BCRPA Weight Training Module ICE Registration

Form A

Please print clearly. You can access your Fitness Leader account at www.thefitnessregistry.com

First Name:	**Last Name:**	**BCRPA Leader ID:**
Current Email Address in the Registry®		
Current First Aid in the Registry®	**Attached? Yes / NO** ☐ ☐ **In the Registry®? Yes / NO** ☐ ☐	
Current CPR in the Registry®	**Attached? Yes / NO** ☐ ☐ **In the Registry®? Yes / NO** ☐ ☐	
Is this your first BCRPA Module?	**If yes, please provide your Fitness Theory Registration Date:**	
BCRPA Weight Training Course Completion Certificate	**Attached? Yes / NO** **In the Registry®? Yes / NO**	

Instructor Competency Evaluation (ICE) Procedure:

1. Before you contact an Evaluator:

- Refer to the back of **Form D** for the components of the evaluation and to determine how you will be marked.
- Complete **Form B** (Exam Questions).
- Complete five (5) programs using **Form C-2**. To do this you will select any three scenarios from **Form E** and then complete two actual programs using two people you select yourself (friends/family members/classmates).
- Obtain permission from a local fitness facility to use it for your ICE evaluation.
- Arrange to have a friend act as a "client" for the evaluation.

2. Contact an Evaluator: When you are ready for your evaluation, please refer to http://bcrpa.bc.ca/fitness_program/registration/ice.htm for a list of current evaluators. Ensure your evaluator is currently registered – check their registration status on the Registry® of Fitness Professionals. You may then contact one directly to make arrangements for your evaluation. The evaluator will discuss the ICE procedure and how to submit your form B2 for marking. The evaluator will also discuss the date, time and location of the ICE as well as any fees they may charge you to conduct the ICE evaluation.

Please check and make sure that your BCRPA ICE PACKAGE contains the following forms:

Form A: ICE Registration Cover Letter
Form B: Exam Questions
Form C-2: Program Design
Form D: ICE Practical Evaluation - double-sided page

INCOMPLETE ICE PACKAGES WILL NOT BE PROCESSED. They will be returned. Email, fax, or mail ALL completed forms to the BCRPA. PLEASE ALLOW 4 – 6 WEEKS FOR PROCESSING. Please check the Registry® for Fitness Professionals for registration status in the specialty. The BCRPA will not notify Fitness Leaders regarding the status of the ICE package.
Submit copies only. Keep your originals for your own record. BCRPA is not responsible for ICE packages lost in transport or otherwise.

Office Use Only:

- ❑ Weight Training course completion certificate (from course conductor)
- ❑ Current CPR Certificate: Minimum "CPR - A"
- ❑ Current First Aid Certificate: Minimum "Emergency First Aid"
- ❑ Completed ICE Forms A, B, C-2: Marked by an evaluator with passing marks.

BCRPA Weight Training Module
ICE Questions

Form B

The following pages list questions with point values. The passing mark for **each section is 75% for BCRPA Fitness Leaders** and **85% for BCRPA Advanced Fitness Leaders**. Answers may be found in your theory and weight training course manuals. Some questions may require that you observe interactions in a fitness centre and interview facility owners, managers or employees. NOTE: Answers that require "ranges," such as heart rate ranges and repetitions, have been enlarged to encompass variances among resources; answers that fall within these ranges are acceptable.

A. The Orientation

1A. List steps an instructor can take to make a participant feel comfortable during an orientation.

____ / 3

2A. What is the ParQ, and why should it be administered?

____ / 2

3A. Describe the instructor's responsibilities when a participant answers "yes" to one or more of the risk factors on the ParQ.

____ / 1

4A. Outline some realistic short-term goals for the 1ST to 6th week of a new exercise program for an apparently healthy adult.

____ / 5

A. Orientation Total ____ / 11 ____ %

B. The Warm-Up

1B. List five physiological changes that occur as a result of performing a proper warm-up.

I.

II.

III.

IV.

V.

____ / 10

2B. Explain the concept of steady state (homeostasis). How does this concept relate to a warm-up?

____ / 2

3B. Describe two heart rate formulas used to determine a participant's training heart rate.

____ / 2

4B. What is an <u>average</u> pre-exercise heart rate in beats per minute (bpm) for a sedentary man or woman? What steps would you take when measuring it?

____ / 2

5B. What is considered a <u>high</u> pre-exercise resting heart rate for a sedentary man or woman? What could it mean? What is the next step when you detect such a rate?

____ / 3

6B. What is considered a <u>low</u> pre-exercise resting heart rate for a sedentary man or woman OF ANY AGE? What could it mean? What is the next step when you detect such a rate?

____ / 3

7B. Describe "aerobic" versus "anaerobic" exercise. List two activities for each.

____ / 2

8B. Describe three cues you would use to instruct a participant on how to establish neutral posture from a standing position.

I.

II.

III.

_____/3

9B. Briefly describe the four types of stretching listed below. Provide an example of each. Describe the pros and cons of using each method in a warm-up.

	Static	Dynamic	Active	Passive
Description/ Example				
Pros				
Cons				

____ / 12

B. Warm-Up Total ____ / 39 ____ %

C. Workout Progression

1C. How can a participant record and monitor his or her exercise progression for both weight training and cardiovascular training?

Weight Training:

Cardiovascular Training:

____ / 2

2C. Describe the following principles as they apply to weight training: Progressive Overload, SAID principle and Rest between workouts.

Progressive Overload:

SAID principle:

Rest between workouts:

____ / 3

3C. Using Frequency, Intensity, Time as your guideline, describe the training workloads for an apparently healthy unfit beginner.

	Frequency	Intensity	Time
Weight Training			
Cardiovascular Training			

____ / 6

4C. List two methods of determining resistance workload and intensity, and one advantage and one disadvantage of each method.

Method		
Advantage		
Disadvantage		

____ / 6

5C. Describe two methods, other than heart rate formulas, to determine training workload and intensity during cardiovascular exercise. List one advantage and one disadvantage of determining intensity through means other than heart rate.

Method 1:

Method 2:

Advantage:

Disadvantage:

____ / 4

6C. List one verbal indicator and one visual indicator that suggest a participant may be experiencing discomfort or pain.

Verbal indicator:

Visual indicator:

____ / 2

7C. Define the following terms:

Concentric contraction:

Eccentric contraction:

Isometric contraction:

____ / 3

C. Workout Progression Total____ / 26 ____ %

D. The Weight Room

1D. List the fitness equipment used in a weight room setting that would be classified as "free weights." What are some advantages of using free weights instead of machines? Disadvantages?

Examples of free weights:

Advantages:

Disadvantages:

____ / 3

2D. What are the some advantages of using machines instead of free weights? Disadvantages?

