

## **BCRPA® Older Adult Instructor Competency Evaluation (ICE)**

**The following documents are included in this ICE package:**

- **Form A** – ICE Registration Cover Letter
- **Form B** – Class Observation Form
- **Form C** – Exercise / Movement Design Scenarios
- **Form D** – Exercise / Movement Design Form

**CANDIDATE INFORMATION:** Please print clearly

<b>Last Name</b>	<b>Given Name(s)</b>	<b>Middle Initial</b>
<b>Mailing Address (Street)</b>		
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Residence Phone</b>	<b>Cell Phone / Other phone</b>	<b>Email/Address</b>

**BCRPA Leader ID #** \_\_\_\_\_

**Step 1:** Current registration as a BCRPA Fitness Leader in a minimum of one specialty module:

<b>Specialty Module(s)</b>
----------------------------

Successful completion of a BCRPA approved Older Adult course:

<b>Older Adult Course Conductor</b>	<b>Date Course started</b>	<b>Date Course completed</b>
-------------------------------------	----------------------------	------------------------------

**Step 2:** Please check and make sure that you download and print the following forms from [www.bcrpa.bc.ca](http://www.bcrpa.bc.ca) (incomplete applications will be returned):

- Form A: Cover Letter
- Form B: Class Observation Assignment
- Form C: Exercise/Movement Design Scenarios
- Form D: Exercise/Movement Design Form

**Step 3:**

Write the BCRPA Older Adult multiple-choice exam either by booking an appointment at the BCRPA office or as arranged by your course conductor.

**CANDIDATE INFORMATION:** Please print clearly

<b>Last Name</b>	<b>Given Name(s)</b>	<b>Middle Initial</b>
<b>Mailing Address (Street)</b>		
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Residence Phone</b>	<b>Cell Phone / Other phone</b>	<b>Email/Address</b>

**BCRPA Leader ID #** \_\_\_\_\_

Instructions:

For this assignment, your course conductor will indicate if you are to observe a class designed for the older adult (any type of older adult class) or watch the InMotion Older Adult Exercise Video at:

<https://youtu.be/GYDG8guGO-o>

---

Select one:

Video observed

Class observed

Name and location of Class observed: \_\_\_\_\_

Date of class observation: \_\_\_\_\_

Class description (from schedule or program guide):

Class size: \_\_\_\_\_

After observing the class/video, answer the following questions:

1. **IN-PERSON OBSERVATION:** Either before or after the class, ask the instructor what form of health screening is used. (1 mark)

**VIDEO:** what precautionary health screening information did the instructor provide? (1 mark)

2. How long was the warm up and how did it specifically address the needs of the older adult participants? (2 marks)

3. Describe the exercises in the dynamic flexibility component in the class. If there were no dynamic flexibility exercises, please explain why. (2 mark)

4. Describe the aerobic component. (i.e. Was it continuous or in intervals?) If there was no aerobic component in the class, explain why.

(1 mark) \_\_\_\_\_

5. Describe at least 3 exercises where the instructor offered alternatives (list the original exercise and the alternative) (3 marks)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. How often did the instructor offer correction or assistance with exercises (observe participants and then offer one-on-one help?) and why is this important? (1 mark)

.....

7. List at least one exercise you observed in the class that would: (4 marks)

- Improve balance – static and dynamic\_\_\_\_\_
- Improve walking \_\_\_\_\_
- Improve reaction time or agility \_\_\_\_\_
- Improve speed or power\_\_\_\_\_

8. What type of deep **breathing or relaxation exercises were included in the class?** (1 mark)

.....

9. Describe 5 ways in which the instructor interacted with the participants. i.e. eye contact / technique correction / education about exercise, etc. If no interaction was observed, describe why it is important for the instructor to interact with the participants and effective ways to do this. (5 marks)

.....

10. After learning what you have in the Older Adult course, describe 3 things that you observed in this class/video that you would incorporate into your classes (and why) and 2 things that you would do differently (and why). (5 marks)

Would like to incorporate:

1. .

2. .

3. .

Would do differently:

1. .

2. .

**Course Conductor Comments:**

<b>Student Name:</b>	<b>Date:</b>
<b>Course Conductor Name:</b>	<b>TOTAL:        /25 marks (20 marks are needed to pass = 80%)</b>

**Instructions:**

Select one of the scenarios listed below and design a program using the Exercise/Movement Design Form D based upon the information provided in the scenario.

