



VTCT
WORLD CLASS
QUALIFICATIONS

AF30058

Level 3

Award in Adapting Physical
Activity for People with Disabilities
(QCF)

Sport & Active Leisure



AF30058

501/0717/3

Level 3

Award in Adapting Physical Activity for
People with Disabilities (QCF)

Record of Assessments Book

Learners Name:

Learners Number:

Information on VTCT

VTCT is an awarding body regulated by national organisations such as QCDA, Ofqual, SQA, DCELLS and CCEA.

VTCT offer a wide range of qualifications in various subjects such as sports therapy, health and fitness, hairdressing, beauty, holistic and complementary therapies, customer service, functional skills and others.

VTCT is also a registered charity, giving to facial disfigurement charities and educational causes.

Insurance

Learners who successfully complete this qualification must ensure they have suitable insurance prior to instructing Pilates to clients.

It is the responsibility of the instructor to gain all the necessary insurances if they are not covered by an employer's insurance when working with clients.

Registration with the Register of Exercise Professionals (REPS)

Learners who successfully complete this qualification will be eligible for membership with the Register of Exercise Professionals (REPS) at Level 3.

It is the responsibility of the instructor to provide evidence of qualification to the Register of Exercise Professionals. Further details of the REPS membership system and application process can be found at www.exerciseregister.org.

VTCT Level 3 Award in Adapting Physical Activity for People with Disabilities (QCF)

Approved by SkillsActive

VTCT code: AF30058

Accreditation number: 501/0717/3

Accreditation details

Accreditation start date: 01/09/2010

Accreditation end date: 31/08/2013

Certification end date: 31/08/2016

Guided learning hours (GLH): 35

GLH is an estimate of the time allocated to:

- *direct teaching*
- *instruction and formative (ongoing) assessment*
- *directed assignments or research*
- *supported individual study*

Learner initiated private study or preparation and marking of formative assessment is not taken in to account.

Credit value: 5

Qualification details

Introduction

The VTCT Level 3 Award in Adapting Physical Activity for Disabled Clients has been designed for practitioners currently working in sport and active leisure, including advanced fitness instructors and personal trainers. The purpose of this specialist qualification is to enrich practitioners' knowledge and understanding of psycho-social and physical factors relating to people with disabilities.

It will enable practitioners to apply this knowledge and understanding when conducting pre-exercise screening, and when developing, adapting and implementing physical activity programmes to meet the needs of disabled clients. It will also develop safe and effective instruction skills and the ability to provide appropriate support and advice.

Mapped to National Occupational Standards (NOS)

This qualification has been mapped to the National Occupational Standard D468 – Adapt a physical activity programme to meet the needs of disabled clients. It is accredited at Level 3 on the Qualifications and Credit Framework (QCF).

Progression

This qualification is focused on competent practitioners who plan, support, instruct and review programmes to address the needs of people with disabilities, working without direct supervision. Graduates of this programme will be equipped to work with disabled clients who access exercise and physical activity independently of a medical referral and do not have an underlying medical condition for which medical referral is essential. This qualification is recognised as an approved qualification for continued professional development (CPD) by the Register of Exercise Professionals at Level 3.

The VTCT Level 3 Award in Adapting Physical Activity for Disabled Clients (QCF) provides progression opportunities to the following VTCT qualifications:

- VTCT Level 3 Certificate in Personal Training (QCF)
- VTCT Level 3 Diploma in Mat Pilates (QCF)
- VTCT Level 3 Award in Adapting Physical Activity for Older Adults (QCF)
- VTCT Level 3 Award in Adapting Physical Activity for Antenatal and Postnatal Clients (QCF)
- VTCT Level 3 Award in Sport Specific Conditioning (QCF)

Units in the qualification

To achieve the VTCT Level 3 Award in Adapting Physical Activity Disabled Clients (QCF) all of the following mandatory units must be passed:

VTCT code	Ofqual reference	Unit title	Credit value	Guided learning hours (GLH)
UV30520	Y/602/2003	Principles of physical activity for disabled clients	2	15
UV30521	K/602/2006	Adapting physical activity for disabled clients	3	20

Centre guidance

Motivating, engaging and exciting learners

Tutors and assessors are encouraged to develop exciting and innovative ways of delivering this qualification. Learners will be more likely to become involved and enthused and find it easier to achieve all the learning outcomes if they find the process of learning motivating, engaging and exciting. Learners will be expected to demonstrate knowledge and understanding of all learning outcomes for each unit. It is essential that the learner is provided with the opportunity to cover these in an interesting and motivating way.

Tutors and assessors requirements

In order to ensure that learners gain the most out of this qualification, it is recommended that teaching is complemented by instruction from other personnel, such as industry specialists with relevant sector experience and practicing work-based assessors with appropriate practical experience and evidence of relevant professional development.

Tutors must:

- hold a discipline specific qualification equivalent to the Level 3 Personal Training qualification (i.e. advanced exercise to music, Pilates, yoga, exercise referral) or equivalent qualification;
- have knowledge of and a commitment to the Exercise and Fitness Code of Ethical Practice;
- demonstrate active involvement in a process of industry relevant CPD during the last two years;
- be registered with the Register of Exercise Professionals (REPs) at Level 3.

Assessors must:

- hold or be working towards either a vocational assessing award or A1 (previously D32, D33), and have extensive industry experience or knowledge.

Internal verifiers must:

- hold or be working towards either a vocational internal verification award or V1 (previously D34).

Equipment requirements

The organisation delivering this qualification must have access to an appropriate practical fitness facility with up to date equipment, an appropriate fitness studio and floor space.

