**Client Profile**

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| --- | --- | --- | --- |
| Learner’s Name: |  | Date: |  |
| Assessor’s Name: |  | Date: |  |

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| --- | --- | --- | --- |
| Client’s Name: |  |  |  |
| Client’s Age: |  | Clients gender: |

Fitness level: low/medium/high Exercise experience: low/medium/high Positive PARQ: yes/no

|  |
| --- |
| **Definition/main characteristics of condition (s):** |
|  |
| **Medication(s):** |
|  |
| **SMART Goals:** |
|  |
| **Findings from functional assessments:** | |
|  | |
| **Implications of condition(s), medication(s) and functional assessments for exercise:** | |
| Warm-up/cool down: | |
| Cardiovascular (including %HR/RPE): | |
| Resistance: | |
| Stretch: | |

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| --- | --- | --- | --- |
| Learner’s Name: |  | Date: |  |
| Assessor’s Name: |  | Date: |  |

**Progressive Programme**

Please show the anticipated path of your disabled client through either 3, 6 or 12 months of exercise, showing the whole programme in month one, then changes in frequency, intensity, time and type of exercise over the subsequent months. If your exercise specialism does not really cover any given component of fitness below, suggest alternative exercise formats that you could refer your client on to (e.g., Pilates instructors could refer a client to the gym for CV work.)

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Month 1 | Month 2/3/6  (delete as appropriate) | Month 3/6/12  (delete as appropriate) |
| Cardiovascular (including %HR/RPE) |  |  |  |
| Muscular endurance |  |  |  |
| Muscular strength |  |  |  |
| Flexibility/range of movement (ROM) |  |  |  |
| Balance |  |  |  |
| Co-ordination |  |  |  |
| Other |  |  |  |

**Health and safety plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Venue: |  | Date: |  |

|  |  |
| --- | --- |
| Learner’s name: |  |
| Client’s name: |  |

|  |
| --- |
| **Description of client requirements/needs** |
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| **Considerations/modifications with regard to venue access** |
|  |
| **Considerations/modifications with regard to equipment/environment** |
|  |
| **Considerations/modifications with regard to emergency procedures** |
|  |

**Session Plan**

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

For each component, list the exercises, time, intensity and use of equipment/body weight. List the alternatives and methods of communication/teaching skills that are most appropriate to the disabled client.

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| --- | --- | --- | --- |
| **Warm-up** | | | |
|  | | | |
| **Main workout** | | | |
|  | | | |
| **Cool down** | | | |
|  | | | |
| Learner’s Name: |  | Date: |  |
| Assessor’s Name: |  | Date: |  |
| IQA name: |  | Date: |  |