

**CPFT PRACTICAL Examination - Station: Client Health Assessment**

**CPFT Candidate NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exam Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPFT Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Client Name: Age: Gender: Male Female |
|  | **YES** | **NO** |
| *Completed PAR-Q+* ***-OR-*** *Physician clearance retained*  |  |  |
| *CPFT introduced self to client*  |  |  |
| *CPFT explained assessment(s) to client* |  |  |
| *CPFT asked client for permission to touch \* may also be included in subsequent areas \** |  |  |
| **Height: cm** | **YES** | **NO** |
| *client was positioned without footwear, heels touching floor* |  |  |
| *client was positioned looking straight ahead, arms at sides* |  |  |
| *firm contact made on top of head with set square* |  |  |
| *measurement recorded to the* ***nearest 0.5 cm*** |  |  |
| **Weight: kg** | **YES** | **NO** |
| *scale placed on hard, flat surface, balanced at zero as required* |  |  |
| *client positioned without footwear* |  |  |
| *client positioned looking straight ahead, arms at sides* |  |  |
| *both feet placed in centre of scale* |  |  |
| *measurement recorded to the* ***nearest 0.1 kg*** |  |  |
| **Waist Circumference: cm** | **YES** | **NO** |
| *candidate requested permission to touch client \*see above\** |  |  |
| *anthropometric tape measure used* |  |  |
| *measurement taken directly on client's skin* ***--OR--*** |  |  |
| *measurement taken over thin layer of clothing (only if client preference)* |  |  |
| *tape positioned on the top border of* ***RIGHT*** *iliac crest* |  |  |
| *client with arms at sides (****NIH Protocol)*** |  |  |
| *measurement taken at the end of a normal breath* |  |  |
| *sufficient tension applied to tape* |  |  |
| *measurement recorded to the* ***nearest 0.5 cm*** |  |  |
| **Resting Pulse (Heart) Rate: / bpm** | **YES** | **NO** |
| *client seated with arm supported and feet flat on floor* |  |  |
| *client allowed to remain seated for at least 5 minutes prior to test\*\**  |  |  |
| *gentle pressure applied to client's radial artery* |  |  |
| *measurement taken starting a zero (0)*  |  |  |
| *measurement assessed for 60 seconds, multiplied accurately for b/p/m*  |  |  |
| *total pulse rate* ***lower than 100 bpm*** *and client permitted to proceed* |  |  |

***\*\*if testing does not allow 5 minute rest prior to HR = discuss/question protocol for >100 bpm***

|  |  |  |
| --- | --- | --- |
| **BMI: (weight/height2)** | **YES** | **NO** |
| *calculation completed correctly* |  |  |
| *outcomes discussed with client* |  |  |

**Underweight Normal Overweight Obese**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *outcome categories used for discussion with client outcomes* |  |  |  |
| **WC within positive health range: YES NO** | **YES** | **NO** |
| ***NIH guidelines applied*** *within client discussion/communication* |  |  |
|  |  |  |
|  | *Karvonen method accurately completed* |  |  |  |
| *Target Heart Rate Zones accurately defined* |  |  |
| *Rate of Perceived Exertion accurately defined* |  |  |
|  |  |  |

***Optional Examiner Questions*** *=*

|  |  |  |
| --- | --- | --- |
| *CPFT discussed limitations of BMI with client* |  |  |
| *CPFT discussed WC rationale* |  |  |
| *CPFT discussed Karvonen method merits with client* |  |  |
| *CPFT discussed RPE scale and client use to self-monitor* |  |  |
|  |  |  |
|  |  |  |
| **STATION 1 OUTCOME------------------------------------** | **PASS** | **FAIL** |

\*A minimum score is required for the successful completion of the Practical Assessment.

*Additional Examiner Comments:*

*Future goals:*

***By signing this Assessment, I, as the Fitness Alberta Certified Personal Fitness Trainer, do hereby attest that I have performed today with the full intention of providing a safe and effective session/class to my client(s), and in accordance to Fitness Alberta Performance Standards. I accept the feedback as provided herein.***

***PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***