

CASE STUDY #1 – SCENARIO:

Michelle is a 28-year old pregnant female. She has been exercising two to three times per week for the last six months. She has just found out she is 6 weeks pregnant with her first child. Michelle is available to workout 2-3 times per week for one hour each time. She is a part time teaching assistant at an elementary school.

Phase I Situation

Her Goals	<ul style="list-style-type: none"> • Wants to maintain a reasonable level of fitness during pregnancy. She heard it helps with delivery. • Does not want excessive weight gain during pregnancy • Wants to maintain her energy levels during pregnancy • Does not want to endanger baby due to exercise
Height	5 ft. 5 in.
Weight	145 lbs.
Resting BP	128/82 mmHG
Resting HR	72 bpm
Blood Lipids	Normal
Medication	None
Max METS	Will change due to pregnancy
Availability	See intro
Activities	<ul style="list-style-type: none"> • Occasionally walks with husband • Plays recreation softball 1x/week during summer
Injuries	None; lower back occasionally aches
Medical Diagnosis & Prescription	Pregnant; Physician clearance to exercise
Lifestyle	<ul style="list-style-type: none"> • Sometimes misses breakfast • Sleeps 7-8 hrs/night • Semi-active 9am-3pm job

Phase II Situation

Baby has arrived 8 months ago and she would like a new program to help her get back in shape

CAST STUDY #1 – HEALTH SCREENING QUESTIONNAIRE:

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

		Yes	No
1.	Do you have any health or medical concerns? If yes, please specify <i>6 weeks pregnant</i>	X	
2.	Are you currently taking any medication? If yes, list medications and for what condition Medication _____ Condition _____ Medication _____ Condition _____		X
3.	Do you smoke? If yes, how much? _____		X
4.	Do you, or have you ever had, any of the following health conditions?		
	• Blood Pressure Concerns:		X
	• Heart Murmur:		X
	• Any heart trouble:		X
	• Chest pains/pressure:		X
	• Disease of arteries:		X
	• Asthma/allergies:		X
	• High Cholesterol:		X
	• Back injury		X
	• Back pains:	X	
	• Epilepsy:		X
	• Diabetes:		X
	• Varicose veins:		X
	• Lung Disease:		X
	• Dizziness/Fainting spells:		X
	• Arthritis:		X
	• Osteoporosis:		X
5.	Have you ever injured or have pain in the following areas? If yes, please elaborate.		
	• Neck:		X
	• Upper Back:		X
	• Shoulders:		X
	• Elbows:		X
	• Lower Back:	X	
	• Hips:		X
	• Wrists:		X
	• Knees:		X
6.	Have you had surgery in the past two years? If yes, when and for what:		X
7.	Are you currently undergoing treatment from any of the following? If yes, why? <u>Occasional lower back pain from occupation</u>		
	• Physiotherapist		X
	• Chiropractor		X
	• Massage Therapist	X	
	• Other Practitioner		X
8.	Are you pregnant now, planning to be or have been in the past 6 months?	X	
9.	Are you over 50 years of age?		X
10.	Do you have any physical limitations/injuries?		X
11.	Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program?		X

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study – Michelle declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Michelle Case Study
Signature of Participant

14 April, 2004
Date

CASE STUDY #1 – LIFESTYLE QUESTIONNAIRE

Name: Case Study #1 – Michelle

Date: 14 April, 2004

Physical Activity

1. In the past year, how often have you been engaged in physical activity?

- > 4 times/week
 3 to 4 times/week
 2 to 3 times/week
 1 to 2 times/week
 1 to 2 times/month
 None

2. List your current physical activities: Walks, recreational softball

3. What types of physical activity do you consider "fun"? Softball

4. What types of exercise interest you?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Swimming |
| <input checked="" type="checkbox"/> Cycling | <input type="checkbox"/> Dance Exercise | <input checked="" type="checkbox"/> Strength Training |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Rowing | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Tennis | <input checked="" type="checkbox"/> Other aerobic | <input type="checkbox"/> Stretching |

Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Lack of time

6. What physical activity have you been successful with in the past (liked and participated in regularly)? Walking

7. Have you ever been at your desired fitness level? Yes No

If yes, when? _____ What were you doing? _____

8. Do you feel any family, friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity?

Yes No

9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals?

