resistance training, downhill running)
 - Long term muscular endurance training – increase in cross-sectional area of type 1 fibres, atrophy of type 2 fibres, reduced total muscle mass, increase size and number of mitochondria, increased numbers of capillaries and capillary density
 - Long term hypertrophy training – increase in muscle mass and cross-sectional area of type 1 and 2 fibres, increased motor unit recruitment, potentially an increased size and number of mitochondria, reduced capillary density
 - Long term strength training – increased coordination/synchronicity of muscle firing, hypertrophy of all muscle fibre types
 - Exercise types (see muscular fitness, motor fitness and flexibility)

LO2 Know the role of exercise and physical activity in the prevention and management of chronic health conditions

Current guidelines and recommendations for physical activity to maintain health

Taught content

- ACSM (2017) and Department of Health (2011) guidelines or revised/updated guidance
- Adults (19-64)
 - 150 minutes of moderate-intensity aerobic activity every week, e.g. 5 days for 30 minutes (time can be accumulated in bouts of ten minutes or more)
 - Or 75 minutes of vigorous-intensity activities (at least 20 minutes, 3 days a week)
 - Or an equivalent combination of moderate and vigorous-intensity activities
 - Plus 2 days a week muscular fitness training
- Older adults (65+)
 - 150 minutes of moderate intensity activity over a week. (e.g. 5 days a week 30 minutes per day, in bouts of 10 minutes or more)
 - or for the already active older adults – 75 minutes of vigorous intensity activity
 - 2 days a week – activities to improve muscle strength
 - Some physical activity is better than none
 - Older adults at risk of falls should include activities to improve co-ordination and balance on at least 2 days a week
 - Minimise sedentary time
- Children and young people (5-18)
 - 1 hour a day of moderate to vigorous activity – playground games, running and gymnastics
 - 3 days a week – vigorous activities to strengthen muscles and bones – climbing and jumping
 - Minimise inactive leisure time, e.g. computers and social media
- Early years – under 5's
 - 3 hours of physical activity throughout the day
 - For babies – crawling, floor play and moving the limbs
 - For toddlers who are walking – playing ball games, climbing and riding a bike
 - Minimise buggy time
- Dose-response relationship
- Technological advancements that can be used to support physical activity and motivation, e.g. smartphone apps, wearable technology, pedometers

Benefits of physical activity on the prevention and management of chronic health conditions

Taught content

- Prevalence and health implications of chronic health conditions on UK population
- Awareness of contributory risk factors/causes and symptoms of chronic diseases
 - Cardiovascular disease (CVD), hypertension, high cholesterol, coronary heart disease (CHD), stroke, angina
 - Respiratory conditions – asthma, chronic obstructive pulmonary disease (COPD)
 - Metabolic conditions – obesity and diabetes (Type 1 and 2)
 - Mental health conditions – stress, general anxiety disorder, depression
 - Muscular skeletal conditions – low back pain, osteoporosis, osteoarthritis, rheumatoid arthritis
 - Other conditions – cancer, chronic fatigue, eating disorders
- General health benefits of activity (see most current Department of Health, Chief Medical Officer reports)
 - Reduced early mortality, reduced morbidity from coronary heart disease, stroke, diabetes, certain cancers
 - Improved mental health and psychological wellbeing, reduced risk of anxiety, stress and depression
 - Improved weight management and body composition, reduced risk of obesity
 - Improved posture, prevention of lower back pain, reduced risk of injury, improved joint stability
 - Increased bone density, reduced risk of osteoporosis
 - Improved quality of life, improved independence, reduced risk of falls (older adults)
 - Improved ability to perform active daily living tasks, improved functional capacity
- Effects of activity/exercise on the prevention of specific health conditions (DoH and NICE guidelines)
 - Coronary heart disease – reduced blood pressure, improved blood cholesterol profile, improved elasticity of blood vessels, capillarisation, improved blood flow distribution
 - Some cancers – increased physical activity is associated with reduced risk of colon cancer, other healthier lifestyle choices, and reduced stress that may be contributory factors for some other cancers
 - Type 2 diabetes – improved regulation of insulin, improved blood glucose regulation
 - Hypertension – reduced blood pressure post-exercise and long-term, improved blood flow distribution, improved elasticity of blood vessels, reduced muscular tension, reduced stress level
 - Obesity – improved fat metabolism, increased calorie expenditure
 - Osteoporosis – increased bone formation, improved density, improved posture, reduced risk of injury
 - Mental health – improved mood, increased dopamine, endorphins, increased feel good factor and sense of well-being
- Evidenced-based and reputable sources of information
 - NHS choices
 - Patient UK