You must select a scenario that you are a BCRPA Registered Fitness Leader in (i.e. Group Fitness Leaders would select Scenario #1). If you are registered in multiple modules, select one scenario of your choice.

---

**Scenario #1 — Group Instructors (Aquatic Fitness, Group Fitness, Yoga Fitness, Pilates Fitness)**

You are about to teach a one hour older adult group exercise class. The previous instructor has moved away and you have now taken over the class. It's clear, by watching how participants physically enter the class setting, that there are a variety of ability levels. Design a one-hour class that is suitable for a variety of ability levels.

**Scenario #2 — Weight Training**

Frank is a 72-year-old man who hasn't been active for a number of years. He is concerned about developing type 2 diabetes and feels winded after walking up one flight of stairs. He is available to exercise 3 times per week for a total of 1 hour each time. He answered "yes" to question #3 on the PAR-Q+ form (Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?) but answered "no" to all of the questions in section 2. He has had issues with losing his balance. Create a program for the next 4-6 weeks.

**Scenario #3 — Personal Training**

Edith is a 60-year-old, retired woman who wants to start an exercise program (she has not been active for a very long time). She has an intense fear of falling (she fell last year and fractured her wrist) and knows that she needs to be more active. She's concerned about feeling out of place at the gym and is nervous about learning everything. She has answered 'no' to all of the questions on the PAR-Q+ but she is not able to get down to the ground or get back up again. She is available most days of the week and has no time restraints. Create a program for the next 4-6 weeks.



**BCRPA® Older Adult ICE**  
**Exercise/Movement Design Form**

**Form D**

*Note — The same design form is used for all students regardless of the BCRPA module they are registered in.*

**CANDIDATE INFORMATION:** Please print clearly

<b>Last Name</b>	<b>Given Name(s)</b>	<b>Middle Initial</b>
<b>Mailing Address (Street)</b>		
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Residence Phone</b>	<b>Cell Phone / Other phone</b>	<b>Email/Address</b>

**BCRPA Leader ID #** \_\_\_\_\_

**Instructions:**

Base your exercises and movements on the scenario you selected from Form C

Scenario Selected: # \_\_\_\_\_

**Part A – Warm-up**

Based upon the scenario you choose from Form C, describe warm-up exercise/movements including length of time for each, and also list any special precautions/instructions for each:

Exercises/Movements	Time	Special Precautions/Instructions

Total Time = \_\_\_\_\_

**TOTAL:**        / 10



**Part B – Exercises/Movements**

Based upon the scenario you choose from Form C, describe 3 possible exercises/movements (that are specific for the older adult population and have a focus on functionality and activities of daily living) for each of the following, as well as one precaution/instruction for each:

	<b>Exercise/Movement</b>	<b>Precautions/Instructions</b>
<b>Balance</b>	1.	
	2.	
	3.	
<b>Walking/Gait</b>	1.	
	2.	
	3.	
<b>Agility</b>	1.	
	2.	
	3.	
<b>Posture Training</b>	1.	
	2.	
	3.	



**BCRPA® Older Adult ICE**  
**Exercise/Movement Design Form**

**Form D**

<b>Reaction Time</b>	1.	
	2.	
	3.	
<b>Power/Speed</b>	1.	
	2.	
	3.	

**TOTAL:**      /36



**Part C – Exercise Modifications**

Choose any 3 movements that you listed in Part B and complete the following chart:

Exercise	Modification to make the exercise easier	Modification using a chair/wall or other prop	Alternative Exercise
1.			
2.			
3.			

**TOTAL:**        /9



**Part D – Flexibility/Relaxation**

Based upon the scenario you choose from Form C, describe flexibility/relaxation exercise/movements including length of time for each; also list any special precautions/instructions for each exercise.

Exercises/Movements	Time	Special Precautions/Instructions

Total Time = \_\_\_\_\_

**TOTAL:        /5**

**Course Conductor Comments:**

<b>Student Name:</b>	<b>Date:</b>
<b>Course Conductor Name:</b>	<b>TOTAL:        /60 marks (48 marks are needed to pass = 80%)</b>