

Title	Demonstrate knowledge of exercise prescription for people with obesity		
Level	5	Credits	4

Purpose	<p>This unit standard is designed for exercise professionals who wish to specialise in working with people with obesity.</p> <p>People credited with this unit standard are able to: explain obesity in terms relevant to an exercise professional; explain how obesity affects the acute physiological responses to exercise; relate the chronic physiological adaptations of obese people to regular exercise; describe the process followed when working with obese people; and identify environmental and social factors and changes in behaviour that enhance adherence to exercise.</p>
----------------	---

Classification	Fitness > Exercise Prescription
-----------------------	---------------------------------

Available grade	Achieved
------------------------	----------

Explanatory notes

- 1 Definitions**

The Ministry of Health defines *obese* as Māori and Pacific adults with a body mass index (BMI) > 31.9, and European, Asian and other adults with a BMI > 29.9.

Exercise types include – interval, continuous, resistance; and also may include – plyometric, circuit, aqua, land, weight bearing, non-weight bearing, aerobic, anaerobic.

Low intensity exercise is defined as a rate of perceived exertion (RPE) (from the 1-10 RPE scale) of <3.

Moderate intensity exercise is defined as a RPE of 3-5.
- 2 Risk stratification** should identify those suitable for low to moderate intensity exercise and those for whom medical clearance is required.
- 3 Exercise prescription guidelines** for obese adults include:
 American College of Sports Medicine, *Guidelines for Exercise Testing and Prescription* (Philadelphia, PA: Lippincott Williams & Wilkins, 2009), ISBN: 0-7817-4506-3;
 American College of Sports Medicine, *ACSM's Resources for the Personal Trainer* (Philadelphia, PA: Lippincott Williams & Wilkins, 2006), ISBN: 0-7817-9053-0, available at <http://www.acsm.org>.
- 4 Additional resources** from the following organisations can be found at their websites:
 Canadian Society for Exercise Professionals, <http://www.csep.ca>;
 Fight the Obesity Trust NZ, <http://www.foe.org.nz>.

Outcomes and evidence requirements

Outcome 1

Explain obesity in terms relevant to an exercise professional.

Evidence requirements

1.1 Obesity risk factors are explained.

Range risk factors must include – age, family history, cholesterol level, activity level, hypertension, diabetes, cardiovascular disease.

1.2 The physiology of obesity is explained in terms of limitations, precautions and considerations for exercise.

Range limitations, precautions and considerations for exercise must include – psycho-social, cardiovascular, injury, thermoregulation.

1.3 The role of key medical professionals monitoring obesity and the diagnostic information they routinely collect are explained.

Range diagnostic information must include – BMI, waist circumference.

Outcome 2

Explain how obesity affects the acute physiological responses to exercise.

Evidence requirements

2.1 Positive and negative impacts of exercise in the presence of obesity are explained in terms of acute physiological responses.

Range exercise must include but is not limited to – duration, intensity, risk.

Outcome 3

Relate the chronic physiological adaptations of obese people to regular exercise.

Range exercise must include but is not limited to – duration, intensity, risk.

Evidence requirements

3.1 The chronic physiological adaptations of obese people to regular exercise are explained in terms of related risk factors and metabolic function.

3.2 Exercise prescription for obese people is described in terms of benefits of regular exercise.

Range benefits include – psychological, social, physical.

Outcome 4

Describe the process followed when working with obese people.

Evidence requirements

- 4.1 The information required in order to make judgements and prescribe exercise for obese people is described.

Range personal details, medical history, status of disease (stability and latest monitoring results and prognosis), health status (including injuries and medications), lifestyle details, exercise history, exercise intentions, exercise preferences, medical clearance, contraindications.

- 4.2 Exercise prescription for obese people is described in terms of the risks of exercise and the specific safety considerations.

Range safety considerations must include – absolute and relative contraindications, modes of exercise that are unsuitable, intensities and durations that are unsuitable, frequencies that are unsuitable, signs and symptoms that an exercise session should be terminated, conditions where medical supervision is required; risks must include – immediate risks, risks of ongoing complications or damage.

- 4.3 Guidelines for exercise prescription for obese people are described in terms of the recommended frequency, intensity, time and type.

Range guidelines sourced from – American College of Sports Medicine (ACSM), Fight the Obesity Trust NZ.

Outcome 5

Identify environmental and social factors and changes in behaviour that enhance adherence to exercise.

Evidence requirements

- 5.1 Environmental and social factors that may increase or decrease the ease with which an obese person can engage in, and adhere to, exercise are identified.

Range environmental and social factors – positive, negative.

- 5.2 Behaviour changes that may occur and ways of reinforcing or overcoming those changes in obese people are identified.

Range behaviour changes – positive, negative.

Planned review date	31 December 2013
----------------------------	------------------

Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	20 August 2010	N/A

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

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

Please note

Providers must be granted consent to assess against standards (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 granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.

Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.

Consent 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 if you wish to suggest changes to the content of this unit standard.