- Department of Health
- NICE
- SSHES Active
- Change 4 life
- Diabetes UK
- MIND
- Mental Health Foundation
- Rethink
- British Heart Foundation
- Chief Medical Officer reports
- Health screening and risk stratification
 - Screening approaches – PAR-Q and other models/approaches.
 - Risk stratification models – ACSM, Irwin and Morgan – low, medium, high risk
 - Absolute contraindications to exercise
 - Informed consent
 - Health history – information gathering to support assessment and referral to other professionals or deferral of exercise
 - Reasons for medically supervised exercise
- Scope of practice and boundaries
 - Own role – to work with apparently healthy clients
 - Advice and guidance within scope of practice
 - Health screening and risk stratification – PAR-Q and variations, ACSM, Irwin and Morgan
 - Role of other professionals – GP, Physiotherapist, physiologist, dietitian, exercise referral instructors, counsellors, strength and conditioning coach
 - When and how to signpost to other professionals

LO3 Know the exercise contra-indications and key safety guidelines for special populations

Exercise contra-indications and safety guidelines for older adults (50+)

Taught content

- Definition of older adults (ACSM. 2014/2017)
 - Aged 65 and over
 - Aged 50-64 with chronic health conditions or physical limitations
- Considerations: only 1% of the 50+ population is highly trained, activity levels are low and decline with age, 1-2% loss in physical components of fitness each year. Effects of ageing process on anatomical and physiological systems must also be considered
- Contra-indications: elevated resting blood pressure (see ACSM/NICE for current guidelines), resting heart rate 90bpm, multiple CVD risk factors, combinations of symptoms of other chronic health conditions also contraindicated, risk of falls, poor functional status
- Safe exercise guidelines: pre-exercise health screening, refer to other professionals if required, undertake longer and more gradual mobility and warm-up, undertake a gradually tapered cool down, exercise intensity must be at a challenging but health related level, use RPE scale to monitor intensity, emphasise correct exercise technique, increase duration of transitions, simplify exercise when required, learn new exercises at the most basic level, avoid extreme spinal flexion

Exercise contra-indications and safety guidelines for antenatal and postnatal women

Taught content

- Definition of ante- and post-natal
 - Ante natal – three trimesters
 - Post-natal – post-birth period
- Considerations: guidelines apply to normal and healthy adult women, normal and healthy pregnancy, normal and healthy birth, previously normal and healthy pregnancies and births. Anatomical and physiological changes during pregnancy should also be considered in relation to each trimester
- Contra-indications – refer to ACSM relative and absolute contraindications
 - Relative include – severe anaemia, poorly controlled type 1 diabetes, orthopaedic limitations, heavy smoker
 - Absolute include – pre-eclampsia, premature labour during current pregnancy, placenta previa after 26-week gestation
- Safety guidelines: screening tool (e.g. PARmed-X for pregnancy), non-exercisers should begin with 15 minutes continuous aerobic activity gradually increasing to 30 minutes, do not exceed 45 minutes duration, maintain adequate hydration and calorie intake, avoid exercising in hot and humid conditions, use the RPE scale to monitor intensity not heart rate, avoid supine exercise after 16 weeks of pregnancy, avoid prone exercise, avoid prolonged motionless standing, avoid heavy isometric exercise, avoid leg adduction and abduction against resistance, avoid loaded forward flexion, avoid rapid changes of direction, avoid uncontrolled twisting or ballistic movements, avoid risk of falling or trauma, avoid high intensity or impact exercise, re-educate post-natal women on posture and joint alignment before progressing, avoid crunching and twisting abdominal exercises, babies should be excluded from the exercise area, ensure instructor's first aid skills are up to date, follow exercise guidelines for trimesters of pregnancy

Exercise contra-indications and safety guidelines for young people (aged 13-18)