Prerequisites

Learners age 18+ are eligible for assessment. Learners must be in possession of one of the following at the time of registration:

1. A VTCT Level 2 Certificate in Fitness Instructing (QCF) or higher (context may be in exercise to music, gym-based exercise, water-based exercise or health-related exercise and physical activity for children);
2. An equivalent qualification to those identified in 1. These must be approved by VTCT. Please refer to the National Database for Accredited Qualifications (NDAQ) for further details (www.accreditedqualifications.org.uk).

Learners holding non-accredited certificates may be considered for this qualification. However, training providers must apply accreditation of prior learning (APL), experience (APEL) or assessment (APA) as appropriate to ensure that the prerequisites are met. All evidence of APA and APL must be available to the VTCT external verifier upon request.

Guidance on assessment

This book contains the units that make up the full qualification. Where indicated, VTCT will provide assessment materials. Assessment may be internal or external and the method of assessment is indicated in each unit.

Internal assessment

(any requirement will be shown on the unit)

Assessment is set, marked and internally verified by the centre to clearly demonstrate achievement of the learning outcomes. Assessment is sampled by VTCT external verifiers.

External / independent assessment

(any requirement will be shown on the unit)

External assessment is set and marked by VTCT. Independent assessment is set by VTCT, marked in the centre, and sampled by VTCT external verifiers.

Assessors and internal verifiers *MUST* sign off:

- 1) each individual assessment criteria;**
- 2) record of assessment unit records located at the end of this book once all assessment criteria have been achieved for a unit.**

All sections that must be completed are shaded. All shaded sections must be completed before applying for certification.

Assessment explained

VTCT courses are assessed and verified by centre staff. Work will be set to improve the learner's practical skills, knowledge and understanding. For practical elements, the learner will be observed by the assessor. All work must be collected in a portfolio of evidence and cross-referenced to requirements listed in this assessment record book.

The centre will have an internal verifier whose role is to check that the assessment and evidence is valid and reliable and meets VTCT and regulatory requirements.

An external verifier, appointed by VTCT, will visit the centre to sample and quality-check the assessments, internal verification process and the evidence. The learner may be asked to attend on a different day from usual if requested by the external verifier.

This record of assessment book is the learner's property and must be in their possession when they are being assessed or verified. It must be kept safe. In some cases the centre will be required to keep it in a secure place. The book will be completed by the learner and the course assessor to show achievement of all learning outcomes and assessment criteria.

Creating a portfolio of evidence

As part of this qualification the learner is required to produce a portfolio of evidence. A portfolio will confirm the knowledge, understanding and skills that have been learned. It may be in electronic or paper format.

The assessor will provide guidance on how to prepare the portfolio of evidence and how to show practical achievement, and understanding of the knowledge required to successfully complete the qualification. It is this booklet along with the portfolio of evidence that will serve as the prime source of evidence for this qualification.

Evidence in the portfolio may take the following forms:

1. observed work
2. witness statements
3. evidence of prior learning or attainment
4. written questions
5. oral questions
6. assignments
7. case studies.

All evidence should be documented in the portfolio. Constructing the portfolio of evidence should not be left to the end of the course. Practical observation sheets are presented in *Appendix 1* to provide formative feedback to learners.

Many frequently asked questions and other useful information are detailed in the VTCT Candidate's Handbook, which is available on the VTCT website at www.vtct.org.uk/students. Other questions should be addressed to the tutor, lecturer or assessor.

Standardisation

Centres will be required to provide samples of assessment tasks for regional and national standardisation activity.

Assessment specification

This section provides an overview of the assessments that make up each unit in this qualification. Detailed information on specific assessments is provided within each unit.

UV30520 – Principles of physical activity for disabled clients

- 1) *Externally set and marked multiple choice theory paper*

UV30521 – Adapting physical activity for disabled clients

- 1) *Internally assessed portfolio of evidence*
- 2) *Internally assessed practical observations*
- 3) *Internally assessed verbal questioning*

Unit structure

The following table provides a description of each section that makes up a unit:

Unit section	Description
VTCT unit code	This code is unique to the unit and should be quoted in all queries and correspondence to VTCT.
Unit title	The title clearly indicates the focus of the unit.
Level	Level is an indication of the demand of the learning experience; the depth and / or complexity of achievement and independence in achieving the learning outcomes. There are 8 levels of achievement within the QCF.
Credit value	This is the number of credits awarded upon successful achievement of all unit learning outcomes. Credit is viewed as a numerical value and represents a means of recognising, measuring, valuing and comparing achievement.
Guided learning hours (GLH)	GLH is an estimate of the time allocated to teach, instruct, assess and support candidates throughout a unit. Learner initiated private study, preparation and marking of formative assessment is not taken into account.
Unit aims	This is a short overview of the unit content.
Learning outcomes	The learning outcomes are the most important component of the unit; they set out what is expected in terms of knowing, understanding and practical ability as a result of the learning process. <i>Learning outcomes are the results of learning.</i>
Assessment criteria	Assessment criteria set out what is required, in terms of achievement, to meet the learning outcome. The assessment criteria and learning outcomes are the components that inform the learning and assessment that should take place. <i>Assessment criteria define the standard expected to meet the learning outcomes.</i>
Details of the National Occupational Standards (NOS)	NOS relate to occupations or roles that normally involve learning and workplace practice to gain competence. NOS indicate the knowledge and skills required to be occupationally competent in a given role.
Assessment requirements	Briefly outlines the assessment requirements of the unit.
Endorsement	This section lists the sector skills council (SSC), standards setting body (SSB) or other agency that approve or endorse the unit.
Unit syllabus	This section presents the content that must be covered when delivering the unit.

