

<b>Title</b>	<b>Demonstrate knowledge of exercise prescription for children and adolescents</b>		
<b>Level</b>	<b>5</b>	<b>Credits</b>	<b>5</b>

<b>Purpose</b>	<p>This unit standard is designed for exercise professionals who wish to specialise in working with children and adolescents.</p> <p>People credited with this unit standard are able to: explain children and adolescents in gyms in terms relevant to an exercise professional; explain acute physiological responses of children and adolescents to exercise variables; explain chronic physiological adaptations of children and adolescents to regular exercise; describe the process followed when working with children and adolescents; and identify environmental and social factors and behavioural influences that enhance the uptake of exercise as well as on-going adherence.</p>
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<b>Classification</b>	Fitness > Exercise Prescription
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<b>Available grade</b>	Achieved
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### Guidance Information

- 1 This unit standard applies to children from 6 to 12 years of age and adolescents from 13 to 18 years of age visiting fitness and exercise facilities, referred to as *gyms*. It excludes outdoor recreation, sports or pool related activities, and exercise facilities that are provided on school grounds and only open to students. Adolescents 17 and 18 years of age who also possess a physical development age of 17 years or older can be treated as adults in terms of exercise prescription.
- 2 Exercise prescription guidelines for children and adolescents include:  
 Fitness New Zealand. 2009. *Guidelines for Children in Exercise Facilities*. Available at <http://www.fitnessnz.co.nz>;  
 American College of Sports Medicine. 2006. *Guidelines for Exercise Testing and Prescription for Kids and Elderly*. Philadelphia PA. Lippincott, Williams & Wilkins.

### Outcomes and performance criteria

#### Outcome 1

Explain children and adolescents in gyms in terms relevant to an exercise professional.

**Performance criteria**

- 1.1 Consumer and privacy protection law relevant to minors is explained in terms relevant to membership contracts and personal information including the need for parental consent.
- 1.2 Risk factors associated with children and adolescents in gyms are explained in terms of managing risk.
- Range pre-screening forms, qualified and suitably checked staff, activities, age, staff supervision rates.
- 1.3 Physiology of children and adolescents is related to limitations, precautions and considerations for exercise.
- Range thermal stress; postural risk; musculo-skeletal risk; changes occurring relevant to biological age and developmental stage of child or adolescent.

**Outcome 2**

Explain acute physiological responses of children and adolescents to exercise variables.

Range exercise variables – duration, intensity, frequency, type of exercise.

**Performance criteria**

- 2.1 Positive and negative impacts of exercise variables on children and adolescents are explained in terms of acute physiological responses.

**Outcome 3**

Explain chronic physiological adaptations of children and adolescents to regular exercise.

**Performance criteria**

- 3.1 Physiological adaptations for children and adolescents to regular exercise are explained in relation to exercise types.
- Range physiological adaptations – positive, negative; exercise types – interval, continuous, resistance, plyometric, circuit, aqua, land, weight bearing, non-weight bearing, aerobic, anaerobic.
- 3.2 Regular exercise for children and adolescents is explained in terms of psychological and physical factors.

**Outcome 4**

Describe the process followed when working with children and adolescents.

**Performance criteria**

4.1 The information required in order to make judgements and prescribe exercise for children and adolescents is described.

Range personal details, general medical details, status of current activity levels, health status (including injuries and medications), lifestyle details, exercise history, exercise intentions, exercise preferences.

4.2 Exercise prescription for children and adolescents is described in terms of the risks and benefits of exercise and the safety considerations.

Range safety considerations must include – absolute and relative contra-indications, modes of exercise that are unsuitable, intensities and durations that are unsuitable, frequencies that are unsuitable, signs that exercise should be modified or ceased, conditions where medical supervision is required; risks must include – immediate risks, risks of ongoing complications or damage.

4.3 An exercise programme for children and adolescents is described in terms of the frequency, intensity, time and type recommended in accordance with exercise prescription guidelines.

Range children aged 6-8 years, children aged 9-12 years, adolescents aged 13-18 years.

**Outcome 5**

Identify environmental and social factors and behavioural influences that enhance the uptake of exercise as well as ongoing adherence.

**Performance criteria**

5.1 Environmental and social factors that may increase or decrease the ease with which children and adolescents engage in and adhere to exercise are identified.

Range environmental factors – positive, negative; social factors – positive, negative.

5.2 Behaviour changes that may occur and ways of reinforcing or overcoming those changes in children and adolescents are identified.

Range behaviour changes – positive, negative.

<b>Replacement information</b>	This unit standard replaced unit standard 7034.
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**This unit standard is expiring. Assessment against the standard must take place by the last date for assessment set out below.**

**Status information and last date for assessment for superseded versions**

Process	Version	Date	Last Date for Assessment
Registration	1	12 February 2010	31 December 2024
Review	2	26 January 2023	31 December 2024

<b>Consent and Moderation Requirements (CMR) reference</b>	0099
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.