Taught content

- Definition – young people aged 13-18 who are apparently healthy can participate
- Considerations – pre-screening to check health status. Individuals with medical conditions, including obesity require specialist interventions. Safeguarding considerations when working with children and young people
- Contra-indications – stage of growth and development, musculoskeletal injuries (growth plates)
- Safety guidelines – wear appropriate clothing and footwear, undertake a gradual warm up and cool down, avoid heavy resistance exercises, use RPE to monitor exercise intensity, resistance training should use lighter weights and higher reps, emphasise correct exercise technique, avoid ballistic stretching, ensure adequate hydration and calorie intake

Exercise contra-indications and safety guidelines for disabled people

Taught content

- Definition – World Health Organisation define disability as: ‘an umbrella term covering impairments, activity limitations and participation restrictions’
- Physical and medical conditions with disabling symptoms include
 - Sensory – deafness, partial hearing, blind, partial sighted
 - Cognitive – Down’s syndrome
 - Medical – cancer, fibromyalgia, stroke, obesity, arthritic conditions, HIV/Aids
 - Mental – severe depression, post-traumatic stress disorder
 - Physical – limb amputation, cerebral palsy
- Contra-indications – impaired physical condition and function, impaired motor skills, impaired neurological or cognitive function, impaired sensory function, musculoskeletal imbalances and postural deviations
- Safety guidelines – medical screening and referral prior to participation, refer to other professionals if required, consideration to equality and inclusion legislation, undertake exercise in a safe and supportive environment, make reasonable adjustments to enable access, adapt exercise for the specific disability, provide specialist assistance if required, incorporate functional and life related movement, use specialist equipment if required

LO4 Know the importance of healthy eating

The dietary role and sources of the key nutrients

Taught content

- Types of nutrient
 - Macronutrients – carbohydrates (sugars, starches, fibres), lipids (fats and oils, cholesterol), proteins (complete and incomplete)
 - Micronutrients – vitamins, minerals and water
- Carbohydrates
 - Role – energy, digestion (fibre), nervous system function
 - Sources:
 - Simple carbohydrates – sugar, sweets, chocolate, fruit.
 - Complex carbohydrates – beans, bread, pasta, potatoes, rice, corn
- Fats
 - Role of fats – provide essential fatty acids, insulation, protection of vital organs, energy, transport fat-soluble vitamins
 - Sources:
 - Saturated – animal/dairy products, meat, fish, eggs, dairy products
 - Unsaturated – fish oils, nuts, seeds, fruit (olives, avocado), plant oils, grains, beans and pulses
 - Hydrogenated/trans fats – processed food products e.g. confectionary, cakes, biscuits, bread, boxed cereals
- Protein
 - Protein – muscle growth, muscle repair, oxygen transport, fight disease, energy
 - Sources:
 - Animal (all amino acids) – animal/dairy products, meat, fish, eggs, dairy products
 - Plant (not all amino acids) – grains, beans and pulses, leafy vegetables
- Vitamins: Water soluble (C and B group), fat soluble (A, D, E and K)
 - Roles – energy metabolism, protein synthesis, glycogen synthesis, blood clotting, red blood cell formation, aid growth, maintenance of teeth and bones, aid vision
 - Sources – all natural food sources e.g. vegetables, fruit, milk, fish, eggs
- Minerals: Macro and trace e.g. calcium, copper, iron, magnesium, phosphorus, potassium, sodium, selenium, zinc)
 - Roles – bone growth, teeth growth, energy production, enzyme function, nerve and muscle function, water balance, blood clotting, oxygen transport in red blood cells
 - Sources – all natural food sources e.g. milk, nuts, seeds, vegetables, meats, grains

Importance of adequate hydration

Taught content

- Types of fluid/drinks – water (preferred source)
- Intake quantity, timing of intake – depending on activity levels, temperature
- Importance – maintain body balance/homeostasis, maintain body processes and functions, physical and mental performance, thermoregulation, blood plasma volume, removal of waste products

Role of the energy balance equation in relation to weight management

Taught content

- The two components of the energy equation
 - Energy intake – food and drink, the type and amount of food eaten, type and amount of drinks consumed that contain energy i.e. all macronutrients and alcohol
 - Energy expenditure – relative expenditure of energy, basal/resting metabolic rate (BMR/RMR), movement (physical activity and exercise), thermic effect of food
- Energy balance equation
 - Energy in and out balanced = maintain weight
 - Energy in exceeds energy out = weight gain
 - Energy out exceeds energy in = weight loss
- Other considerations: influence of individual differences on energy expenditure e.g. genetics, hormone balance, energy needs for different activities, fitness levels, movement efficiency