Guidance on assessment	<p>The following may be indicated:</p> <ul style="list-style-type: none"> • The mode of assessment (e.g. internal or external) • The method of assessment (e.g. portfolio of evidence, multiple choice examinations etc.) • Particular assessment material that must be used (where applicable) <p>Where possible, VTCT will provide guidance and support on assessment.</p>
Record of assessment	<p>This section must be completed by the assessor and internal verifier (where applicable) and is a record of a candidate's achievements.</p> <p>It is a record of which assessment criteria have and have not been achieved.</p>

Unit UV30520

Principles of physical activity for disabled clients

Unit aim

The aim of this unit is to develop learners' knowledge and understanding of the principles underpinning physical activity for people with disabilities.

Level:	3
Credit value:	2
GLH:	15
Learning outcomes	Assessment criteria
<i>The learner will:</i>	<i>The learner can:</i>
<p>LO1: Understand the legal and ethical responsibilities of working with disabled clients</p>	<p>AC1.1: Summarise key features of the Disability Discrimination Act of 1995</p> <p>AC1.2: Outline the criteria for accreditation to the Inclusive Fitness Initiative (IFI)</p> <p>AC1.3: Justify the need for inclusive and segregated programmes</p> <p>AC1.4: Outline the standard operating procedures for the safe use of facilities by disabled clients, carers, assistants and assistance animals</p> <p>AC1.5: Explain the management of disabled clients' confidentiality</p> <p>AC1.6: Clarify personal limits of competence when working with disabled clients</p>
<p>LO2: Understand the psychological, socio-cultural and economic aspects of disability</p>	<p>AC2.1: Explain the psychosocial and economic considerations when establishing an effective working relationship with disabled clients</p> <p>AC2.2: Outline professional and organisational barriers to inclusion of disabled clients</p> <p>AC2.3: Compare and contrast the different models of disability</p>
<p>LO3: Understand the importance of anatomy and physiology in meeting the needs of disabled clients</p>	<p>AC3.1: Explain the effect of disease processes on the structure and function of blood vessels</p> <p>AC3.2: Differentiate between blood pressure classifications and their associated health risks</p>

	<p>AC3.3: Explain the relationship between the nervous system, exercise and specific disabilities</p> <p>AC3.4: Explain anatomical planes and axes in different joint actions and exercises</p> <p>AC3.5: Compare joint structures with their associated range of motion and injury risk</p> <p>AC3.6: Explain the potential effects of abdominal adiposity and poor posture on movement efficiency</p> <p>AC3.7: Explain the potential problems that can occur as a result of postural deviations</p> <p>AC3.8: Evaluate the impact of core stabilisation exercises and their injury potential</p> <p>AC3.9: Clarify the significance of healthy eating for disabled clients</p>
<p>LO4: Understand the types of impairments disabled clients may have and the implications of these on undertaking physical activity</p>	<p>AC4.1: Describe the types of impairments that disabled clients may have and the implications of these on undertaking a physical activity programme:</p> <ul style="list-style-type: none"> • Early stage development of physically disabling and neurological conditions • Spinal cord injury • Limb amputation • Down's syndrome • Visual impairment • Hearing impairment • Learning disability (mild-moderate) <p>AC4.2: Explain the implications a disabling condition may have on:</p> <ul style="list-style-type: none"> • Cardiovascular capacity • Muscular strength • Muscular endurance • Flexibility and mobility • Coordination / balance / motor skills • Functional capacity
Additional information about the unit	
<p><i>Unit expiry date</i></p>	<p>31/08/2014.</p>
<p><i>Details of the relationship between the unit and relevant national occupational standards (NOS)</i></p>	<p>This unit is mapped to: National Occupational Standards (NOS) D468 - Adapt a physical activity programme to the needs of disabled clients.</p>
<p><i>Details of the relationship between the unit and other standards or curricula</i></p>	<p>N/A</p>

<i>Assessment requirements specified by a sector or regulatory body (if appropriate)</i>	This unit is externally assessed. Please see the 'Guidance on assessment' section for further details.
<i>Endorsement of the unit by a sector or other appropriate body</i>	Approved by SkillsActive, the sector skills council for active leisure and learning.

Unit UV30520

Principles of physical activity for disabled clients

Unit syllabus

All content in this section must be covered when delivering this unit.

LO1: Understand the legal and ethical responsibilities of working with disabled clients

Disability Discrimination Act 1995: DDA definition of disability and who is protected; equality of opportunity; reasonable adjustments (e.g. to practice, policies, procedures, and access); provides an auxiliary aid of service if required (e.g. communication aids, hearing aids, walking aids); prohibits discrimination; provides procedures for enforcement; provides remedies for discrimination.

Inclusive Fitness Initiative (IFI): access; adapted facilities; inclusive fitness equipment; specialist staff training and qualifications; inclusive and targeted marketing strategies; inclusion workouts; inclusive education programme.

Inclusive and segregated programmes: inclusive (interaction, social confidence, inclusion within a group, integration into society); segregated (meet unique specific disability needs, meet specific access requirements, able to provide considerable specialist assistance and support, work towards individual health or fitness goals).

Standard operating procedures: for disabled clients (pre-exercise screening, determine programme goals and objectives, programme design and delivery, health and safety management in the exercise environment); for carers, personal assistants and assistance animals (involvement during pre-exercise screening and goal setting, involvement in case of referral, provision of support and assistance during programme).

Management of confidentiality: data protection act 1998; information used only for specific purpose; non disclosure; information kept up to date; information not kept for longer than necessary; secure storage of data (personal details, medical history, assessment results).

Personal limits of competence: work with disabled people who access exercise and physical activity independently of a medical referral; work with disabled people who do not have an underlying medical condition; plan, deliver and review programmes without supervision; referral to specialist professionals when required.

