

## Design, implement and evaluate an exercise programme for an identified special population

**Level** 5

**Credits** 10

**Purpose** This unit standard is designed for exercise professionals who wish to specialise in working with individuals from one or more special populations.

People credited with this unit standard are able to design, implement, and evaluate an exercise programme for an individual from an identified special population.

**Subfield** Fitness

**Domain** Exercise Prescription

**Status** Registered

**Status date** 12 February 2010

**Date version published** 12 February 2010

**Planned review date** 31 December 2013

**Entry information** Open.

**Replacement information** This unit standard replaced unit standard 7030.

**Accreditation** Evaluation of documentation and visit by NZQA and industry.

**Standard setting body (SSB)** Skills Active Aotearoa Limited

**Accreditation and Moderation Action Plan (AMAP) reference** 0099

This AMAP can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

---

### Special notes

- 1 Range  
A minimum of three exercise programmes for people from the same special population which include: diabetes, cardiovascular disease, obesity, bone and joint conditions, respiratory conditions, pregnancy and new mothers, older people and seniors, children and adolescents.

- 2 Risk stratification should identify those suitable for low to moderate intensity exercise and those for whom medical clearance is required.
- 3 Definitions

*Programme* means an exercise programme prescribed for a minimum of 12 weeks duration or at least two appropriate programme progressions.

*ACSM exercise guidelines* refer to the American College of Sports Medicine. *ACSM's resource manual for guidelines for exercise testing and prescription*, Philadelphia, PA: Lippincott Williams & Wilkins. Latest edition.

A *special population* is defined as an individual or group with medical conditions or special needs that will necessitate additional instructor expertise to ensure appropriate exercise prescription, supervision and monitoring.

*Organisational requirements* refer to policy and procedures of the fitness facility and include compliance with applicable legislation, standards, and codes.

---

## Elements and performance criteria

### Element 1

Design an exercise programme for an individual from an identified special population.

### Performance criteria

- 1.1 The information required to make judgements and prescribe exercise is obtained and documented to meet organisational requirements and ACSM exercise guidelines.  
  
Range      personal details, general medical details, status of disease (latest monitoring results and prognosis), health status (including injuries and medications), lifestyle details, exercise habits, exercise intentions, exercise preferences, medical clearance, contraindications.
- 1.2 Risk factors are identified and judgements are made on exercise risk, special precautions and programme design factors in accordance with ACSM guidelines.
- 1.3 Programme design meets individual's needs.
- 1.4 Where necessary, communication with health professional to confirm programme design and medical status is undertaken and documented.
- 1.5 Changes are made to the programme according to any health professional advice.

## Element 2

Implement exercise programme for an individual from an identified special population.

### Performance criteria

- 2.1 Current health and wellness status of the individual is assessed and baseline measures for evaluating subsequent progress are obtained.
- Range questionnaires, subjective evaluations, physiological assessments, functional tests.
- 2.2 Programme is presented to individual and instruction follows in accordance with organisational requirements.
- 2.3 Acute exercise responses to programme safety precautions are monitored.
- Range positive, negative.

## Element 3

Evaluate exercise programme for an individual from an identified special population.

### Performance criteria

- 3.1 Acute responses are monitored against programme safety precautions and adjustments are made to programme to meet exercise risk, special precautions, and programme design factors in accordance with ACSM guidelines.
- 3.2 Adherence and chronic adaptations are regularly monitored against programme goals and adjustments are made to accommodate progress and to optimise programme effectiveness.
- Range positive, negative.
- 3.3 Comparison of design and implementation of programme with programme outcomes identifies any areas for improvement and or adjustment.
- 3.4 Review of programme rationale identifies any areas for correction and modification.

---

### Please note

Providers must be accredited by NZQA, or an inter-institutional body with delegated authority for quality assurance, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be accredited by NZQA before they can register credits from assessment against unit standards.

Accredited providers and Industry Training Organisations assessing against unit standards must engage with the moderation system that applies to those standards.

Accreditation requirements and an outline of the moderation system that applies to this standard are outlined in the Accreditation and Moderation Action Plan (AMAP). The AMAP also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.

---

### **Comments on this unit standard**

Please contact Skills Active Aotearoa Limited [info@skillsactive.org.nz](mailto:info@skillsactive.org.nz) if you wish to suggest changes to the content of this unit standard.