Health risks associated with poor nutrition and unhealthy eating

Taught content

- Chronic diseases associated with poor nutrition e.g. obesity, type 2 diabetes, osteoporosis, cancer, arthritis (osteo and rheumatoid), cardiovascular disease, stroke, atherosclerosis, hypertension, mental health conditions (depression, anxiety)
- Acute conditions associated with nutritional deficiencies e.g. anaemia, dehydration, hypoglycaemia

Professional role boundaries when providing nutritional advice

Taught content

- Role boundaries
 - Only provide general healthy eating advice to healthy adults – Eatwell guide
 - Use evidence-based information that is available from recognised sources, e.g. FSA, Department of Health
- When to refer to GP or healthcare professionals (registered dietitian, registered nutritionist)
 - Chronic health conditions (e.g. severe obesity, diabetes, allergies, coeliac, heart disease)
 - Malnutrition, including vitamin and mineral deficiencies
 - Excessively underweight, eating disorders
 - Pregnancy
 - Young children
 - Any client requesting specific meal plans or advice on dietary supplements
- Sources for information on boundaries: Code of Ethics, REPs Code of Conduct, CIMSPA professional standards, British Dietetic Association
- Sources of information on current national guidelines for Healthy eating: National Food Guide, Food Standards Agency (FSA), Eatwell guide, Government Department of Health (DoH) ‘five a day’ fruit and vegetable recommendation

LO5 Know how to consult with clients to support and motivate lifestyle behaviour change and exercise adherence

Consulting with clients and developing effective working relationships

Taught content

- How to prepare the consultation area
 - Private and no distractions
 - Clean and tidy
 - Comfortable setting
 - Remove any obstacles and barriers
 - All paperwork and resources ready
- How to use communication skills and structure the consultation
 - Begin consultation and initiate conversation
 - Greet client
 - Introduce self
 - Clarify role and boundaries
 - Encourage client to speak openly (using open-ended questions), use follow-up questions (probing) where appropriate
 - Maintain conversation and rapport and reflect empathy
 - Using active listening
 - Affirming statements
 - Reflective statements
 - Appropriate non-verbal communications, e.g. body position, posture, gestures, facial expressions
 - Summaries to help progress the conversation
 - Facilitate goal-setting
 - Determine client readiness to set goals in relation to a specific lifestyle behaviour, e.g. use of questionnaires and rating scales, assess balance of change and sustain talk, confidence scales
 - Explain the process of goal setting, action planning and reviews
 - Assist the client with SMART goal setting (process and outcome goals)
 - Help clients to identify any personal barriers to making lifestyle changes and their personal suggestions and strategies for managing these barriers
- Close the consultation
 - Discuss the benefits of making changes and reviewing progress against agreed targets
 - Provide affirmations, encouragement to the client
 - Negotiate action plan
 - Ensure the client is satisfied with the agreed action plan
 - Discuss communication and support strategies between sessions, including social support available to the client
 - Book next meeting/appointment

- Conduct and ethics
 - Conduct themselves to portray a professional image; know own roles and responsibilities and the roles of other staff and professionals. Know relevant industry codes of conduct and ethics related to own role
 - Professional conduct – professional boundaries, scope of practice, appropriate dress/appearance, positive attitude, show respect, equal opportunities, inclusion, punctuality
- Customer needs
 - Respect for equality and diversity clients and specific needs, e.g. apparently healthy adults, young people, antenatal and postnatal clients, disabled clients, protected and other characteristics (age, gender, race, nationality, ethnic or national origin, religious or political beliefs, disability, marital status, social background, family circumstance, sexual orientation, gender reassignment, spent criminal convictions)
 - Awareness of different customer needs
 - How to adapt communication to work with clients of diverse backgrounds, cultures and experience
- Importance of working relationships
 - Build rapport, value individual and diversity, mutual respect, confidence and trust, fair treatment, determine and meet client needs, establish rapport, present self and organisation positively, gain new clients (word of mouth), promote adherence, enable client to achieve goals and reach potential
- Communication skills when working with customers
 - Active listening, non-judgemental, empathy, use of open questions (as appropriate), affirming and reflective statements, accessible language, positive feedback, accurate written records, awareness of non-verbal language (body language, posture, facial expressions and voice intonation)