Advantages:

Disadvantages:

____ / 2

3D. Define dynamic constant resistance (i.e. free weights, pulleys), dynamic variable resistance (i.e. Nautilus, Life Circuit, stairclimber) and isokinetic equipment (i.e. Hydragym, FitNet) and provide an advantage and disadvantage of using each type of resistance.

	Dynamic Constant Resistance	Dynamic Variable Resistance	Isokinetic Equipment
Definition			
Advantage			
Disadvantage			

____ / 9

4D. List words or phrases that participants may use to describe goals for the following training disciplines: muscular endurance, muscular hypertrophy and muscular strength.

Muscular endurance:

Muscular hypertrophy:

Muscular strength:

____ / 3

5D. Complete the following workout chart for each type of training discipline. (Note: Frequency indicates workouts *per muscle group* per week. *Duration lists possible repetition ranges, therefore, examples may fall within the range listed.)

Training Type	Frequency (days/week)	Intensity of 1RM	Duration*			Rest Between Sets	Rest Between Workouts
			Sets	Reps	Time		
Muscular Endurance							
Muscular							

Hypertrophy							
Muscular Strength							

____ / 21

6D. What is an effective speed range (in seconds) of a single repetition, for concentric and eccentric phases?

Concentric: _____ seconds Eccentric: _____ seconds

____ / 2

7D. Explain the importance of training opposing muscle groups as part of a well-balanced program. What might be an exception to this rule?

Importance:

Exception:

____ / 2

8D. Each of the following sample programs is missing two exercises that would *balance the muscles worked*. Fill in the missing exercises.

Workout One	
Chest press	Incline shoulder press
Leg extension	Calf press
Lat pull-down	Back extension
Hamstring curl	1.
Seated row	2.
Gluteal/hip machine	

Workout Two	
Dumbbell fly	1.
Leg press	2.
Lat pullover	
Prone bridge position	
Dumbbell lateral raise	
Biceps curl	

____ / 4

E. Weight Room Total ____ / 46 ____ %

E. Cardiovascular Training

1E. Apply the F.I.T.T. (Frequency, Intensity, Time and Type) guidelines for cardiovascular training to an apparently healthy adult between 19 and 45 years old.

____ / 4

2E. Describe an alternative for individuals who cannot sustain 20 minutes of continuous cardiovascular training.

____ / 2

3E. For whom would you recommend cardiovascular training BEFORE/AFTER weight training within a given workout? Why?

	Recommended for whom?	Why?
Cardio BEFORE Weights		
Cardio AFTER Weights		

____ / 4

4E. Describe two benefits of training the cardiovascular system at 60-70% of one's heart rate maximum. For whom would this be most beneficial?

Benefit:

Benefit:

Most beneficial for whom:

____ / 4

5E. Describe two benefits of training the cardiovascular system at 70-90% of one's heart rate maximum. For whom would this be most beneficial?

Benefit:

Benefit:

Most beneficial for whom:

____ / 4

6E. List three benefits of cardiovascular interval training.

I.

II.

III.

____ / 3

7E. List the risks involved with consistent workouts training over 90% of heart rate maximum.

____ / 3

E. Cardiovascular Total ____ / 24 ____ %

F. Flexibility Training

1F. Apply the F.I.T.T. principle to flexibility training for participants who wish to increase range of motion (ROM).

____ / 4

2F. Describe the most effective time for flexibility training during an exercise session.

____ / 1

3F. Define: muscle spindles; golgi tendon organ; myotatic stretch reflex and inverse myotatic stretch reflex.

Muscle spindles:

Golgi tendon organ (GTO):

Myotatic stretch reflex:

Inverse myotatic stretch reflex:

___ / 4

F. Flexibility Training Total ____ / 9 ____ %

G. The Post-Workout Consultation

1G. List the points to address in the post-workout consultation.

____ / 3

2G. What is DOMS? Describe the current theory for this soreness.

____ / 2

3G. Describe the difference between "good" soreness and "bad" soreness.

Good soreness:

Bad soreness:

____ / 3

4G. List indicators that suggest it may be appropriate to increase/decrease cardiovascular/weight training intensity:

	Indicator
INCREASE weight-training intensity	
INCREASE cardiovascular-training intensity	
DECREASE weight-training intensity	
DECREASE cardiovascular-training intensity	

____ / 8

G. The Post-Workout Consultation Total ____ / 16 ____ %

H. Safe Environment

1H. List three common points of gym etiquette that a weight room instructor could enforce.

I.

II.

III.

____ / 3

2H. List three reasons why a participant may be inattentive, which can lead to injury. Name a proactive measure that an instructor can employ to reduce the risk of each example.

I.

II.

III.

____ / 3

3H. List 5 common, but correctable, technique errors that participants make while weight training.

I.

II.

III.

IV.

V.

____ / 5

4H. Describe how you would approach a participant engaging in a high-risk exercise to determine if the exercise is appropriate for that individual. What would you do if the participant has a valid reason for doing that exercise? What would you do if he or she has no valid reason?

____ / 3

5H. List five safety procedures for maintaining safe and effective equipment use (i.e. preventative maintenance).

I.

II.

III.

IV.

V.

____ / 5

6H. List five weight room exercises that may be considered high risk for the general population.

I.

II.

III.

IV.

V.

____ / 5

7H. Provide five instructional tips to reduce the risk of the following injuries and/or pain.

Falling off a moving treadmill	
Injuries to toes, hands and fingers	
Chrome/metal slivers from barbells	

Shoulder impingement syndrome	
Back pain	

____ / 10

8H. List five exercises that require a spotter when using a workload that fatigues the muscles in less than 12 reps. Explain why a spotter is required.

Five Exercises:

Why a spotter required:

____ / 6

9H. List the six steps for good spotter technique, including what to do if the participant has reached fatigue and requires your assistance.

I.

II.

III.

IV.

V.

VI.

____ / 6

I. Safe Environment Total ___ / 46 ____ %

I. Scope of Practice

1I. A potential exercise participant with a condition requiring medical clearance contacts you to start a low-intensity fitness program. AFTER receiving medical clearance, what is your Scope of Practice with this individual?

____ / 1

2I. List four additional points from the BCRPA Scope of Practice.

I.

II.

III.

IV.

____ / 4

I. Scope of Practice Total _____ / 5 ____ %

J. Referral Network

1J. For each situation, list the name and phone number of an appropriate organization, and describe when you would refer a participant to such a service.

	Name	Phone Number	When to refer?

Nutrition organization			
Back care resource (i.e. chiropractor or physiotherapist)			
Medical resource			
Psychological counseling			

J. Referral Network Total _____ / 12 ____ %

K. Frequently Asked Questions

Answer each frequently asked question below, including what questions you may ask participants and how you would instruct them based on their question. For example:

"What is the best exercise to reduce fat on my inner thighs?"

