**Case Study – Older Adult**

**Client consultation record (older adult)**

**Gym-based programme planning and preparation (D/616/7950)**

**Assessment element 6**

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| **Client’s name**  | **Age**  | **Gender** |
| Mrs Vivien Robinson  | 65  | Female |
| **Description of lifestyle, to include: family, occupation, hobbies etc** |
| Vivien is a grandmother of 3 who is recently retired. Now she is retired she has a little spare time and would like to make fitness and activity a hobby. Other hobbies include bowling with her friends and reading, alongside looking after her grandchildren.Vivien is very keen to stay active and healthy so she can continue to look after her grandchildren. She wants to manage her weight and do a little resistance training in particular as she is aware it can assist with posture, and she has a family history of diabetes and arthritis, although to date she hasn’t been affected. |
| **Description of present exercise and physical activitylevels (apply FITT where appropriate)** | **Description of past exercise and physical activity levels(apply FITT where appropriate)** |
| Frequency: bowling x1 per week, walking x3 per weekIntensity: light to moderateTime: bowling 2 hours, walking 30-45 minutesType: mostly light cardiovascular | Very active as a ‘young person’ but less so for the past10 years. |
| **Client’s activity likes and dislikes** |
| **Likes:**  | **Dislikes:** |
| Walking and her bowling hobbyThinks she would enjoy group classes as well as the gym although she’s never tried them. She’s willing togive most activity a try | SwimmingJogging |

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| **Client PAR-Q/PAR-Q + completed and informedconsent explained: YES/NO** | **Did the client answer YES to any PAR-Q/PAR-Q +questions? NO** |
| Analysis of PAR-Q/PAR-Q + responses and actions if applicable.Although Vivien didn’t answer yes to anything on the form, she is concerned about her family history of arthritisand diabetes. |
| **Results from health assessments (conduct the physical measurements/assessments as appropriate to theclient and goals)** |
| **Test**  | **Results** |
| Resting heart rate  | 73 |
| Blood pressure  | 125/85 |
| Height and weight  | 1.57m71kg |
| BMI  | 28.8 |
| Waist circumference  | 87 cm |
| Waist to hip ratio |  |
| **LEARNER TO COMPLETE**1) Results analysis – list any considerations for the programme based on the above consultation form.2) State whether you think the client should be referred to an appropriate professional prior to takingpart in physical activity, giving your reasons for referral (you may also utilise risk analysis tools such asACSM/Irwin and Morgan). |
| 1:2: |

**Appendix 3b**Case study (Younger person)

**Gym programme card**

**Gym-based programme planning and preparation (D/616/7950)**This blank card should be photocopied to provide further programmes for the range of clients in
element 6, which includes a young person and an older adult.

**Note**: All components may not be suitable for some clients.

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| Learner’s name: |
| Client’s name: Mrs Vivien Robinson  |
| Training goals: |
| Date: |

**Warm up – component length:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Overview of content, includingmobility, pulse raising (CVmachine as needed) andcomponent length** | **Equipment andduration** | **Level/speed**  | **RPE/HR**  | **Adaptations oralternatives** |
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| **Preparatory stretches – list static and/or dynamic stretches here** |
| List muscle groups to stretch dynamically here: |

**Resistance training component length:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Exercise/machine**  | **Resistance**  | **Reps**  | **Sets**  | **Rest**  | **Adaptations or alternatives tosuit client** |
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| **Body weight exercise (including any functional/motorskills exercises appropriate for the client)** | **Sets/reps/rest or duration of activity** |
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**Cardiovascular training (1 or more machine) – component length: ­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Equipment and approach**  | **Programmetimings** | **Level/speed**  | **RPE/HR**  | **Adaptations oralternatives to suit client** |
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**Cool down/flexibility – component length: ­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Cool down (if a re-warm or pulse lowering phase is required please detail in the space below)** |
| **CV machine (asneeded)** | **Time and intensity range** |
|  |  |
| **Post-workout stretches – indicate which stretches are maintenance (M) or developmental (D)** |
| List additional stretches here: |
| **Suggest other activities the client may be interested in within the fitness facility to complement theirprogramme.** |
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| **Programme review dates.** |
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Programming for client and from case studies assessment record and feedback (Assessor)

Gym-based programme planning and preparation (D/616/7950)

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| Learner’s name: |  | Date:  |  |
| Assessor’s name: |  | IQA’s name: |  |

**The learner needs to achieve Pr1 through Pr6 to gain an overall pass in this section.** Questioning is not permitted to confirm competence of practical skill. If the learner fails to meet the requirements of this section in full, they will need to be reassessed on this component of the session.

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| **Programme**  |
| The learner demonstrated that they:**Pr1: Interpreted client information from consultation and screening for 2 clients (older adult, younger person) to select appropriate gym-based exercises to develop components of fitness, to include:*** **cardiovascular fitness**
* **muscular fitness**
* **flexibility**
* **motor skills and functional ability**

**Pr2: Suggested some appropriate activities to complement the client’s programme according to their interests and goals.****Pr3: Planned realistic timings for each component within the programme.****Pr4: Planned safe and effective warm ups and cool downs including appropriate mobility/stretching.** **Pr5: Identified methods of training suitable for the individual client for each component as appropriate****Pr6:** **Recorded programme plans in an appropriate format.** |
| **Assessor name:** |  | **Assessor signature:** |  |
| **Older Adult Outcome** | **PASS/REFER** | **Date** |  |
| **Assessment Element 6 Case Study Programme Cards Assessor feedback: Older Adult:** |