Scope of practice and role boundaries in relation to providing health and wellbeing advice

Taught content

- Scope of practice
 - To be an ambassador for the sector – professional role model and practice, positive attitude, integrity
 - To plan, deliver and review safe and effective exercise programmes (as per qualifications)
 - To work with apparently healthy adults
 - To promote healthy living within boundaries of role and scope of practice
 - To provide lifestyle advice and general healthy eating advice in accordance with published national guidance and credible sources and within scope of practice
 - Not providing information in relation to areas outside of specialism and qualification, e.g. smoking, alcohol, specific diets/nutrition supplements – these areas should be signposted to a specialist for appropriate support
- Understanding of the role of a range of health care professionals
 - GP
 - Physiotherapist
 - Occupational therapist
 - Dietitian
 - Counsellor/psychotherapist
 - Alcohol cessation
 - Smoking cessation
 - Specialist instructors – children, ante and post-natal, older adults, exercise referral, cardiac rehabilitation, mental health, stroke, falls prevention, Pilates, Yoga, strength and conditioning coaches
- How other professionals can support client work
 - To enable clients with specific needs or requirements to be signposted
 - To offer a resource for liaison and communication

How different lifestyle behaviours affect health and wellbeing

Taught content

- Physical activity/inactivity
 - Physical activity – may be incidental or planned, has no lower intensity threshold, improves efficiency of all body systems, improves general health and wellbeing, improves quality of life, assists with stress management, assists with weight management, and reduces risk of chronic health conditions, including depression and anxiety
 - Exercise – has advantages for health over and above being physically active; can be used to elicit specific adaptations to increase components of fitness; is structured and planned activity, typically of a vigorous intensity
 - Inactivity – prolonged time sitting or lying down increases risk of mortality independently of participation in physical activity or exercise, increases risk of chronic health conditions including – cardiovascular disease (CVD), obesity, diabetes, osteoporosis, depression and anxiety
- Not smoking/smoking
 - Not smoking – maintains cardiovascular and pulmonary health
 - Smoking – is a primary risk factor for many chronic health conditions including – CVD, chronic obstructive pulmonary disease (COPD), osteoporosis and various cancers. Tobacco products contain a range of harmful substances, including carbon monoxide (reduces oxygen uptake), tar (blocks the airways), nicotine (addictive) and other harmful chemicals
- Alcohol use/misuse
 - Alcohol use – within the recommended safe guidelines, there are no significant health risks
 - Alcohol misuse – drinking in excess of the recommended guidelines on a regular basis may contribute to a number of chronic health conditions, including obesity, diabetes, stroke, liver diseases, some cancers and CVD; alcohol misuse can also lead to unsafe sex (pregnancy, sexually transmitted diseases), other risk taking or anti-social behaviours (assault, dangerous driving, domestic violence and other criminal offences). Alcohol misuse also increases the risk of addiction (psychological and physical)
- Healthy eating/unhealthy eating
 - Healthy eating – improves the efficiency of all body systems and contributes to improved overall health and wellbeing and healthy weight management and mood management
 - Unhealthy eating increases risk of obesity (energy balance equation, energy in higher than energy out), diabetes, malnutrition, osteoporosis, changes in mood (increased anxiety), eating disorders (bulimia nervosa, binge eating)
- Sleeping well/poor sleep
 - Sleeping – essential for survival and health, maintenance of brain function, recovery and restoration of all body systems, supports mental and physical health
 - Poor sleep – may relate to duration or quality of sleep, may be caused by medical conditions e.g. insomnia, mental health disorders, pain; may be caused by medication or drug use, e.g. prescription medication side effects, alcohol, caffeine, nicotine; increases risk for mental and physical health conditions