LO2: Understand the psychological, socio-cultural and economic aspects of disability

Considerations: psychological (e.g. stage of behaviour change, motivation, personality type, disorders); socio-cultural (e.g. integration and inclusion, segregation, support networks); economic (e.g. achieving the accreditation criteria for the IFI, adaptation of facilities, providing specialist staff and support, financial subsidies or reduced costs).

Barriers to inclusion: professional barriers (lack of specialist knowledge of disabilities and adaptations for physical activity, availability of specialist support); organisational barriers (facility accessibility, equipment suitability, presence of assistance animal).

Models of disability: DDA definition of disability; medical or individual model; social model.

LO3: Understand the importance of anatomy and physiology in meeting the needs of disabled clients

Effects of disease processes: diseases (e.g. arteriosclerosis, atherosclerosis); effect of disease processes on structure (thickening and hardening of artery walls, reduced lumen diameter, endothelial damage and scarring, smooth muscle fibre proliferation, lesions formed by fatty plaque, damaged valves); effect of disease processes on function (reduced elasticity, reduced blood flow and distribution, poor circulation).

Blood pressure classifications: definition of blood pressure (systolic pressure, diastolic pressure); blood pressure classifications (hypotension, normal, high normal, mild hypertension, moderate hypertension, severe hypertension); associated health risks of hypertension (e.g. coronary heart disease, angina, atherosclerosis, heart attack, stroke, kidney disease, loss of vision).

Nervous system: central nervous system; peripheral nervous system; somatic; autonomic; sympathetic, parasympathetic; relationship to aspects of exercise performance (stimulation of exercise hormones, sensory control, balance and co-ordination control, motor skill performance, neuromuscular performance); specific disability leads to impairment of specific aspects of exercise performance.

Anatomical planes and axes: frontal plane - anteroposterior axis movements (adduction, abduction, lateral flexion, eversion, inversion); sagittal plane – bilateral axis movements (flexion, extension); transverse plane – vertical axis movements (internal rotation, external rotation, horizontal flexion/adduction, horizontal extension/abduction); planes and axes in different exercises.

Joint structures: classifications (fibrous - immovable, cartilaginous – slightly moveable, synovial – freely moveable); types and locations of synovial joints (gliding, ellipsoid, hinge, saddle, pivot, ball and socket); shoulder (flexion, extension, abduction, adduction, horizontal flexion/adduction, horizontal extension/abduction, internal rotation, external rotation); elbow (flexion, extension, supination, pronation); shoulder girdle (elevation, depression, protraction, retraction); spine (flexion, extension, lateral flexion, rotation); hip (flexion, extension, abduction, adduction, internal rotation, external rotation); knee (flexion, extension); ankle (plantarflexion, dorsiflexion, inversion, eversion); associated injury risk at different joints.

Effects of abdominal adiposity and poor posture: reduced range of motion at lumbar spine and hips; uneven or unbalanced movement patterns; high energy expenditure during low intensity exercise; reduced work efficiency; inefficient walking gait; inefficient exercise technique.

Problems resulting from postural deviations: limited range of motion; uneven or unbalanced movement patterns; inability to perform specific exercises with safe and correct technique; limited suitability and comfort of equipment; increased injury risk, unbalanced muscular development.

Impact of core stabilisation exercises: different core stability exercises; positive impacts (improved posture, improved functional ability, improved ability to undertake life-related movements, improved co-ordination and balance, improved muscle balance); injury potential (vertebral damage, aggravation of back problems).

Significance of healthy eating: recommended nutritional balance before, during and after activity (main food groups, appropriate food types, quantities timings); recommended hydration and fluid before, during and after activity (type, quantity, timings); significance (replenish and maintain energy levels, reduce recovery time, promote muscle repair, optimise physical adaptations, prevent dehydration, promote rehydration, minimise aggravation of health conditions, minimise interference with efficacy of medications).

LO4: Understand the types of impairments disabled clients may have and the implications of these on undertaking physical activity

Types of impairments: early stage development of physically disabling and neurological conditions; spinal cord injury; limb amputation; Down's syndrome; visual impairment; hearing impairment; learning disability (mild-moderate); implications on physical activity programme (specific exercises and adaptations, specialist or adapted equipment, specialist assistance, medical support, lower levels of programme learning and understanding, slower levels of progression, assistance animals may be required, specific health and safety considerations, access issues, adherence issues).

Implications of disabling conditions on fitness: limited cardiovascular capacity; limited and unbalanced muscular strength; limited muscular endurance; limited or restricted flexibility and mobility; limited coordination; unstable balance; limited motor skills and efficiency; limited functional capacity; implications of specific conditions on components of fitness.

Unit UV30520

Principles of physical activity for disabled clients

Guidance on assessment

External assessment

This unit is externally assessed and verified using the following assessment tools:

- 1) Multiple choice theory paper produced and assessed by VTCT
 - a. Time allocated – 55 minutes
 - b. Structure of paper
 - i. Total number of questions – 35
 - ii. Pass mark of 24 (70%).

Unit UV30520

Principles of physical activity for disabled clients

Record of assessment

Name of candidate	VTCT number

This table must be completed by the tutor or assessor.

Multiple choice paper mark (pass mark 24)	Assessor signature	Assessor number	Date

Internal verification record (if applicable)		
Internal verifier signature	Internal verifier number	Date

Unit UV30521

Adapting physical activity for disabled clients

Unit aim

The aim of this unit is to develop learners' knowledge, understanding and practical skills to conduct pre-exercise screening, and plan, adapt, teach and evaluate physical activity programmes for people with disabilities.

