

<b>Title</b>	<b>Assess individual fitness for activity</b>		
<b>Level</b>	<b>4</b>	<b>Credits</b>	<b>6</b>

<b>Purpose</b>	<p>People credited with this unit standard are able to: prepare for client fitness assessment; prepare client for fitness assessment; carry out assessments of body dimensions and body composition; explain and carry out a submaximal predictive test of cardiovascular capacity using a specified protocol; interpret and communicate assessment results to the client including referral of any at-risk clients to other health and/or fitness professionals; and maintain records of assessment results, and apply principles of test-retest reliability.</p>
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<b>Classification</b>	Fitness > Fitness Assessment and Individual Fitness Instruction
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<b>Available grade</b>	Achieved
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<b>Prerequisite</b>	Unit 6401, <i>Provide first aid</i> , or demonstrate equivalent knowledge and skills.
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### Guidance Information

- 1 Fitness assessment information on New Zealand norms for anthropometric data and on skinfold sites and measurement techniques is presented in two booklets available from the Life in New Zealand (LINZ) Activity and Health Research Unit, University of Otago, PO Box 56, Dunedin. They are:
  - a Wilson, NC, Russell, DG, and Wilson BD. (1993). *Body Composition of New Zealanders*. Dunedin: LINZ Activity & Health Research Unit, University of Otago.
  - b Wilson, NC, Russell, DG, and Wilson, BD. (1993). *Size and Shape of New Zealanders*. Dunedin: LINZ Activity & Health Research Unit, University of Otago.
 Further information is available in the standards issued by the International Society for the Advancement of Kinanthropometry (ISAK); *ISAK International Standards for Anthropometric Assessment*, 2001, available through the ISAK website: [www.isakonline.com](http://www.isakonline.com).
- 2 Competence in this unit standard requires knowledge of the hierarchy of controls outlined in the Health and Safety in Employment Act 1992 (HSE) and subsequent amendments: elimination of significant hazards; isolation of significant hazards when elimination is not possible; and minimisation of significant hazards where elimination and isolation are not possible. Facility and organisation safety requirements must conform to the HSE.

- 3 Competence in this unit standard requires knowledge of relevant provisions of the Privacy Act 1993, and subsequent amendments in relation to handling and storage of client assessment records. Facility and organisation record management practices must conform to the Act.
- 4 Competence in this unit standard requires knowledge of the American College of Sports Medicine (ACSM) Risk Categories for evaluating whether or not a medical evaluation and graded stress test is desirable prior to commencing an activity programme.
- 5 This unit standard excludes maximal or graded stress tests.
- 6 Recommended resources include:
- a Handcock, Phil J. (1994). *Techniques of Fitness Assessment: The living manual*. Auckland: Fitness Concepts.
  - b Handcock, Phil J, and Knight, Brenda. (1994). *Field Testing Manual for Sports*. Wellington. NZ Sport Science and Technology Board and Coaching NZ.
  - c Howley, ET, and Franks, BD. (2003). *Health Fitness Instructor's Handbook* (4th ed). Champaign, IL: Human Kinetic.
  - d Skinner, James S (ed). (2005). *Exercise Testing and Exercise Prescription for Special Cases: Theoretical basis and clinical application* (3rd ed). Philadelphia, PA: Lippincott Williams & Wilkins.
  - e American College of Sports Medicine. (2005). *ACSM's Resource Manual for Guidelines for Exercise Testing and Prescription* (5th ed). Philadelphia, PA: Lippincott Williams & Wilkins.
  - f Norton, K, and Olds, T (eds). (1996). *Anthropometrica: A textbook of body measurement for sports and health courses*. Sydney: University of NSW Press.
- 7 Definitions
- Documented procedures* refer to any commonly accepted procedure that is documented within the reference materials cited in the above special notes.
- PAR-Q* refers to the *Physical Activity Readiness Questionnaire*.

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## Outcomes and performance criteria

### Outcome 1

Prepare for client fitness assessment.

### Performance criteria

- 1.1 Preparation of assessment area and materials optimises client comfort, privacy and confidence in the assessor and assessment process.

Range layout, cleanliness and privacy of assessment room and environment, availability of room, format and presentation of assessment materials, availability of all required materials, applicable provisions of the Privacy Act.

1.2 The importance of thorough preparation and professional presentation of the assessor is explained.

Range assessor presentation and punctuality, assessor familiarity with materials to be used, ability of assessor to explain assessment and assessment procedures in language the client understands.

1.3 Appropriate ways to physically interact with clients are described.

Range cultures – Pākehā, Māori, and one other cultural group; individual client characteristics – age, gender, disability.

1.4 Communication barriers that can arise when interacting with clients are identified and preventative/coping strategies available to the assessor are described.

Range barriers – verbal (language, volume, pace and pitch) non-verbal (stance, gestures, eye contact), age, gender, culture, disability, physical presentation (for example, dress and appearance), behaviour; preventative/coping strategies – tone, pitch and pace of voice, language used, body language displayed, assessment room set up or adjustment, open questioning to gain understanding of client position/views/needs/interests, reflective listening and questioning to check client understanding of assessment, assistance sought from more highly qualified and experienced personnel when required.

## Outcome 2

Prepare client for fitness assessment.