Question and clarify: *What is your current fitness program (frequency, intensity, duration and exercises)? What are your current goals? Do you feel these goals are realistic?*
Instruct: *Demonstrate or teach one to four exercises for the requested body part. Include exercises that work opposing muscle groups. Remind participant that spot reduction does not work. That's because exercise usually mobilizes fat from all areas of the body, not just from specific parts. Decreases in girth can occur with exercise training as a result of increased muscle density and loss of body fat. Exercises for one body part will be enhanced through a balanced weight-training program, combined with cardiovascular training and a healthy nutrition plan.*

1K. "What is the best way to lose 15 pounds? How long will it take?"

Question and clarify:
Instruct:

____ / 2

2K. "Which supplements should I take?" (Vitamins? amino acids? protein drinks? creatine?)

Question and clarify:
Instruct:

____ / 2

3K. "Should I decrease my cardiovascular training intensity from 75% to 60% to increase fat loss? Is it true I am only burning fat after 20 to 25 minutes of cardiovascular training?"

Question and clarify:
Instruct:

____ / 3

4K. "Which is better for cardio, the upright or recumbent cycle? Treadmill, stepper or elliptical trainer?"

Question and clarify:
Instruct:

____ / 2

5K. Often participants have questions, but may be too shy to approach you. List methods you can use to encourage participant-instructor interaction and communicate to participants that you are approachable.

_____

_____

____ / 1

K. Frequently Asked Questions Total _____ / 10 ____ %

Totals for Weight Training ICE Questions (Form B)

	A. Orient.	B. Warm Up	C. Workout Prog.	D. Wt. Room	E. Cardio Training	F. Flexibility Training	G. PW Consult.	H. Safe Envir.	I. Scope of Pr.	J. Referral Network	K. FAQ's	TOTAL
Marks												
Out of	11	39	26	46	24	9	16	46	5	12	10	244
Percent	%	%	%	%	%	%	%	%	%	%	%	%

A passing mark is 75% for BCRPA Fitness Leaders and **85% for BCRPA Advanced Fitness Leaders** for **each section** of the written exam**.** Answers may be found in your theory and weight training course manuals.

Name Of Evaluator:	*Phone:*
Address:	
Evaluator Signature:	*Date:*
Candidate Signature:	*Date:*

Evaluator
Comments:_____

BCRPA Weight Training Module
ICE Resource List

Form B

1. E. Aaberg, *Muscle Mechanics,* Human Kinetics, 1998
2. *ACE Lifestyle and Weight Management Consultant Manual,* American Council on Exercise, 1996
3. *ACE Personal Trainer Manual (Second Edition),* American Council on Exercise, 1996
4. *ACSM Resource Manual for Guidelines for Exercise Testing and Prescription, American College of Sports Medicine (ACSM) (1998), Third Edition*, Baltimore, MD: Williams and Wilkins
5. *ACSM Fitness Book, Second Edition*, Human Kinetics, 1998
6. *ACSM's Health / Fitness Facility Standards and Guidelines, Second Edition,* Human Kinetics, 1997
7. M.E. Allen, B. Pothier, *Take Charge of Your Neck: The Exercise Guide to a Healthy Neck,* University Back Center, SFU, 1990.
8. M.J. Alter, *Science of Flexibility (Second Edition),* Human Kinetics, 1996
9. C. Bailey, *Smart Exercise; Burning Fat, Getting Fit,* Houghton Mifflin Company, 1996
10. T.R. Baechle, R.W. Earle, *Essentials of Strength Training and Conditioning,* Human Kinetics, 2000
11. T.R. Baechle, B.R. Groves, *Weight Training Steps to Success,* Human Kinetics, 1992
12. T.R. Baechle and R.W Earle, *Fitness Weight Training,* Human Kinetics, 1995
13. *BC Health Guide; Healthwise Handbook*, Healthwise Publications, 2000
14. T.O. Bompa, L.J. Cornacchia, *Serious Strength Training,* Human Kinetics, 1998
15. D. Brooks, *Effective Strength Training,* Human Kinetics, 2001
16. D. Brooks, *Program Design for Personal Trainers,* Human Kinetics, 1998
17. D. Brooks, *Program Design; Bridging Theory Into Application,* Movers International Publishing, 1997
18. M. Brzycki, *A Practical Approach to Strength Training.*
19. *Canada's Food Guide to Healthy Eating,* Health Canada, 1999
20. P. Chek, *Program Design; Choosing Reps, Sets, Loads, Tempo and Rest Periods,* Paul Chek Seminars, 1995
21. J. Clark, *Full Life Fitness: A Complete Exercise Program for Mature Adults,* Human Kinetics, 1992
22. B.B. Cook, G.W. Stewart, *Strength Basics*, Human Kinetics, 1996
23. C.B. Corbin, R. Lindsay, *Concepts of Physical Fitness (Seventh Edition),* Wm. C. Brown Publishers, 1991
24. F. Delavier, *Strength Training Anatomy*, Human Kinetics, 2001
25. J. E. Donnelly, *Living Anatomy (Second Edition),* Human Kinetics, 1990
26. J. Engel, *Complete Canadian Health Guide,* Key Porter Books, 1999
27. M.S. Feigenbaum and M.L. Pollock, *Strength Training: Rationale for Current Guidelines for Adult Fitness Programs,* Physician and Sports Medicine 25:44 – 64
28. S.J. Fleck, W.J. Kraemer, *Designing Resistance Training Programs,* Human Kinetics, 1997
29. D. Gagnon, and L. Forrester, *IDEA Personal Trainer Business Book; A Step by Step Guide to Success,* IDEA
30. W.C. Granthan, R.W. Patterson, T.D. York, M.L. Winick, *Health Fitness Management,* Human Kinetics, 1998
31. H. Hall, *The New Back Doctor,* Seal Books, 1995
32. E.T. Howley & B.D. Franks, *Health Fitness Instructor's Handbook,* Human Kinetics, 1997 and 2003
33. Jones, Chester et al, *Weight Training Injury Trends.* The Physican and Sportsmedicine, Vol. 28, No. 7, July 2000, pps. 61 – 72
34. E. Michaels, *Encyclopedia of Health and Aging: A Complete Guide to Health and Well-Being in Later Years,* Prima Publishing, 1997
35. W. McArdle et al., *Exercise Physiology – Energy, Nutrition and Human Performance, Fourth Edition,* Lea & Febiger Publishers, 1996
36. T. Olds, K. Norton, *Pre-Exercise Health Screening Guide,* Human Kinetics, 1999
37. J. A. Peterson, C. X. Bryant, *Strength Training for Women,* Human Kinetics, 1995
38. *Physical Activity and Health; A Report of the Surgeon General,* US Department of Health and Human Services, 1996
39. D. Turner and M.R. Uhlemann, *A Legal Handbook for the Helping Professional (Second Edition),* Sedgewick Society for Public Education, 1998
40. W. Wescott, *Building Strength and Stamina*, Human Kinetics, 1996 (Second Edition 2003)
41. W. Wescott, *Strength Fitness; Physiological Principles and Training Techniques (Fourth Edition),* W.C. Brown Publishers, 1995
42. J. & P. Wharton, *The Wharton's Stretch Book,* Random House, 1996
43. J.H. Wilmore, D.L. Costill, *Physiology of Sport and Exercise,* Human Kinetics, 1994
44. *YMCA Healthy Back Book,* Human Kinetics, 1994
45. V.M. Zatsiorsky, *Science and Practice of Strength Training,* Human Kinetics, 1995