Level:	3
Credit value:	3
GLH:	20
Learning outcomes	Assessment criteria
<i>The learner will:</i>	<i>The learner can:</i>
LO1: Understand pre-exercise screening for disabled clients	<p>AC1.1: Explain the considerations when establishing and developing an effective working relationship with disabled clients, carers and personal assistants</p> <p>AC1.2: Explain the added importance of pre-exercise screening for disabled clients and the legal and ethical responsibilities placed on the instructor</p> <p>AC1.3: Outline the types of information which need to be provided for healthcare professionals in cases of referral</p> <p>AC1.4: Explain how to use pre-exercise screening to risk stratify disabled clients and manage the risks during physical activity</p> <p>AC1.5: Clarify contraindications and special precautions specific to disabled clients</p>
LO2: Be able to carry out pre-exercise screening with disabled clients	<p>AC2.1: Use communication and interpersonal skills to establish and maintain an effective rapport with disabled clients, carers and personal assistants</p> <p>AC2.2: Collect and record information about disabled clients using safe and appropriate methods</p> <p>AC2.3: Assess collected information on disabled clients, judging their suitability for physical activity</p> <p>AC2.4: Clarify whether disabled clients need to be referred to appropriate healthcare professionals</p> <p>AC2.5: Liaise with carers, personal assistants and healthcare professionals for specific client advice, if necessary</p> <p>AC2.6: Gain disabled clients' informed consent to participate in functional assessments and physical activity</p>

	<p>sessions</p> <p>AC2.7: Use communication and interpersonal skills to respond to common physical and psychological barriers to physical activity</p> <p>AC2.8: Plan and agree short and long term goals that are appropriate for disabled clients and their level of physical ability</p>
<p>LO3: Understand programme design and management for disabled clients</p>	<p>AC3.1: Explain the variables of exercise applied to disabled clients in both individual and group settings</p> <p>AC3.2: Outline the considerations when analysing and adapting movement for disabled client focussed programmes</p> <p>AC3.3: Outline the guidelines to consider when planning training components for disabled clients</p> <p>AC3.4: Explain the need for the integration of step by step functional movement patterns and activities into all sessions</p> <p>AC3.5: Outline the factors that may assist disabled clients to participate and adhere to regular physical activity</p> <p>AC3.6: Outline the types of physical limitations associated with disabilities that may lead to injury and will need specific adaptation for exercise</p>
<p>LO4: Be able to plan adaptations to physical activity programmes for disabled clients</p>	<p>AC4.1: Plan the structure of physical activity sessions for disabled clients</p> <p>AC4.2: Plan objectives, activities, formats and teaching techniques that are appropriate to disabled clients (including the adaptation or exclusion of contraindicated exercise)</p> <p>AC4.3: Select appropriate equipment for disabled clients' needs</p>
<p>LO5: Be able to safely teach and instruct physical activity to disabled clients</p>	<p>AC5.1: Create a safe and disability-friendly exercise environment for physical activity (e.g. use of equipment, music)</p> <p>AC5.2: Clarify how to recognise and respond to medical warning signs and emergency situations</p> <p>AC5.3: Use effective teaching and instructing skills to deliver planned activities to disabled clients, adapting exercise variables as necessary</p> <p>AC5.4: Correct poor exercise technique throughout the session</p> <p>AC5.5: Maintain the disabled clients' motivation using safe</p>

	<p>and appropriate techniques</p> <p>AC5.6: Progress physical activity against agreed goals and adjust the programme accordingly</p> <p>AC5.7: Assess, monitor and manage risk effectively throughout the programme</p> <p>AC5.8: Collaborate effectively with carers and personal assistants throughout the programme, ensuring disabled clients receive personal and medical support if required</p> <p>AC5.9: Liaise appropriately with disabled clients regarding the management of assistance animals</p>
<p>LO6: Be able to evaluate the effectiveness of the session, identifying improvements</p>	<p>AC6.1: Carry out a formative self-evaluation of teaching and instructing</p> <p>AC6.2: Propose personal improvements to improve future performance</p>
Additional information about the unit	
<i>Unit expiry date</i>	31/08/2014.
<i>Details of the relationship between the unit and relevant national occupational standards</i>	This unit is mapped to: National Occupational Standards (NOS) D468- Adapt a physical activity programme to the needs of disabled clients.
<i>Details of the relationship between the unit and other standards or curricula</i>	N/A
<i>Assessment requirements specified by a sector or regulatory body</i>	This unit is internally assessed. Please see the 'Guidance on assessment' section for further details.
<i>Endorsement of the unit by a sector or other appropriate body</i>	Approved by SkillsActive, the sector skills council for active leisure and learning.

Unit UV30521

Adapting physical activity for disabled clients

Unit syllabus

All content in this section must be covered when delivering this unit.

LO1: Understand pre-exercise screening for disabled clients

Considerations when establishing a working relationship: disabled clients (overcome communication barriers, understand specific individual disabilities and needs, empathy towards individual disabilities, inclusion); carers and personal assistants (communication, valuing knowledge and experience of disabilities, involvement).

Importance of pre-exercise screening: identification of asymptomatic status; identification of medical contraindications; determine and meet specific needs; legal and ethical roles and responsibilities (e.g. adherence to legislation, inclusive fitness, confidentiality).

Types of information: referral information (personal details, medical history, current medications, assessment results, specific goals); healthcare professionals (e.g. physiotherapist, healthcare provider, dietician, general practitioner).

How to use pre-exercise screening: classification of disease risk (e.g. blood pressure, obesity); risk stratification (e.g. asymptomatic, low risk, moderate risk, high risk); manage risks during physical activity (consider implications of specific disabilities and medical conditions, screening information used for goal setting and programme design).

Contraindications and special precautions: impaired physical condition and function; impaired motor skills; impaired neurological or cognitive function; impaired sensory function; musculoskeletal imbalances; postural deviations.