Different stages of change and motivational strategies to support clients

Taught content

- Trans-theoretical model (TTM) (Prochaska and Diclemente)
 - Stages of change and characteristics of each stage – pre-contemplation, contemplation, preparation, action, maintenance, termination, relapse
 - Processes of change (cognitive and behavioural), consciousness raising, dramatic relief, environmental re-evaluation, social liberation, self-revaluation, self-liberation, helping relationships/social support, counter-conditioning, stimulus control, contingency plans/reinforcement management
 - Decisional balance – the reasons for making change and not making change that are weighed throughout the change process
 - Self-efficacy – an individual’s belief in their ability to make a desired change
- Intrinsic and extrinsic motivators and barriers to motivation for lifestyle change and exercise adherence
 - Intrinsic – self-esteem, confidence, fear, lack of motivation
 - Extrinsic – family, work, time, finances
 - Motives and barriers to change – perceived and actual, self-recognition of own barriers, reinforcement
 - How to support clients to recognise and develop intrinsic motivation
 - How to support clients to recognise and develop extrinsic motivation
- Motivational interviewing (Rollnick and Miller)
 - Foundation in person-centred spirit – collaboration, compassion, acceptance, evocation but with some direction from the helper
 - Steps – engaging, focusing, evoking, planning
 - Skills – active listening
 - Techniques – open ended questions, affirmations, reflective statements, summaries (OARS)
 - Change and sustain talk and how to facilitate change talk
- Reasons that may contribute to individuals adopting specific lifestyle behaviours
 - Role-modelling – peers or family
 - Rebellion – family, parents, society norms
 - Peer pressure
 - Socio-economic factors – uninformed, lack of knowledge, financial reasons,
 - Personal reasons – mental health issues (depression and anxiety), preferences, method of coping with underlying anxieties and emotions, e.g. stress
- Factors that influence lifestyle change
 - No change – habit, fear of change, don’t see problem, denial, cognitive dissonance, low self-efficacy, lack of motivation, lack of opportunity, lack of capability
 - Change – personal decision, request of family or friends, health warning from GP, resolution of ambivalence or cognitive dissonance, combination of sufficient motivation, capability and opportunity to change

- Psychological factors affecting adherence to a lifestyle behaviour change
 - Positive – motivation (intrinsic and extrinsic), enjoyment of something new, positive effects experienced, social support from others, praise, autonomy, task mastery, sense of belonging, self-efficacy
 - Negative – addiction, cravings, withdrawal symptoms, increased anxiety, lack of social support, social isolation or exclusion, presence of sabotaging relationships, lack of perceived capability to maintain new behaviours
- How to provide guidance and advice on lifestyle management and promote the benefits of physical activity
 - Ask client if they would like to explore other lifestyle areas
 - Respect client readiness
 - Use motivational strategies appropriate to client readiness e.g. information leaflet or handout for client not contemplating making changes to a specific area; SMART goal setting for clients contemplating or preparing to make changes
 - Listen and encourage client to share what they know, e.g. benefits of making changes, before giving information/advice (client is expert on themselves and they know what stops them from making changes – respect and acknowledge this information)
 - Awareness of cognitive dissonance (Festinger 1975) – where client holds two sets of contradictory beliefs which create discomfort, requiring a change in one of the beliefs, e.g. a smoker who knows the risks may counter the dissonance by thinking they will not be affected
 - Provide information within scope of practice and from credible and nationally accepted sources
- Goal setting
 - The purpose of setting goals
 - Short, medium and long-term goals
 - Process and outcome goals
 - The SMART formula
 - How to monitor and review goals and evaluate progress
 - How to adapt goals/advice to meet client needs
- Skills and interventions that can be used
 - Assess client’s readiness to change and stage of change
 - Decisional balance – pros and cons/cost and benefit analysis
 - Fitness testing (as appropriate)
 - Relapse prevention strategies
 - SMART goal setting and monitoring
 - Barriers and motives – overcoming barriers
 - Empowering clients
 - Use of evidence-based strategies
 - Motivational strategies to promote long-term change
 - Ongoing client support – text, phone-calls, emails, social media

LO6 Be able to consult with clients to support and motivate lifestyle behaviour change and exercise adherence