Weight Training Course Manuals Available by contacting the BCRPA office:

1. Lifeworks Strength Training Manual; LifeWorks Inc.
2. Fitness Group Weight Training Manual

BCRPA FITNESS

BCRPA Weight Training Module
ICE Program Design

Form C-1

Program designs must be completed after successful completion of the Weight Training Specialty Module Course. 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: Cindy Candidate	**Date:** April 16, 2003

Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant

A. Participant History/Assessment

Name: Cathy Smith	Pre-Exercise Heart rate: 86	Gender: M ☐ F ☑	Age: 28
Occupation: Bank Teller	Occupation Activity Level: Standing and moving Often	Current/Past Physical Activity Level: 1-2 X per week last 3 months	
Participant Goals/Concerns: Lose 18 pounds (146 to 128). Focus on tone/reduction of waist, abdomen, hips and thighs. Improve upper body strength and endurance for water skiing this summer.			
Barriers to Participation: Overtime at work. Late nights working/out make it tough to wake up some mornings. Not eating properly.			
Completed ParQ/Lifestyle Questionnaire Attached: Yes ☑ No ☐		Clearance Needed? Yes ☐ No ☑	
Medical/Physical Concerns Affecting Participation: Her feet and legs get sore from standing so many hours.			
Participant Availability (Days of Week, Time of Day, Duration of Each Session): *Mornings at 6:30 a.m. (at work by 9 a.m. after shower/breakfast/drive) and weekends.*			
List Other Assessment Methods Used: Measurements, weight, waist/hip ratio, BMI, exercise heart rate, body composition (bioanalogic)		Consultation Time Spent with Participant: 15 minutes	

B. General Warm-Up Component

Elliptical (Cross Trainer)
50 – 60% HR max. 96 – 115 bpm
5 minutes

Dynamic (*during aerobic)
Add 5 movements after aerobic activity
15 – 30 seconds

*Ankle, knees, hips
*Shoulders (all movements)
*Shoulder girdle
Hips (ad/abduction)
Spine (rotate, lateral flexion,
extension, and flexion)

Participant Warm-up Duration: 7 minutes

Instructional Time: 7 minutes

C. Aerobic Component

On alternate days?
beats per minute range: Week 3+: 70-85% (134–163 bpm)
Week 3+: 20 minutes.

ROM movements listed in warm up.

Participant Aerobic Duration: 15 Min. Week 1. Then 24.

Instructional Time: 2 min. (explained most during warm-up)

D. Weight Training Component

		List Exercises In Sequence
(Optional Sunday)	2 seconds concentric 3 seconds eccentric	Leg Press / Crunches REST
Muscle Endurance	12 repetitions (60 seconds)	Leg Curl / Inner Thigh REST
Warm up at 40% 1RM, Week 1 train at 40%, Week 3+ at 60-75%.	Warm-up (12 with no rest)then Week 1: +12, Week 3: +24	Hip Extension / Outer Thigh REST
Week 1: One set (after warm up) Week 3+: Two sets	Perform 2 different exercises then rest 45 sec.	Lat Pull / Back Extension REST
Twelve	48 – 96 hours	Seated Row / Shoulder Press REST
		Warm up sets = circuit of 12 min
		6 Sets of 2 exercise/rest 18 min

Participant Weight Training Duration: 30 – 48 min. Instructional Time: 18 min .

Attached Program Card(s) ☑

E. Flexibility/Stretching Component

	List Muscle(s) Stretched	*Describe the stretch or attach pictures
F (Sun. optional)		
*During rest between sets		Stand: One leg forward flexion at hip
Start easy, gradual progress	Lateral Torso/Abductors X2	Stand: Forward flexion, adduct one leg
Minimum of 15-30 seconds	Mid.Trapezius/Pos.Deltoid	
1 stretch for right/left = 2 stretches		

Participant Flexibility/Stretching Duration: 0-2* minutes Instructional Time: 5 minutes

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding: Exercise names, how to use card and save time, flex schedule, DOMS, volitional fatigue, Progressive overload, how/when to ↑intensity. Goals, timelines, and availability.		
Duration of Program Before Update Required: Increase intensity of cardio and weights in week 3 if DOMS are reduced and energy increased. Book appt. for 6 weeks for new exercises/changes.		
List Additional Resources/Handouts (if any): Gave her a copy of Nancy Clark's handout "Pre/Post Workout Nutrition" and Canada Food Guide (All forms were copyright free)		
Post-Workout Consultation Duration: 5 minutes	Duration of Total Workout for Participant: Week 1-3: 52 min. Week 3+: 80 min.	Total Instructional Time: 52 minutes

To Be Completed By ICE Candidate	To Be Completed By ICE Evaluator
Workout Location: ABC Fitness Center	Date of Evaluation: June 3, 2003
Instructor Candidate: CINDY CANDIDATE	Evaluator (print): ELAINE EVALUATOR
Signature: Cindy Candidate	Signature: Elaine Evaluator

☐ ☐ ☐ ☑ 4 Excellent

BCRPA FITNESS

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. 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:**

Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant

A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M ☐ F ☐	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes ☐ No ☐		Clearance Needed? Yes ☐ No ☐	
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
1. Type
2. Intensity (% and beats per minute range)
3. Duration

ROM/Stretching
1. Type: Passive/Active, Dynamic/Static
2. # of ROM Movements/Stretches
3. Duration of Each ROM/Stretch

Joints Involved in ROM/Stretches

Participant Warm-up Duration: _____ Instructional Time: _____

C. Aerobic Component

Aerobic Activity
Before/after weights? On alternate days?
Days per week:
Training intensity zone/ beats per minute range:
Type of Activity:
Duration of Aerobic Activity:

Post-Aerobic Activity
Type:
Duration:
Final heart-rate:

Participant Aerobic Duration: _____

Instructional Time: _____

D. Weight Training Component

List Days per Week:	Velocity/Speed of Repetitions:	**List Exercises In Sequence**
Goal: Endurance, Hypertrophy, Strength	Duration of Each Set:	
Training Intensity (% of 1RM): (Warm-Up/Training Load)	Total # Sets per Workout:	
Sets/Repetitions Per Exercise:	Rest Between Sets:	
# of Exercises Per Session:	Rest Between Workouts:	