LO2: Be able to carry out pre-exercise screening with disabled clients

Use communication and interpersonal skills: communication skills (positive verbal, non-verbal, and body language); interpersonal skills (active listening, leadership, team work, decision making, negotiation, empathy); establish and maintain effective rapport (professional, friendly, address participants personally, approachable, supportive, mutual respect); respond to common physical barriers (e.g. clarity of voice for visually impaired); respond to common psychological barriers (e.g. use positive feedback to improve self-confidence).

Collect and record information: information (personal goals, personal objectives, current level of functional ability, requirements for access, support and personal requirements, preferred communication methods, safety requirements, medical history and requirements, equipment requirements, exercise history, barriers to participation); use safe and appropriate methods (consultation / interview, AHA/ACSM validated PAR-Q questionnaires, adapted functional assessments, observation and recording).

Assess collected information: assess information (compare to published normative data and guidelines, clearly interpret the outcomes of screening); judge suitability for physical activity (suitable to participate or referral required).

Clarify the need for referral: to appropriate healthcare professionals; give reasons for referral; state referral procedures and timescales.

Liase: with carers and personal assistants; with healthcare professionals; use regular two-way communication; seek specific client advice (e.g. limitations of condition, assistance required, preferences).

Gain informed consent: to participate in functional assessments; to participate in the adapted physical activity session; process of gaining informed consent (clarify the purpose of assessments

and session, outline the activities and their demands, clarify the benefits and risks involved, explain the meaning of informed consent, provide opportunity to reflect on verbal and written information provided, check the clients understanding, provide opportunity to make an informed decision about participation, record signed consent, secure and confidential storage of written informed consent).

Plan and agree goals: client centred; short and long term; SMART goals (specific, measurable, attainable, realistic, time phased); appropriate for disabled clients (physical and functional goals, psychological goals, social goals, lifestyle goals, adherence goals); appropriate for level of physical ability (health-related fitness, physical fitness, skill-related fitness).

LO3: Understand programme design and management for disabled clients

Variables of exercise: variables (frequency, intensity, time, type); principles of training (progression, regression, overload, reversibility, functional relevance, challenge, and rest); applied in both individual and group settings; application of variables and principles to different components (warm up, aerobic, strength, power, dynamic balance, flexibility, cool down).

Considerations for analysing and adapting movement: warm up (duration, progression of intensity, duration of transitions), strength /power (exercise technique, complexity of exercises, learning skilled movements, speed of movement); aerobic (exercise intensity, monitoring intensity, duration of transitions); flexibility (range of motion, type of stretch); cool down (duration, intensity, duration of transitions).

Guidelines: warm up and cool down; aerobic; strength / endurance; flexibility; motor skills.

Integration of functional movement patterns: supervised step by step life-related movements (e.g. correct lifting technique, getting up and down from the floor, getting in and out of chairs, posture, and stability); need for integration (to ensure development of functional ability, to improve quality of life, to improve independence).

Factors: motivational factors (promoting the benefits, promoting fun and enjoyment, promoting achievement and progression, monitoring of progress, positive feedback and encouragement) environmental factors (accessible facilities, adapted equipment, comfortable venue); other factors (e.g. social or peer support).

Physical limitations of disabilities: limitations (medical conditions, reduced strength, reduced aerobic capacity, reduced mobility, reduced flexibility, reduced balance and stability, poor posture, reduced motor skills); specific exercise adaptations (longer and more gradual mobility and warm up, longer duration of transitions, emphasis on correct technique, simplify exercise technique, start with basic exercises, exercise intensity at a challenging but health-related level, use RPE scale to monitor intensity, use gentle and progressive static stretches, avoid extreme spinal flexion, gradual and tapered cool down).

LO4: Be able to plan adaptations to physical activity programmes for disabled clients

Plan: structure of physical activity sessions (warm up and mobility, main components, cool down and flexibility); objectives (e.g. improve health status, improve functional ability); activities (health-related, fitness development, functional and skill development); formats (e.g. exercise to music, circuits, resistance); teaching techniques (positioning, demonstration and practice, instruction, explanation, question and answer, mirroring, visual and verbal cueing, imagery, visualisation); adaptation of session structure (e.g. component timings and duration); adaptation of content and programme (e.g. movements, intensity); adaptation or exclusion of contraindicated exercise.

Select equipment: IFI accredited equipment (treadmill, upright bike, recumbent bike, upper body ergometer, leg curl, leg extension, leg press, chest press, row, shoulder press, lat pulldown); modular exercise machines; smaller modalities (dumbbells, bands, tubes, medicine balls, swiss balls, disks, manual resistance); equipment using movement patterns replicating life related activities; modifications of common exercise equipment for disabled clients.

LO5: Be able to safely teach and instruct physical activity to older disabled clients

Safe and friendly exercise environment: accessible; use of transport; adapted equipment; floor surfaces; clothing and footwear; lighting; access to toilet facilities; access to drinking water; temperature; comfortable refreshment facilities; music.

Recognise and respond to medical warning signs: warning signs for immediate cessation of exercise or medical consultation (palpitations, pressure or crushing pain in the chest or left arm, excessive sweating, nausea or vomiting, shortness of breath, dizziness, fainting); response to medical warning signs and emergency situations (stop the activity, administer first aid, contact emergency services, reassure other participants, accompany home, telephone next of kin, telephone follow up and support, contact local GP); establish a specific emergency action plan.

Use teaching and instructing skills: positioning; demonstration and practice; instruction; explanation; question and answer; imagery; visualisation; mirroring; visual and verbal cueing; apply motor learning principles (visual and verbal instruction, observation, movement analysis, specific adaptation); adapt exercise variables (e.g. progress or regress, intensity, type of exercise); adapt activities (for a specific disability or impairment, use alternative or specialist equipment, adapt standard equipment, make activities simple or more complex).