### Performance criteria

2.1 Rapport with client is established.

Range client name used; professional greeting used; appropriate physical proximity maintained between client and assessor; eye contact; positive body language displayed; tone, pace and pitch of voice; assessor name, position and qualification given; client offered the opportunity to discuss concerns/fears; client encouraged to give open and honest feedback; client informed of complaints procedure; client motivation for assessment and exercise discussed; reflective and active listening style used.

- 2.2 Completion of pre-screening ensures client safety.
- Range written PAR-Q – incorporates client’s current health status (injuries and illnesses), activity status, medical conditions, family history of illness/incidence of disease, medications;  
data collection – accurate measurement of blood pressure and pre-test heart rate at rest;  
verbal interview – client concerns discussed regarding information collected from screening questionnaires or any other items that may relate to their health;  
assessor decisions made – screening information confirms appropriate course of action which may include but is not limited to – continuation of the assessment, referral of client to medical professionals, seeking of further professional advice, checking of reference materials and/or guidelines.
- 2.3 The purposes and procedures for the planned testing are explained to client.
- Range information on testing procedures includes – the validity of the test, what the test is measuring, how the test is conducted, physical contact required, risk factors of the test, test reliability, how information will be presented, importance of the test to the exercise participant, information and dissemination practises, what is done with the information to ensure privacy of information (including storage).
- 2.4 Client’s rights are explained and testing is consented to by the client.
- Range right to non-participation, right of withdrawal, right to privacy.
- 2.5 Conditions relating to the client’s state and the environment are recorded prior to assessments being conducted.
- Range time of day, equipment used, assessor, special notes (any factors that could influence test-retest reliability).

### Outcome 3

Carry out assessments of body dimensions and body composition.

#### Performance criteria

- 3.1 Measurement tools and documentation required for completing body dimension and composition measurements are checked to ensure that they are ready for use.
- Range tape measurements, skinfold calipers and bodyfat percentage calculation sheets.

- 3.2 Client girth measurements using inelastic tape are taken according to documented procedures.
- Range must include but is not limited to – abdomen (navel level), hips, mid-thigh, biceps.
- 3.3 Measures of client body size are taken according to documented procedures.
- Range height, body weight.
- 3.4 Caliper measurement techniques for assessing body fat comply with documented procedures.
- Range technique – site selection, measure and mark skinfold grip, caliper handling, repeated measures, acceptable range between repeated measures;  
skinfolds must include but are not limited to – triceps, subscapular, abdominal, front of thigh.
- 3.5 All client measurements are recorded and stored according to the requirements of the Privacy Act.

#### **Outcome 4**

Explain and carry out a submaximal predictive test of cardiovascular capacity using a specified protocol.

- Range specified protocols may include at least one of – Åstrand-Rhyming Step Test, Harvard Step Test, Åstrand-Rhyming Cycle Ergometer Test, PWC170 Test, Rockport 1 Mile Walk Test, Cooper 12-minute Run Test, Multistage Fitness Test (Beep Test).

#### **Performance criteria**

- 4.1 Safety considerations of a submaximal testing protocol for assessing cardiovascular capacity are explained.
- Range safety considerations – risk management procedures, preparation instructions to client, indications for deferring or terminating the assessment, monitoring of client, set up, calibration, cleaning and maintenance of equipment.
- 4.2 A submaximal assessment of cardiovascular capacity is carried out according to documented assessment protocols.
- Range equipment preparation (including calibration where necessary), client preparation, determination of intensity level (if required), timing elements, recordings.

4.3 Client monitoring during testing meets client's safety needs, HSE and employer requirements.

Range heart rate (monitor and pulse taking), blood pressure (prior and during testing), visual observation, questioning (general, Rate of Perceived Exertion (RPE)), ensuring recovery protocol followed, final check of heart rate and blood pressure.

### Outcome 5

Interpret and communicate assessment results to the client, including referral of any at-risk clients to other health and/or fitness professionals.

Range assessment procedures used include blood pressure assessment, submaximal fitness assessment, body composition assessment.

### Performance criteria

5.1 Assessment results are processed according to protocol and calculation requirements.

5.2 Interpretation and feedback of assessment data meets client's needs in terms of comparison with normative data or client's baseline assessment results.

5.3 Communication of assessment data to the client uses basic language and is free of jargon.

Range information includes – results of assessment, usefulness of results, explanation of assumptions, client's fitness status, client's exercise risk, client's health risk.

5.4 Feedback from client is sought to ensure the assessment results were understood.

### Outcome 6

Maintain records of assessment results, and apply principles of test-retest reliability.

### Performance criteria

6.1 Recording of assessment information meets documented procedures for test and retest standardisation.

Range time of day, equipment used, assessor, special notes (any factors that could influence test-retest reliability at the time of either assessment).

6.2 Maintenance of assessment records and procedures for handling client information are explained.

Range maintenance of assessment records – accessibility, updates, completeness;  
 procedures for handling client information – storage, retrieval, disposal, privacy, and security, in accordance with the Privacy Act.

**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	27 June 1996	31 December 2020
Review	2	23 February 2000	31 December 2020
Review	3	20 April 2006	31 December 2020
Review	4	23 November 2017	31 December 2020

<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>.

*This unit standard is expiring*