Participant Weight Training Duration: _____ Instructional Time: _____

Attached Program Card(s) ☐

E. Flexibility/Stretching Component

	List Muscle(s) Stretched	***Describe the stretch or attach pictures**
List Days Per Week:		
Before/After/Between Workout?		
Intensity of Each Stretch:		
Duration of Each Stretch:		
# Of Stretches:		

Participant Flexibility/Stretching Duration: _____ Instructional Time: _____

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding:		
Duration of Program Before Update Required:		
List Additional Resources/Handouts (if any):		
Post-Workout Consultation Duration:	Duration of Total Workout for Participant:	Total Instructional Time:

To Be Completed By ICE Candidate	**To Be Completed By ICE Evaluator**
Workout Location:	Date of Evaluation:
Instructor Candidate:	Evaluator (print):
Signature:	Signature:

☐ **1 Unacceptable** ☐ **2 Needs Improvement** ☐ **3 Good** ☐ **4 Excellent**

BCRPA FITNESS

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. 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:**

Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant

A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M ☐ F ☐	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes ☐ No ☐		Clearance Needed? Yes ☐ No ☐	
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
1. Type
2. Intensity (% and beats per minute range)
3. Duration

ROM/Stretching
1. Type: Passive/Active, Dynamic/Static
2. # of ROM Movements/Stretches
3. Duration of Each ROM/Stretch

Joints Involved in ROM/Stretches

Participant Warm-up Duration: _____ Instructional Time: _____

C. Aerobic Component

Aerobic Activity
Before/after weights? On alternate days?
Days per week:
Training intensity zone/ beats per minute range:
Type of Activity:
Duration of Aerobic Activity:

Post-Aerobic Activity
Type:
Duration:
Final heart-rate:

Participant Aerobic Duration: _____

Instructional Time: _____

D. Weight Training Component

List Days per Week:	Velocity/Speed of Repetitions:	**List Exercises In Sequence**
Goal: Endurance, Hypertrophy, Strength	Duration of Each Set:	
Training Intensity (% of 1RM): (Warm-Up/Training Load)	Total # Sets per Workout:	
Sets/Repetitions Per Exercise:	Rest Between Sets:	
# of Exercises Per Session:	Rest Between Workouts:	

Participant Weight Training Duration: _____ Instructional Time: _____

Attached Program Card(s) ☐

E. Flexibility/Stretching Component

	List Muscle(s) Stretched	***Describe the stretch or attach pictures**
List Days Per Week:		
Before/After/Between Workout?		
Intensity of Each Stretch:		
Duration of Each Stretch:		
# Of Stretches:		

Participant Flexibility/Stretching Duration: _____ Instructional Time: _____

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding:		
Duration of Program Before Update Required:		
List Additional Resources/Handouts (if any):		
Post-Workout Consultation Duration:	Duration of Total Workout for Participant:	Total Instructional Time:

To Be Completed By ICE Candidate	**To Be Completed By ICE Evaluator**
Workout Location:	Date of Evaluation:
Instructor Candidate:	Evaluator (print):
Signature:	Signature:

☐ **1 Unacceptable** ☐ **2 Needs Improvement** ☐ **3 Good** ☐ **4 Excellent**

BCRPA FITNESS

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. 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:**

Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant

A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M ☐ F ☐	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes ☐ No ☐		Clearance Needed? Yes ☐ No ☐	
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
1. Type
2. Intensity (% and beats per minute range)
3. Duration

ROM/Stretching
1. Type: Passive/Active, Dynamic/Static
2. # of ROM Movements/Stretches
3. Duration of Each ROM/Stretch

Joints Involved in ROM/Stretches

Participant Warm-up Duration: _____ Instructional Time: _____

C. Aerobic Component

Aerobic Activity
Before/after weights? On alternate days?
Days per week:
Training intensity zone/ beats per minute range:
Type of Activity:
Duration of Aerobic Activity:

Post-Aerobic Activity
Type:
Duration:
Final heart-rate:

Participant Aerobic Duration: _____

Instructional Time: _____

D. Weight Training Component

List Days per Week:	Velocity/Speed of Repetitions:	**List Exercises In Sequence**
Goal: Endurance, Hypertrophy, Strength	Duration of Each Set:	
Training Intensity (% of 1RM): (Warm-Up/Training Load)	Total # Sets per Workout:	
Sets/Repetitions Per Exercise:	Rest Between Sets:	
# of Exercises Per Session:	Rest Between Workouts:	

Participant Weight Training Duration: _____ Instructional Time: _____

Attached Program Card(s) ☐

E. Flexibility/Stretching Component

	List Muscle(s) Stretched	***Describe the stretch or attach pictures**
List Days Per Week:		
Before/After/Between Workout?		
Intensity of Each Stretch:		
Duration of Each Stretch:		
# Of Stretches:		

Participant Flexibility/Stretching Duration: _____ Instructional Time: _____

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding:		
Duration of Program Before Update Required:		
List Additional Resources/Handouts (if any):		
Post-Workout Consultation Duration:	Duration of Total Workout for Participant:	Total Instructional Time:

To Be Completed By ICE Candidate	**To Be Completed By ICE Evaluator**
Workout Location:	Date of Evaluation:
Instructor Candidate:	Evaluator (print):
Signature:	Signature:

☐ **1 Unacceptable** ☐ **2 Needs Improvement** ☐ **3 Good** ☐ **4 Excellent**

BCRPA FITNESS

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. 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:**

Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant

A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M ☐ F ☐	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes ☐ No ☐		Clearance Needed? Yes ☐ No ☐	
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
1. Type
2. Intensity (% and beats per minute range)
3. Duration

ROM/Stretching
1. Type: Passive/Active, Dynamic/Static
2. # of ROM Movements/Stretches
3. Duration of Each ROM/Stretch

Joints Involved in ROM/Stretches

Participant Warm-up Duration: _____ Instructional Time: _____

C. Aerobic Component

Aerobic Activity
Before/after weights? On alternate days?
Days per week:
Training intensity zone/ beats per minute range:
Type of Activity:
Duration of Aerobic Activity:

Post-Aerobic Activity
Type:
Duration:
Final heart-rate:

Participant Aerobic Duration: _____

Instructional Time: _____

D. Weight Training Component

List Days per Week:	Velocity/Speed of Repetitions:	**List Exercises In Sequence**
Goal: Endurance, Hypertrophy, Strength	Duration of Each Set:	
Training Intensity (% of 1RM): (Warm-Up/Training Load)	Total # Sets per Workout:	
Sets/Repetitions Per Exercise:	Rest Between Sets:	
# of Exercises Per Session:	Rest Between Workouts:	

