|  |  |  |  |
| --- | --- | --- | --- |
| **Learner name:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| 1. **Complete the table by giving two examples of age-related body system changes and their influences on the planning and delivery of exercise programmes** | | |
| **Body system changes** | **Influence on planning** | **Influence on delivery** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **2. Complete the following table to give an explanation of how evidence-based guidelines will impact on the planning and delivery of exercise session components** | |
| **Component** | **Impact of evidence-based guideline on planning and delivery of exercise** |
| **Muscular strength, power and endurance** | **Planning:** |
| **Delivery:** |
| **Flexibility** | **Planning:** |
| **Delivery:** |
| **Aerobic power and endurance** | **Planning:** |
| **Delivery:** |
| **Metabolic function** | **Planning:** |
| **Delivery:** |
| **Motor skills** | **Planning:** |
| **Delivery:** |

|  |
| --- |
| **3. Explain the need for the following** |
| **Pre-exercise health screening** |
| **Assessment of functional capacity** |

|  |
| --- |
| **4. Describe how to set person-centred SMART goals.** |
|  |

|  |  |
| --- | --- |
| **5. Give three seasons for planning a progressive programme** | |
| 1 |  |
| 2 |  |
| 3 |  |

|  |  |  |
| --- | --- | --- |
| **6. Complete the table below, outlining the differences between current and previous physical activity and exercise guidelines for independently active, older people (please reference the two sets of guidelines you are comparing)** | | |
|  | **Current guidelines** | **Previous guidelines** |
| **Frequency** |  |  |
| **Intensity** |  |  |
| **Time** |  |  |
| **Type** |  |  |
| **Reference** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. Complete the table below, applying the principles of training to each component of physical fitness for the independently-active, older person** | | | | |
| **Component** | **Frequency** | **Intensity** | **Time** | **Type** |
| **Cardiovascular** |  |  |  |  |
| **Muscular fitness** |  |  |  |  |
| **Flexibility** |  |  |  |  |
| **Motor skills** |  |  |  |  |

|  |  |
| --- | --- |
| **8. Give an example of a prevalent disease and complete the table to show how a programme may need to be adapted** | |
| **Name of the prevalent disease:** | |
| **Adaptation of the structure** |  |
| **Adaptations to the content** |  |
| **Adaptations to the room layout/equipment** |  |
| **Adaptations to communication strategies** |  |

|  |  |  |
| --- | --- | --- |
| **9. Give an example of when communication would need to be adapted and complete the table to show how you would adapt verbal and non-verbal communication** | | |
| **Reason adaptation is required** | **Example of verbal adaptation** | **Example of visual adaptation** |
|  |  |  |

|  |
| --- |
| **10. Give an example of when the speed of an exercise needs to be adapted to ensure safety and effectiveness when teaching older people** |
|  |

|  |
| --- |
| **11. When teaching older people, explain how to ensure safe transitions between the following:** |
| **Session components** |
| **Exercises** |

|  |
| --- |
| **12. Give an example of a functional impairment and explain how instruction may need to be adapted accordingly.** |
|  |

|  |  |
| --- | --- |
| **13. Complete the below table, identifying appropriate, age-friendly resources for the older person** | |
| **Age-friendly environment** | **Age-friendly equipment** |

**Assessor feedback sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s name: |  | Assessor’s name: |  |

|  |  |
| --- | --- |
| **Criteria number** | **Assessor feedback** |
|  |  |

**Final result**: Pass Refer

I can confirm that the information within this worksheet is entirely my own work.

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* | | | |
| Assessor’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* | | | |
| IAQ’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* | | | |