Yes No

10. Do you start exercise programs but then find yourself unable to stick with them? Yes No

Occupation/Leisure

11. What is your present occupation? Teacher's Assistant

12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?

Yes, walking, kneeling, bending and standing

13. What are your usual leisure activities? Watching movies

14. What are the physical demands of these activities? None

Stressors

15. What types of things make you feel stressed? Lack of money and job security

16. How do you deal with your stress normally? I don't

Dietary Patterns

17. How many meals do you have per day? 3 per day

18. How many snacks do you have per day? None

19. Do you feel you eat healthy "most of the time"? Yes

20. How many glasses of water do you drink per day? 3 per day

Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:

1 month: Safe exercises to perform during my pregnancy

4 months: Maintain a healthy weight gain during my pregnancy

1 year: Return to pre-pregnancy weight



BCRPA Personal Training ICE Case Study #2 - Ben

Appendix B

CASE STUDY #2

Ben is a 42 year old owner of a website design company. Before starting his company 8 years ago, he used to be very active lifting weights 2x a week and running on the weekends. He now finds that he only has time to play rugby 2x a week after work because he typically works 8-10 hours per day. Lately he has been noticing that he feels a dull ache in the centre of his right knee after rugby. Ben would like to start working out in the weight room again because he feels that he is not doing enough. He would also like to run a 10km race in the next year. His main concern is time and his knee. He has also started to notice that his once in-shape, toned body is starting to feel flabby. He would like you to set him up on a program that he can do a few times a week.

Phase I Situation

His Goals	<ul style="list-style-type: none">Start working out in the weight room againWants to lose some weightWants to manage his knee pain
Height	5 ft. 7 in.
Weight	200 lbs.
Resting BP	120/80 mmHG
Resting HR	85 bpm
Blood Lipids	Total Cholesterol = 5.0 mmol/l (196 mg/dl) HDL = 1.0 mmol/l (37 mg/dl) LDL = 3.0 mmol/l (115 mg/dl)
Medication	Advil for knee pain
Max METS	8 METS or a Max VO ₂ of 28.0 ml/kg/min
Availability	After work around 8 pm; 3x/week
Activities	Rugby after work for 2 hours, 2x/week
Injuries	Knee pain during and after his rugby games
Medical Diagnosis & Prescription	<ul style="list-style-type: none">Exercise prescription from physiotherapistPatellofemoral Stress SyndromeStretch Hamstrings, Gastrocnemius, IT BandStrengthen and balance VMO and VLWatch for proper patellar tracking and over pronation of the foot
Lifestyle	<ul style="list-style-type: none">Non-smoker, social drinker (3-5 glasses of wine a week)Eats out a lot at fast food placesSits at a computer for most of the day and talks on the phoneSome low back stiffness and definite forward head postureSingle, sleeps 6-7 hours a night and often has a hard time falling asleep at night

Phase II Situation

1 year later; he has been working out consistently with weight 2x/week; RHR 70 bpm; knee pain is gone; running 2x/week 1 hour per session; wants to start building size.

CASE STUDY #2 – HEALTH SCREENING QUESTIONNAIRE

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

		Yes	No
1.	Do you have any health or medical concerns? If yes, please specify knee pain	X	
2.	Are you currently taking any medication? If yes, list medications and for what condition Medication <u>Advil</u> Condition <u>sore knee</u> Medication _____ Condition _____	X	
3.	Do you smoke? If yes, how much? _____		X
4.	Do you, or have you ever had, any of the following health conditions?		
	• Blood Pressure Concerns:		X
	• Heart Murmur:		X
	• Any heart trouble:		X
	• Chest pains/pressure:		X
	• Disease of arteries:		X
	• Asthma/allergies:		X
	• High Cholesterol:		X
	• Back injury		X
	• Back pains:		X
	• Epilepsy:		X
	• Diabetes:		X
	• Varicose veins:		X
	• Lung Disease:		X
	• Dizziness/Fainting spells:		X
	• Arthritis:		X
	• Osteoporosis:		X
5.	Have you ever injured or have pain in the following areas? If yes, please elaborate.		
	• Neck:		X
	• Upper Back:		X
	• Shoulders:		X
	• Elbows:		X
	• Lower Back:		X
	• Hips:		X
	• Wrists:		X
	• Knees:	X	
6.	Have you had surgery in the past two years? If yes, when and for what:		X
7.	Are you currently undergoing treatment from any of the following? If yes, why? <i>Patella femoral stress syndrome</i>		
	• Physiotherapist	X	
	• Chiropractor		X
	• Massage Therapist		X
	• Other Practitioner		X
8.	Are you pregnant now, planning to be or have been in the past 6 months?		X
9.	Are you over 50 years of age?		X
10.	Do you have any physical limitations/injuries?	X	
11.	Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program?		X