Participant Weight Training Duration: _____ Instructional Time: _____

Attached Program Card(s) ☐

E. Flexibility/Stretching Component

	List Muscle(s) Stretched	***Describe the stretch or attach pictures**
List Days Per Week:		
Before/After/Between Workout?		
Intensity of Each Stretch:		
Duration of Each Stretch:		
# Of Stretches:		

Participant Flexibility/Stretching Duration: _____ Instructional Time: _____

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding:		
Duration of Program Before Update Required:		
List Additional Resources/Handouts (if any):		
Post-Workout Consultation Duration:	Duration of Total Workout for Participant:	Total Instructional Time:

To Be Completed By ICE Candidate	**To Be Completed By ICE Evaluator**
Workout Location:	Date of Evaluation:
Instructor Candidate:	Evaluator (print):
Signature:	Signature:

☐ **1 Unacceptable** ☐ **2 Needs Improvement** ☐ **3 Good** ☐ **4 Excellent**

BCRPA FITNESS

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. 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:**

Please Circle Appropriate Box

Program:	1. Scenario #:	2. Scenario #:	3. Scenario #:	4. Real Participant	5. Real Participant

A. Participant History/Assessment

Name:	Pre-Exercise Heart rate:	Gender: M ☐ F ☐	Age:
Occupation:	Occupation Activity Level:	Current/Past Physical Activity Level:	
Participant Goals/Concerns:			
Barriers to Participation:			
Completed ParQ/Lifestyle Questionnaire Attached: Yes ☐ No ☐		Clearance Needed? Yes ☐ No ☐	
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
1. Type
2. Intensity (% and beats per minute range)
3. Duration

ROM/Stretching
1. Type: Passive/Active, Dynamic/Static
2. # of ROM Movements/Stretches
3. Duration of Each ROM/Stretch

Joints Involved in ROM/Stretches

Participant Warm-up Duration: _____ Instructional Time: _____

C. Aerobic Component

Aerobic Activity
Before/after weights? On alternate days?
Days per week:
Training intensity zone/ beats per minute range:
Type of Activity:
Duration of Aerobic Activity:

Post-Aerobic Activity
Type:
Duration:
Final heart-rate:

Participant Aerobic Duration: _____

Instructional Time: _____

D. Weight Training Component

List Days per Week:	Velocity/Speed of Repetitions:	**List Exercises In Sequence**
Goal: Endurance, Hypertrophy, Strength	Duration of Each Set:	
Training Intensity (% of 1RM): (Warm-Up/Training Load)	Total # Sets per Workout:	
Sets/Repetitions Per Exercise:	Rest Between Sets:	
# of Exercises Per Session:	Rest Between Workouts:	

Participant Weight Training Duration: _____ Instructional Time: _____

Attached Program Card(s) ☐

E. Flexibility/Stretching Component

	List Muscle(s) Stretched	***Describe the stretch or attach pictures**
List Days Per Week:		
Before/After/Between Workout?		
Intensity of Each Stretch:		
Duration of Each Stretch:		
# Of Stretches:		

Participant Flexibility/Stretching Duration: _____ Instructional Time: _____

*Describe type (i.e. dynamic, static) and body position (i.e. standing, seated)

F. Post-Workout Consultation

Topics Reviewed/Questions Asked To Assess Participant's Understanding:		
Duration of Program Before Update Required:		
List Additional Resources/Handouts (if any):		
Post-Workout Consultation Duration:	Duration of Total Workout for Participant:	Total Instructional Time:

To Be Completed By ICE Candidate	**To Be Completed By ICE Evaluator**
Workout Location:	Date of Evaluation:
Instructor Candidate:	Evaluator (print):
Signature:	Signature:

☐ **1 Unacceptable** ☐ **2 Needs Improvement** ☐ **3 Good** ☐ **4 Excellent**

BCRPA Weight Training Module
ICE Program Scenarios

The following scenarios have been created for the Weight Training Instructor Competency Evaluation (ICE). They represent typical, everyday situations that could be encountered in a fitness facility. Prior to the evaluation, the candidate must choose three scenarios and complete the Program Design (Form C) for each. A program card must be attached to each program design.

1. Unfit Beginner: Jane is a 36-year-old credit manager. Her work is sedentary. She played sports when younger, occasionally exercises to fitness videos and has done some jogging in the past. But she has not been on a regular fitness program for over one year and is developing intermittent back pain. Her physician has told her it is the result of prolonged poor posture during her working day, along with weak and over-stretched muscles in her upper body. Her doctor has recommended that she start a fitness program. Jane is also interested in losing 14 pounds gained over the last four years. She is available evenings after 6:00 p.m., mornings before 7:45 a.m. and anytime on weekends.

2. Unfit Beginner: Jonathan is a 20-year-old, non-athletic university student. He is very slender and would like to gain 15 to 20 pounds of lean tissue. He is available only twice per week for about one hour each time.

3. Fit Beginner: Ralph, a 31-year-old architect, plays on a men's recreational hockey team twice per week for one hour, seven months of the year. He would like to trim 10 pounds of recently gained weight, tone and shape his entire body, and build strength for hockey. He has not used weights since high school. He is available on Monday, Tuesday and Thursday nights, and Saturday mornings.

4. Fit Beginner: Lara, a 67-year-old retired pharmacist, walks each day for 20 to 30 minutes. She would like to increase muscle endurance in her upper body for when she carries groceries and laundry. She would also like to increase strength and speed in her legs, so she can get across a busy street before the light turns red, and improve her rounded shoulder posture. She has medical clearance. She would like to participate in a fitness program during the day between 9:30 a.m. and noon.

5. Fit Intermediate: Marianne, a 28-year-old mother of two, has been exercising regularly, four days per week at 9:15 a.m., for the last six months. She has lost 20 pounds during this time. Her current program includes a STEP fitness class for one hour, then 15 minutes on the weight room circuit. She would like to lose an additional seven pounds in order to reach her pre-pregnancy weight. She also wishes to improve her posture, increase upper-body strength and tone her abdomen, hips and thighs. She would like to maintain her workout frequency and duration.

6. Fit Intermediate: Harold, a 50-year-old road worker, has been working out for more than 15 years on and off. He has developed considerable strength and size in his chest and back, but feels he needs to develop more strength and flexibility in his lower back and legs. He would like to lose 15 pounds and firm his waistline. He needs assistance developing a balanced program. He is available in the evenings after 5:30 p.m., Monday through Friday.

7. Fit Advanced: Sandra, age 45, has been working out, on and off, for 18 years. During the last five years, she has exercised consistently and her weight has dropped from 162 pounds to 140 pounds. She is currently at 24 per cent body fat. She works out five days per week for almost two hours each time. Each workout is comprised of one hour of cardiovascular training, 30 minutes of a full-body weight room workout focusing on muscle endurance (two sets of 12 exercises) and 20 minutes of stretching. She is bored and is seeking a new challenge and some variety. She would like to reduce her body fat a few percentage points by losing about five pounds. She is available early mornings from 6:00 a.m. to 7:30 a.m., after work in the evenings and weekends.