Correct poor exercise technique: observe and analyse technique; identify poor technique; use visual demonstration, use tactile guidance and correction, use corrective verbal feedback and teaching points; positively reinforce correct technique.

Maintain motivation: promote fun and enjoyment; use positive verbal feedback; use positive reinforcement; use visualisation; use goal setting; use rewards.

Progress physical activity: review progress; monitor performance during session against agreed goals; adjust the programme accordingly (structure, exercise variables, training principles, movements, activities, formats, equipment).

Assess, monitor and manage risk: risk assessment (potential hazards, risk reduction); observe and monitor risk (equipment, environment, disabled clients); manage risks (take action when required); follow emergency procedures and legislation.

Collaborate with carers and personal assistants: promote opportunities for personal and medical support to client (e.g. time, access, communication); regular two-way communication; collaborate throughout the programme (assist activities, provide motivation, provide support, provide positive feedback, and meet client needs).

Management of assistance animals: activities to accommodate assistance animals; space to safely exercise in proximity; space to safely leave animals if not required; liaise with client throughout to determine requirements and gain feedback (e.g. needs, animal positioning, effectiveness).

LO6: Be able to evaluate the effectiveness of the session, identifying improvements

Formative self-evaluation: evaluative feedback from participants, carers and personal assistants (verbal, questionnaire); evaluate effectiveness of self (planning, teaching, instructing, communication, risk management, meeting needs); evaluate effectiveness of session (progress and achievement of goals, content and structure, participant response to physical activity, levels of satisfaction and enjoyment, levels of participant motivation); evaluation methods (verbal recording, written forms).

Propose personal improvements: improvements based on evaluation (e.g. planning, communication, risk management); personal action plan (identify strengths, identify areas for improvement, identify and justify action required, identify professional development and training, identify timescales for action and achievement, set personal SMART goals).

Unit UV30521

Adapting physical activity for disabled clients

Guidance on assessment

Internal assessment

This unit is internally assessed and verified using the following assessment tools:

1. Portfolio of evidence

The following must be included in the portfolio of evidence and must cover the assessment criteria indicated:

- a. An adapted physical activity session plan for two different disabled clients (*AC4.1, 4.2, 4.3*)
- b. A justification for one adapted physical activity session plan (*AC3.1, 3.2, 3.3, 3.4, 3.5, 3.6*)
- c. A self-evaluation and personal action plan (*AC6.1, 6.2*)

The following range statements must be achieved when planning an adapted physical activity session: *R5*

2. Practical observations of the candidate

The following practical observations must cover the relevant assessment criteria and ranges provided in the record of assessment (where applicable).

- a. Carrying out pre-exercise screening with two different disabled clients (*AC2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8*)
- b. Teaching and instructing a planned, adapted physical activity session for two different disabled clients (*AC5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9*)

The following range statements must be achieved in practical observations: *R1, 2, 3, 4, 6*

3. Verbal questioning of the candidate

Verbal questioning of the candidate's knowledge and understanding must be evidenced in the candidate's Record of Assessment and must cover the following assessment criteria: *AC1.1, 1.2, 1.3, 1.4, 1.5*

Guidance on practical observations

A minimum of **two real class participants** must be used. The rest of the participants may be simulated by members of the peer group. Peer group members must be briefed by the tutor or assessor prior to the assessed practical observations. There should be a minimum of 6 people participating in the session.

Unit UV30521

Adapting physical activity for disabled clients

Record of assessment

The candidate will be guided in how to achieve the learning outcomes by their tutor or assessor, who will observe their practical work and assess their knowledge and understanding. All assessment criteria must be met with evidence clearly documented in the candidate's portfolio.

Name of candidate	VTCT number

AC	Knowledge requirements	Portfolio reference
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Understand pre-exercise screening for disabled clients

1.1	Explain the considerations when establishing and developing an effective working relationship with disabled clients, carers and personal assistants	
1.2	Explain the added importance of pre-exercise screening for disabled clients and the legal and ethical responsibilities placed on the instructor	
1.3	Outline the types of information which need to be provided for healthcare professionals in cases of referral	
1.4	Explain how to use pre-exercise screening to risk stratify disabled clients and manage the risks during physical activity	
1.5	Clarify contraindications and special precautions specific to disabled clients	

Understand programme design and management for disabled clients

3.1	Explain the variables of exercise applied to disabled clients in both individual and group settings	
3.2	Outline the considerations when analysing and adapting movement for disabled client focussed programmes	
3.3	Outline the guidelines to consider when planning training components for disabled clients	
3.4	Explain the need for the integration of step by step functional movement patterns and activities into all sessions	
3.5	Outline the factors that may assist disabled clients to participate and adhere to regular physical activity	
3.6	Outline the types of physical limitations associated with disabilities that may lead to injury and will need specific adaptation for exercise	

Bold type font that appears in the 'practical observation by assessor' table relates to the range that must be covered. Range statements are explained in the 'Range' section of this document.