Creating a positive, motivating and empowering environment to support clients

Taught content

- Positive environment
 - Preparation of the consultation areas – privacy and confidentiality
 - Preparation of consultation resources
- Appropriate communication skills and strategies
 - Use of open questions
 - Active listening and empathy
 - Consideration to verbal and non-verbal communication (own and client's)
 - Explain own role boundaries, in relation to providing guidance and signpost to other professionals, where appropriate
 - Encourage the client to share any concerns (health and lifestyle behaviours)
 - Use of evidence-based strategies and techniques to support and motivate clients to exercise; engage in other positive lifestyle practices (e.g. healthy eating) and promote long-term adherence
 - Recognise client barriers to making changes to exercise and lifestyle behaviour and use appropriate strategies to overcome these
- How to use communication skills and structure the consultation
 - Begin consultation and initiate conversation
 - Greet client
 - Introduce self (role and boundaries)
 - Encourage client to speak openly (using open-ended questions), use follow-up questions (probing) where appropriate
 - Maintain conversation and rapport and reflect empathy
 - Using active listening
 - Affirming statements
 - Reflective statements
 - Appropriate non-verbal communications, e.g. body position, posture, gestures, facial expressions
 - Summaries to help progress the conversation
 - Facilitate goal-setting
 - Determine client readiness to set goals in relation to a specific lifestyle behaviour, e.g. use of questionnaires and rating scales, assess balance of change and sustain talk, confidence scales
 - Explain the process of goal setting, action planning and reviews
 - Assist the client with SMART goal setting (process and outcome)
 - Help clients to identify any personal barriers to making lifestyle changes and their personal suggestions and strategies for managing these barriers

- Close the consultation
 - Discuss the benefits of making changes and reviewing progress against agreed targets
 - Provide affirmations, encouragement to the client
 - Negotiate action plan
 - Ensure the client is satisfied with the agreed action plan
 - Discuss communication and support strategies between sessions, including social support available to the client
 - Book next meeting/appointment

Collecting and assessing client information

Taught content

- Health screening and risk stratification
 - Use of recognised screening tools and risk stratification methods to assess client's readiness to exercise and make other lifestyle behaviour changes
- Health promotion
 - Information to collect – activity levels, exercise experience, type and intensity of physical activity, diet, sleep patterns, stress levels, smoking, alcohol use
 - Offer advice and guidance within scope of practice
 - Be an ambassador for the sector, leading by example and displaying positive behaviours
 - Use of credible information sources
 - Recognise lifestyle needs that may need to be signposted to other professionals (exercise or health/medical professionals), e.g. smoking cessation, specific dietary advice, medical conditions, mental health conditions
 - Other professionals – dietitians, GP, Physiotherapist, counsellors, sports massage therapists etc.
- Readiness to change
 - Use of appropriate strategies to identify client's readiness to change their exercise behaviour and/or other lifestyle behaviours
 - Recognise where the client is, in relation to the stage of change (TTM model)
- Record information
 - Use approved formats – written, spreadsheet, apps
 - Adhere to data protection legislation
 - Confidentiality

Providing lifestyle advice appropriate to the client's needs

Taught content

- Check client readiness to explore lifestyle areas
- Ensure client is involved maximally in discussion
- Use motivational strategies appropriate to client readiness and stages of change, e.g. information leaflet or handout for client at pre-contemplation stage
- Listen and facilitate conversation to encourage client to share what they know – benefits of making changes; show sensitivity when giving information (client is expert on themselves and they know what stops them from making changes – respect and acknowledge this information, avoid forcing information if it is not wanted)
- Awareness of cognitive dissonance (Festinger 1975) – where client holds two sets of contradictory beliefs which create discomfort, requiring a change in one of the beliefs, e.g. a smoker who knows the risks may counter the dissonance by thinking they will not be affected
- Provide information within scope of practice from credible and nationally accepted sources
 - Increasing physical activity – walking, swimming, stair climbing or cross-training, activities of daily living, moving more often, adequate rest days
 - Improving diet – eating more (or less) of certain foods, monitor food intake, food preparation, avoid takeaways and processed food
 - Reducing alcohol intake – signpost to counselling, alternative activities, self-help groups, avoiding temptation, alcohol-free days
 - Stop smoking – signpost to NHS stop smoking services, NHS quit kit, nicotine replacement therapies, NHS smoking helpline
 - Stress management techniques – goal setting, time management, physical activity, relaxation, breathing exercises, signpost to counselling
 - Stop drug taking – signpost to drug related services or information sources – FRANK, seek healthy ways to cope with stress, signpost to therapy or counselling, maintain strong relationships, pursue alternative activities

Setting goals and providing on-going client support

Taught content

- Set SMART goals linked to client's individual needs, wants and motivations and specific lifestyle behaviours
- Monitor targets, review and evaluate progress, adapt according to client needs
- Use appropriate strategies to maintain contact with clients between sessions, e.g. phone, email, social media etc.