NOTE: Each scenario is different and will require varied considerations. However, there are some principles and procedures that are standard to every program. For example: ParQ, Health Screening, goal setting, F.I.T.T. principle, warm-up, stretching, method for determining workload and more. Please ensure that your participants' programs address both these standard and more specific considerations.

BCRPA Weight Training Module
Instructor Competency Evaluation (ICE) Form

Form D

Candidate Name:	Date of evaluation:	
Address:	City:	Postal Code:
Phone(H):	Phone(W):	

A. ICE QUESTIONNAIRE: Evaluation criteria described on reverse.

A-1. Written Answers Attached: YES ☐ NO ☐

A-2. Verbal Assessment of 10 Questions:

Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2
Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2	Question #: Total: / 2

A. ICE Questionnaire Subtotal 0 / 20

B. PROGRAM DESIGN SCENARIOS: Evaluation criteria described on reverse.

Three scenario program designs, two real program designs attached: YES ☐ NO ☐

Program:	1. Scenario #: Total: / 4	2. Scenario #: Total: / 4	3. Scenario #: Total: / 4	4. Real Participant Total: / 4	5. Real Participant Total: / 4

B. Program Design Scenarios Subtotal 0/ 20

C. WARM-UP: Evaluation criteria described on reverse.

1. Demonstrates proper use of equipment. ___ / 4
2. Applies warm-up principles described on questionnaire. ___ / 4
3. Demonstrates appropriate teaching skills. ___ / 4

C. Warm-Up Subtotal 0 / 12

D. PRACTICAL DEMONSTRATION OF EXERCISES AND STRETCHES: Described on reverse.

Evaluation Chart List equipment type below exercise.	Lat Pull Down	Seated Row	Bench/Chest Press	Shoulder Press	Leg Press	Leg Curl	Back Extension	Abdomen/ Core	Calf Press	Evaluator Choice
Adjustments: Equipment, Body, Weight										
ROM										
Stabilize Non-involved Joints										
Repetition Speed										
Breathing										
Muscles/Joints										
Points of Concern										
Stretch										
Alternatives										
Teaching Skills										
Total of 10	0	0	0	0	0	0	0	0	0	0

D. Practical Demonstration Subtotal 0 / 100

Comments:

A-1. Written Answers	A-2. Verbal Answers	B. Program Designs	C. Warm-Up	D. Exercises/Stretches
/ 244	/ 20	/ 20	/ 12	/ 100
0.0 % Pass ☐	0.0 % Pass ☐	0.0 % Pass ☐	0.0 % Pass ☐	0.0 % Pass ☐

Name of Evaluator (print):	**Phone/e-mail:**
Signature of Evaluator:	**Candidate Signature:**

****Please ensure your entire package is filled out and submit copies only to BCRPA****

BCRPA Weight Training Module
Instructor Competency Evaluation (ICE) Form

Form D

A. QUESTIONNAIRE

Written answers must be attached. A passing mark for **each section** of written answers is 75% for BCRPA Fitness Leaders and 85% for Advanced
Fitness Leaders. Your ICE evaluator will evaluate your ability to verbally answer some of the questions listed on the questionnaire. Each of the 10
verbal questions is worth two points: 1 point for content (providing the correct answer), and 1 point for delivery (a clear explanation, complete
answers with correct anatomical terminology and good voice projection).

B. PROGRAM DESIGN SCENARIOS

Program Designs must have a program card attached. Each Program Design is rated on a total value scale of 1 to 4.
1 – Unacceptable 2 – Needs Improvement 3 – Good 4 – Excellent

C. WARM-UP

Each warm-up component has a maximum value of four (4).
1 – Unacceptable 2 – Needs Improvement 3 – Good 4 – Excellent

D. PRACTICAL EVALUATION OF EXERCISES AND STRETCHES

Candidate will be evaluated on the following criteria:

1. **Adjust Equipment/Workload/Body Position:** Adjusts seat height/lever lengths to oppose the line of resistance. Determines the workload.
2. **Range of Motion:** Ensures appropriate and safe range of motion for the joints involved. Consistent ROM through all repetitions.
3. **Stabilization:** Ensures that joints not involved in the exercise, especially those above and below involved joints, are stabilized. Body position is checked.
4. **Velocity:** Teaches appropriate speed of execution for a single repetition.
5. **Breathing:** Avoids holding breath. Ensures inhalation and exhalation during each repetition is appropriate for the exercise and velocity.
6. **Musculoskeletal Knowledge:** Describes muscle(s)/muscle group(s) and joints involved in the exercise.
7. **Points of Concern:** Educates participant on common technique errors for the exercise. Describes how to correct them.
8. **Stretch:** Demonstrates a stretch for each of the prime movers of the exercise.
9. **Alternatives/High Risk:** Offers alternative exercises. Indicates for whom this exercise would be high risk.
10. **Teaching Skills:** Uses appropriate teaching skills for each exercise. (Description below.

TEACHING SKILLS: Practical Demonstration of Warm-Up and Weight Room Exercises

Body Language/Kinesthetic: Awareness of position that is appropriate for best instruction. Makes eye contact. Observes participant's technique/response. Uses hands-on touch appropriately. Demonstrates good posture, hygiene and attire.
Voice: Tone, volume, tempo, inflection and projection appropriate for surroundings and participant.
Education/Explanation: Uses clear, complete instructions. Uses correct anatomical terminology, plus general terms. Questions participant for feedback and adjusts exercise accordingly.
Concise: Avoids information overload. Uses a step-by-step approach. Integrates education and instruction into exercise activity times. Instruction of each exercise, with 8-15 repetitions, takes approximately two minutes.

A STEP-BY-STEP APPROACH

Demonstrate: While informing participant of general area(s) involved (i.e. "top of thighs"), demonstrate how to get on the machine and perform 2-3 repetitions so the action can be viewed by participant.
Do: Have the participant adjust the equipment and body alignment to the specifications described. Have the participant execute the repetitions.
Describe (during activity): Range of motion, velocity, breathing, stabilization of other joints, correct path of resistance. Ask for feedback: Where do you feel it? Is it too easy? Too hard? Adjust resistance and equipment as needed.
Details (during activity): Describe involved muscles and joints, goal of the exercise, points of concern and safety and appropriate number of repetitions.

DETERMINING TRAINING WORKLOADS: METHOD 1

CLIENTS THAT ARE STARTING OUT

A simple method that can be used with people STARTING OUT is shown below.

