



BCRPA Weight Training Module ICE Program Design Example

Form C-2

Program designs must be completed after successful completion of the Weight Training Specialty Module Course. **Make five copies of this form.** Complete programs for three scenarios and two real participants (see Form E). Provide your evaluator with these completed forms prior to your practical evaluation. A complete program card must be attached to each program design.

ICE Candidate Name:	Date:
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Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant
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A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		Clearance Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical/Physical Concerns Affecting Participation:			
Participant Availability (Days of Week, Time of Day, Duration of Each Session):			
List Other Assessment Methods Used:		Consultation Time Spent with Participant:	

B. General Warm-Up Component

Aerobic Activity	ROM/Stretching	Joints Involved in ROM/Stretches
1. Type	1. Type: Passive/Active, Dynamic/Static	
2. Intensity (% and beats per minute range)	2. # of ROM Movements/Stretches	
3. Duration	3. Duration of Each ROM/Stretch	

Participant Warm-up Duration: _____

Instructional Time: _____

C. Aerobic Component

Aerobic Activity	Post-Aerobic Activity
Before/after weights? On alternate days?	Type:
Days per week:	Duration:
Training intensity zone/ beats per minute range:	Final heart-rate:
Type of Activity:	
Duration of Aerobic Activity:	Participant Aerobic Duration: _____
	Instructional Time: _____

