

<b>Title</b>	<b>Demonstrate knowledge of exercise prescription for people with obesity</b>		
<b>Level</b>	<b>5</b>	<b>Credits</b>	<b>4</b>

<b>Purpose</b>	<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>
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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 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>.

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## Outcomes and performance criteria

### Outcome 1

Explain obesity in terms relevant to an exercise professional.

#### Performance criteria

- 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.

#### Performance criteria

- 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.

#### Performance criteria

- 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.

### Performance criteria

- 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.

### Performance criteria

- 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.

**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	20 August 2010	31 December 2024
Review	2	26 January 2023	31 December 2024

**Consent and Moderation Requirements (CMR) reference**

0099

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