Baechle/Groves (1992)

Reps completed	Adjustment (in pounds)
<7	- 15
8-9	- 10
10-11	- 5
12-15	0
16-17	+5
18-19	+10
>20	+15

Example:

If your client can bench press 105 lbs for 6 reps and overhead press 75 lbs for 8 reps, then his/her starting weight would be:

Bench Press: 90 lbs Overhead Press: 65 lbs

IMPORTANT!

Let your client lift the weight until he/she wishes to stop, do not coax them to go beyond what feels comfortable. Always choose conservatively (lighter vs heavier).

TESTING PROCEDURE FOR DETERMINING STARTING WORKLOAD (OPTIONAL)

Steps:

1. Choose a weight you feel your client is capable of completing 12-15 reps with.
2. Perform a 10 rep warm-up with wt. 50 – 75% of the test weight; take 2 minutes rest (have client perform a warm-up on another unrelated exercise while waiting)
3. Perform the test with the test weight (the wt. you think he/she is able to lift 12x)
4. Use the chart above to determine whether this is a good starting weight; add or subtract the weight according to your client's performance.

METHOD 2

FOR CLIENTS WHO HAVE BEEN TRAINING CONSISTENTLY FOR A MINIMUM OF 4-6 WEEKS & APPEAR READY FOR A MORE INTENSE WORKLOAD TESTING METHOD.

Intensity/ Repetition Chart (Poliquin, 1986)

Strength	Strength/Hypertr.	Hypertrophy	Endurance
1 rep = 100%	6 rep = 83%	9 rep = 76%	13 reps = 69%
2 = 95%	7 = 80%	10 = 75%	14 = 68%
3 = 90%	8 = 78%	11 = 72%	15 = 66%
4 = 88%		12 = 70%	16 = 65%
5 = 85%			17 = 64%
			18 = 63%
***Benefit: more accurate than method number 1.**			19 = 62%
*the higher the repetitions the less accurate the %			20 = 60%

How to use this chart

This chart is to be used to determine whether a client is working within his/her training zone. MOMENTARY MUSCLE FATIGUE IS THE KEY TO THIS CHART, when a competent client fatigues while lifting a weight (using a spotter), note the number of repetitions performed, then use the chart to find out what % of his/her 1 repetition maximum (1RM) this weight is. This will tell you whether he/she is in his/her correct training zone and whether it is time to increase or decrease the workload.

Example:
If your client's goal is to put on size (hypertrophy) and after testing she leg pressed 200 lbs for 16 reps, using the chart above, you would learn that this weight is 65% of her 1(RM). You would also realize that the workload is too light for her goal and needs to be increased. The weight must be increased to an intensity that causes her fatigue between 8-12 reps.

IMPORTANT!

It is not considered safe to test any client's strength capacity using a 1 RM test; instead it is recommended that the instructor perform a 10RM to 12 RM test.

Do not test a new client's strength capacity, until he/she is ready. This "readiness" is different for each client and is determined by the client's mastery of technique. In most cases, a new sedentary client will not be ready to be tested (to fatigue) until 4-6 weeks of consistent training have been completed.

TESTING PROCEDURE FOR DETERMINING WORKLOADS (OPTIONAL)

1. **Use a weight you & your client feel he/she is capable of completing 10-12 reps with.**
2. **Perform a 10rep warm-up with a weight 50% of the test weight; take 2 minutes rest**
3. **Perform 3-5 reps with the test weight; take 2-5 minutes rest**
4. **Do the test with the test weight (the wt you think he/she is able to lift 10-12x)**
5. **Use the chart to determine what the % of this test weight is to his her 1RM**

PRACTICAL MODULE EVALUATION

Which practical module did you take?

(1) Group Fitness (2) Weight Training (3) Aquatic Fitness

(4) Yoga Fitness (5) Personal Training (6) Osteofit (7) Pilates Fitness

Organization/Club where module was held: _____

Module instructor:_____

Module Commencement Date: [ ] day [ ] month 20[ ] year

Using a 5-point scale where P = Poor, F = Fair, G = Good, V = Very Good, E = Excellent, please rate the following aspects of the module.

How would you rate the FACILITY provided for this module?	(P)	(F)	(G)	(V)	(E)
How would you rate the INFORMATION you learned in this module?	(P)	(F)	(G)	(V)	(E)
How would you rate the CONDUCTOR'S PRESENTATION STYLE?	(P)	(F)	(G)	(V)	(E)
How would you rate the QUALITY OF THE MATERIALS provided?	(P)	(F)	(G)	(V)	(E)
How would you rate the USEFULLNESS OF THE MATERIALS provided?	(P)	(F)	(G)	(V)	(E)
How would you rate the QUALITY OF THE MODULE overall?	(P)	(F)	(G)	(V)	(E)

Was the ICE package explained to you in the module? (Y) Yes (N) No

Please list up to three things that you LIKED BEST about the module.

Please describe any changes that could be made to IMPROVE the module.

Additional Comments?

Practical Module Evaluation ID – to be completed during practical module

(A)	(B)	(C)	(D)	(E)	(1)	(2)	(3)	(4)	(5)

Please Turn Over for ICE Evaluation Questionnaire ⟶

ICE EVALUATION QUESTIONNAIRE

Which module is this ICE Evaluation for?

(1) Group Fitness (2) Weight Training (3) Aquatic Fitness

(4) Yoga Fitness (5) Personal Training (6) Osteofit (7) Pilates Fitness

ICE evaluator:_____ **ICE Date: [ ] day [ ] month 20[ ] year**

How long did the ICE evaluation take?: [ ] hours [ ] minutes

Using a 5-point scale where P = Poor, F = Fair, G = Good, V = Very Good, E = Excellent, please rate the following aspects of the evaluation.

How would you rate how well you were NOTIFIED by the ICE evaluator about what to expect during the evaluation?	(P)	(F)	(G)	(V)	(E)
How well were your pre-written questions/ program designs EXPLAINED to you during your ICE evaluation?	(P)	(F)	(G)	(V)	(E)
How would you rate the LEARNING EXPERIENCE during the evaluation?	(P)	(F)	(G)	(V)	(E)
How would you rate how OBJECTIVE this assessment was of your leadership skills?	(P)	(F)	(G)	(V)	(E)
How would you rate the PROFESSIONAL CONDUCT of the ICE evaluator?	(P)	(F)	(G)	(V)	(E)
How would you rate the QUALITY OF THE EVALUATION overall?	(P)	(F)	(G)	(V)	(E)

Please list up to three things that you LIKED BEST about the ICE evaluation.

Please describe any changes that could be made to IMPROVE the ICE.

Additional Comments?

ICE Instructor Evaluation ID – to be completed at evaluation

(A)	(B)	(C)	(D)	(E)	(1)	(2)	(3)	(4)	(5)

Thank you for taking the time to complete this questionnaire. We appreciate your constructive feedback so we can continue to improve the quality of the Fitness Registration Program.

Please return this questionnaire and your completed ICE package to: BCRPA