Assessment requirements

1. Knowledge outcomes

Learning Outcome	Assessment Criteria	Assessment requirement
LO1 Understand the components of health-related and skill-related fitness	1.1. Describe what is meant by the terms physical activity, exercise, fitness and health	External theory examination
	1.2. Describe the training recommendations for all components of physical fitness	
	1.3. Identify the individual and lifestyle factors that can affect fitness and health	
	1.4. Describe how the body responds and adapts to different types of exercise to enable them to prescribe appropriate exercise programmes	

Learning Outcome	Assessment Criteria	Assessment requirement
LO2 Know the role of exercise and physical activity in the prevention and management of chronic health conditions	2.1. Outline the guidelines and recommendations for physical activity to maintain health	External theory examination
	2.2. Describe the benefits of physical activity on the prevention and management of chronic health conditions	

Learning Outcome	Assessment Criteria	Assessment requirement
LO3 Know the exercise contra-indications and key safety guidelines for special populations	3.1. Describe the exercise contra-indications and safety guidelines for older adults (50+)	External theory examination
	3.2. Describe the exercise contra-indications and safety guidelines for antenatal and postnatal women	
	3.3. Describe the exercise contra-indications and safety guidelines for young people (aged 13-18)	
	3.4. Describe the exercise contra-indications and safety guidelines for disabled people	

Learning Outcome	Assessment Criteria	Assessment requirement
LO4 Know the importance of healthy eating	4.1. Identify the dietary role and sources of the key nutrients	External theory examination
	4.2. Describe the importance of adequate hydration	
	4.3. Explain the role of the energy balance equation in relation to weight management	
	4.4. Describe the health risks associated with poor nutrition and unhealthy eating	
	4.5. Describe the professional role boundaries when providing nutritional advice	

Learning Outcome	Assessment Criteria	Assessment requirement
LO5 Know how to consult with clients to support and motivate lifestyle behaviour change and exercise adherence	5.1. Describe how to consult with clients and develop effective working relationships	External theory examination
	5.2. Describe the scope of practice and role boundaries in relation to providing health and wellbeing advice	
	5.3. Explain how different lifestyle behaviours affect health and wellbeing	
	5.4. Describe the different stages of change and motivational strategies to support clients	

External theory examination

Knowledge and understanding of this unit will be assessed through an external exam paper. This will consist of a multiple-choice question paper.

The external theory examination will test knowledge and understanding from across the theory content of LO1 – LO5. Learners should use the unit content section of this unit and listed assessment criteria to aid revision.

2. Practical observation

Learning Outcome	Assessment Criteria	Assessment requirement
LO6 Be able to consult with clients to support and motivate lifestyle behaviour change and exercise adherence	6.1. Create a positive, motivating and empowering environment to support clients	Client consultation
	6.2. Collect and assess client information	
	6.3. Provide lifestyle advice appropriate to the client's needs	
	6.4 Set goals and provide on-going client support	

Client consultation

The content of LO6 will be tested by an observed consultation with a client that will be carried out towards the end of the period of learning.

Learners must carry out a complete consultation and assessment of a client's lifestyle and make appropriate recommendations to improve lifestyle and health. The observed consultation must take place in a real or realistic working environment on a real or realistic client. Oral questions or professional discussion can also be used as an assessment method attached to the client consultation. Oral questions and professional discussions should be recorded.

Resources

The special resources required for this unit are access to a real or realistic working environment which supports learners to develop their knowledge of exercise, fitness, health and wellbeing and apply this to 'real' client work and consultations in an exercise and fitness environment.

Best practice should be encouraged by giving learners the opportunity to access current research and guidelines that inform exercise science (e.g. NICE, ACSM, BASES, BHFNC, Department of Health).

Document History

Version	Issue Date	Changes	Role
v1.0	28/09/2018	First published	Qualifications Manager
v2.0	18/10/2018	Amendment to the assessment criteria headings following technical review	Qualifications Administrator
v3.0	26/11/2018	Removal of assessment criteria verbs from learning outcomes	Qualification Administrator