AC	Practical observations	Date of observation & Assessor initials	Portfolio reference	Date of observation & Assessor initials	Portfolio reference
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Be able to carry out pre-exercise screening with disabled clients

2.1	Use communication and interpersonal skills to establish and maintain an effective rapport with disabled clients, carers and personal assistants				
2.2	Collect and record information about disabled clients using safe and appropriate methods				
2.3	Assess collected information on disabled clients, judging their suitability for physical activity				
2.4	Clarify whether disabled clients need to be referred to appropriate healthcare professionals				
2.5	Liaise with carers, personal assistants and healthcare professionals for specific client advice, if necessary				
2.6	Gain disabled clients' informed consent to participate in functional assessments and physical activity sessions				
2.7	Use communication and interpersonal skills to respond to common physical and psychological barriers to physical activity				
2.8	Plan and agree short and long term goals that are appropriate for disabled clients and their level of physical ability				

Be able to plan adaptations to physical activity programmes for disabled clients

4.1	Plan the structure of physical activity sessions for disabled clients				
4.2	Plan objectives, activities, formats and teaching techniques that are appropriate to disabled clients (including the adaptation or exclusion of contraindicated exercise)				
4.3	Select appropriate equipment for disabled clients' needs				

Be able to safely teach and instruct physical activity to disabled clients

5.1	Create a safe and disability-friendly exercise environment for physical activity (e.g. use of equipment, music)				
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5.2	Clarify how to recognise and respond to medical warning signs and emergency situations				
5.3	Use effective teaching and instructing skills to deliver planned activities to disabled clients, adapting exercise variables as necessary				
5.4	Correct poor exercise technique throughout the session				
5.5	Maintain the disabled clients' motivation using safe and appropriate techniques				
5.6	Progress physical activity against agreed goals and adjust the programme accordingly				
5.7	Assess, monitor and manage risk effectively throughout the programme				
5.8	Collaborate effectively with carers and personal assistants throughout the programme, ensuring disabled clients receive personal and medical support				
5.9	Liaise appropriately with disabled clients regarding the management of assistance animals				

Be able to evaluate the effectiveness of the session, identifying improvements

6.1	Carry out a formative self-evaluation of teaching and instructing				
6.2	Propose personal improvements to improve future performance				

Range

The ranges below indicate what learners must cover in their portfolios of evidence and practical observations. In simple terms, range statements indicate the elements that must be covered to achieve this unit. Assessors must ensure that learners have met the required range statements in addition to the unit's assessment criteria.

Pre-exercise screening ranges:

The learner must carry out pre-exercise screening for at least two of the following disabled clients:

R1	Disabled clients	Date of observation & Assessor initials	Portfolio reference
A	With a physical disability		
B	With a learning disability		
C	With a hearing impairment		
D	With a visual impairment		

The learner must collect and record all of the following information from disabled clients:

R2	Information	Date of observation & Assessor initials	Portfolio reference
A	Personal goals and objectives		
B	Current level of functional ability		
C	Requirements for access		
D	Available support and personal requirements		
E	Preferred communication methods		
F	Safety requirements		
G	Medical requirements		
H	Equipment requirements		
I	Exercise history		
J	Barriers to participation		

The learner must collect and record information using all of the following methods:

R3	Methods	Date of observation & Assessor initials	Portfolio reference
A	Consulting with the client		
B	Consulting with carers / personal assistants		
C	Consulting with other professionals		
D	Functional assessment		

E	Observation		
F	Feedback		

The learner must plan and agree short and long term goals for all of the following:

R4	Goals	Date of observation & Assessor initials	Portfolio reference
A	Physical / functional		
B	Psychological		
C	Social		
D	Lifestyle		
E	Adherence		

Planning ranges:

The learner must plan an adapted physical activity programme for at least two of the following disabled clients:

R5	Disabled clients	Date of observation & Assessor initials	Portfolio reference
A	With a physical disability		
B	With a learning disability		
C	With a hearing impairment		
D	With a visual impairment		

Teaching and instructing ranges:

The learner must teach and instruct an adapted physical activity programme for at least two of the following disabled clients:

R6	Disabled clients	Date of observation & Assessor initials	Portfolio reference
A	With a physical disability		
B	With a learning disability		
C	With a hearing impairment		
D	With a visual impairment		

All assessment criteria achieved for this unit		
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Assessor signature	Assessor number	Date

Internal verification record (if applicable)		
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Internal verifier signature	Internal verifier number	Date

Record of assessment – Assessor to complete

Registered assessor unit record

Assessor name	
Assessor number	

I (the registered assessor) confirm by signature that all assessment criteria have been achieved and examinations passed (where applicable) for the following units.

Unit	Assessor signature	Assessor number	Date
UV30520			
UV30521			

The following table must be completed by all assessors who have signed-off assessment criteria as complete.

Assessor name	Assessor initials	Assessor signature	Assessor number

Record of assessment – *Internal verifier to complete (if applicable)*

Registered internal verifier (IV) unit record

IV name	
IV number	

I (the registered internal verifier) confirm by signature that all assessment criteria have been achieved and examinations passed (where applicable) for the following units.

Unit	Assessor signature	Assessor number	Date
UV30520			
UV30521			

Record of assessment – *External verifier to complete (if applicable)*

Registered internal verifier (EV) unit record

EV name	
EV number	

I (the registered external verifier) confirm by signature that all assessment criteria have been achieved and examinations passed (where applicable) for the following units.

Unit	Assessor signature	Assessor number	Date
UV30520			
UV30521			

Practical observation feedback sheets

Name of candidate:

VTCT number:

Date of observation:

Unit code:

Assessors feedback on observation: *Competent / Not yet competent*

Action plan:

Assessor signature:

Assessor number:

Candidate signature:

Date of observation:

Unit code:

Assessors feedback on observation: *Competent / Not yet competent*

Action plan:

Assessor signature:

Assessor number:

Candidate signature:

Name of candidate:

VTCT number:

Date of observation:

Unit code:

Assessors feedback on observation: *Competent / Not yet competent*

Action plan:

Assessor signature:

Assessor number:

Candidate signature:

Date of observation:

Unit code:

Assessors feedback on observation: *Competent / Not yet competent*

Action plan:

Assessor signature:

Assessor number:

Candidate signature:

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