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study – Ben declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Ben Case Study
Signature of Participant

6 June, 2004
Date

CASE STUDY #2 – LIFESTYLE QUESTIONNAIRE

Name: Case Study #2 – Ben

Date: 6 June, 2004

Physical Activity

1. In the past year, how often have you been engaged in physical activity?

- > 4 times/week
 3 to 4 times/week
 2 to 3 times/week
 1 to 2 times/week
 1 to 2 times/month
None

2. List your current physical activities: Rugby 2 x per week

3. What types of physical activity do you consider "fun"? Rugby

4. What types of exercise interest you?

- | | | |
|--|---|---|
| <input type="checkbox"/> Walking | <input checked="" type="checkbox"/> Jogging | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Dance Exercise | <input checked="" type="checkbox"/> Strength Training |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Rowing | <input checked="" type="checkbox"/> Racquetball |
| <input type="checkbox"/> Tennis | <input checked="" type="checkbox"/> Other aerobic | <input type="checkbox"/> Stretching |

Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Job; computer; tired

6. What physical activity have you been successful with in the past (liked and participated in regularly)? Weight Training

7. Have you ever been at your desired fitness level? Yes No

If yes, when? 8 years ago What were you doing? Running and weight training

8. Do you feel any family; friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity?
Yes No

9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals?
Yes No

10. Do you start exercise programs but then find yourself unable to stick with them? Yes No

Occupation/Leisure

11. What is your present occupation? Website Designer

12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)? No

13. What are your usual leisure activities? Eating out

14. What are the physical demands of these activities? None

Stressors

15. What types of things make you feel stressed? Lack of time

16. How do you deal with your stress normally? Drinks

Dietary Patterns

17. How many meals do you have per day? 2 per day

18. How many snacks do you have per day? 3 snacks per day

19. Do you feel you eat healthy "most of the time"? No

20. How many glasses of water do you drink per day? None, 5 cups of coffee per day

Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:

1 month: Decrease knee pain

4 months: Lose 20 lbs.

1 year: Run the 10km. Sun Run Race



CASE STUDY #3 – SCENARIO

Donald is a 69 year old retired farmer whose physical activity has decreased since selling his farm. He and his wife want to travel, but he is having a hard time getting around due to osteoarthritis gradually developing in his hips. He also has a family history of diabetes and he is borderline himself, but not yet on medication. His doctor recommends exercise to help control it. He has gained about 15 lbs. since retiring and has gone up 2 waist sizes. Donald takes Tylenol for his arthritis and is trying mint tea to combat the possible diabetes onset. He used to enjoy curling once a week with his wife, five years ago. He has had several farm related injuries over the years, but he has healed well. Donald has plenty of free time and would like to improve his fitness level for a short trip he has planned in 3 months.

Phase I Situation

His Goals	<ul style="list-style-type: none">Prevent onset of diabetesLose 15 lbs.Increase mobility and independent living
Height	5 ft. 8 in.
Weight	185 lbs.
Resting BP	142/85 mmHG
Resting HR	74 bpm
Blood Lipids	Not available
Medication	Tylenol for arthritis
Max METS	Not available
Availability	Flexible
Activities	Seasonal homeowners chores (lawn cutting, etc.); walks 1x/week with wife
Injuries	Low back pain; treated by physiotherapist 5 years ago
Medical Diagnosis & Prescription	Physician prescribes exercise <ul style="list-style-type: none">Borderline diabeticBorderline hypertensive
Lifestyle	<ul style="list-style-type: none">Non-smoker, social drinker (6 beers a week)Predominantly meat and potatoes dietWatches a lot of TVSome low back stiffness

Phase II Situation

6 months later; he has been weight training consistently 2x/week and cardio 3x/week

CASE STUDY #3 – HEALTH SCREENING QUESTIONNAIRE:

Taking part in any activity or exercise program can be an excellent way to improve or maintain your health and fitness levels, but preparation is required to enable a safe and effective program. Please answer the following questions to assess your own physical readiness:

		Yes	No
1.	Do you have any health or medical concerns? If yes, please specify <u>Osteoarthritis of the hip; borderline diabetic; borderline high blood pressure</u>	X	
2.	Are you currently taking any medication? If yes, list medications and for what condition Medication Tylenol _____ Condition Arthritis _____ Medication _____ Condition _____	X	
3.	Do you smoke? If yes, how much? _____		X
4.	Do you, or have you ever had, any of the following health conditions?		
	• Blood Pressure Concerns:	X	
	• Heart Murmur:		X
	• Any heart trouble:		X
	• Chest pains/pressure:		X
	• Disease of arteries:		X
	• Asthma/allergies:		X
	• High Cholesterol:		X
	• Back injury		X
	• Back pains:		X
	• Epilepsy:		X
	• Diabetes:	X	
	• Varicose veins:		X
	• Lung Disease:		X
	• Dizziness/Fainting spells:		X
	• Arthritis:	X	
	• Osteoporosis:		X
5.	Have you ever injured or have pain in the following areas? If yes, please elaborate.		
	• Neck:		X
	• Upper Back:		X
	• Shoulders:		X
	• Elbows:		X
	• Lower Back:		X
	• Hips:	X	
	• Wrists:		X
	• Knees:		X
6.	Have you had surgery in the past two years? If yes, when and for what:		X
7.	Are you currently undergoing treatment from any of the following? If yes, why?		
	• Physiotherapist		X
	• Chiropractor		X
	• Massage Therapist		X
	• Other Practitioner		X
8.	Are you pregnant now, planning to be or have been in the past 6 months?		X
9.	Are you over 50 years of age?	X	
10.	Do you have any physical limitations/injuries?	X	
11.	Is there any reason not mentioned above, why you feel you should not participate in a regular physical exercise program?		X

If you answered YES to *any* of the above questions, please consult with your health care practitioner prior to taking part in an exercise program. Listen to any special advice or recommendations made by this specialist.

If you have answered NO to *all* of the above questions, you can be reasonably assured of your present suitability to take part in an exercise program designed by your trainer.

I, Case Study –Donald declare that the information given her by me is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in physical activities or make it potentially dangerous or harmful for me to engage in such activities have been described here by me.

Donald Case Study
Signature of Participant

16 October, 2004
Date

CASE STUDY #3 – LIFESTYLE QUESTIONNAIRE

Name: Case Study #3 – Donald Date: 16 October, 2004

Physical Activity

1. In the past year, how often have you been engaged in physical activity?

- > 4 times/week
 3 to 4 times/week
 2 to 3 times/week
 1 to 2 times/week
 1 to 2 times/month
 None

2. List your current physical activities: Walking and seasonal homeowners activities (cutting grass, etc.)

3. What types of physical activity do you consider "fun"? Curling

4. What types of exercise interest you?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Dance Exercise | <input checked="" type="checkbox"/> Strength Training |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Rowing | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Other aerobic | <input type="checkbox"/> Stretching |

Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)? Lack of mobility

6. What physical activity have you been successful with in the past (liked and participated in regularly)? Curling

7. Have you ever been at your desired fitness level? Yes No

If yes, when? Pre-retirement What were you doing? Farming

8. Do you feel any family; friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity?

Yes No

9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals?

Yes No

10. Do you start exercise programs but then find yourself unable to stick with them? Yes No N/A

Occupation/Leisure

11. What is your present occupation? Retired Farmer

12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)? No

13. What are your usual leisure activities? Watching TV

14. What are the physical demands of these activities? None

Stressors

15. What types of things make you feel stressed? Age/mobility

16. How do you deal with your stress normally? N/A

Dietary Patterns

17. How many meals do you have per day? 3 per day

18. How many snacks do you have per day? Varies/evening

19. Do you feel you eat healthy "most of the time"? Yes

20. How many glasses of water do you drink per day? 2-3 per day

Expectations

21. Specifically describe what you would like to accomplish through your fitness program during the next:

1 month: Decrease hip pain and increase mobility

4 months: Lose 15 lbs.

1 year: Return to pre-retirement activity level