

**CPFT PRACTICAL Examination – Station 3 & 4: Client Consultation, Counseling & Exercise Prescription**

**CPFT Candidate NAME: Exam Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Study Client:** | | **YES** | **NO** | *details:* |
| ***STAGE OF CHANGE*** *identified:* | |  |  |  |
|  | *Precontemplation or Contemplation* |  |  |  |
| *Preparation,**Action or Maintenance* |  |  |  |
|  | | | | |
| ***All 10*** *Client Health Assessment Profile areas completed correctly* | |  |  |  |
| ***Motivation*** *discussed* | |  |  | **How would you keep your client motivated?** |
|  | | | | |
| ***S.M.A.R.T*** *goal setting discussed* | |  |  | **What is the client’s SPECIFIC goal(s)?** |
|  | | | | |
| *Appropriate* ***Warm-Up*** *prescribed* | |  |  |  |
| *Cardiovascular -* ***FREQUENCY =*** | |  |  |  |
| *Cardiovascular -* ***INTENSITY =*** | |  |  |  |
| *Cardiovascular -* ***TIME =*** | |  |  |  |
| *Cardiovascular -* ***TYPE =*** | |  |  |  |
| *Cardiovascular exercise selection appropriate for client’s goals* | |  |  |  |
|  | | | | |
| ***Target Heart Rate Zones*** *incorporated into cardio component* | |  |  | **At what percentage of Target Heart Rate Zone would you advise?** |
| *Exercise exertion monitoring discussed =* ***RPE****, talk test* | |  |  | **How would you advise your client to monitor their exertion?** |
|  | | | | |
| ***Progressive Overload*** *applied* | |  |  | **How/When would you progress your client?** |
|  | | | | |
| *Appropriate* ***Cool-Down*** *prescribed* | |  |  | **How Long should your client cool down?** |

**CPFT Examiner: Exam Location:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **YES** | **NO** | *details:* |
| *Resistance -* | ***FREQUENCY =*** | | | |  |  |  |
| *Resistance -* | ***INTENSITY =*** | | | |  |  |  |
| *Resistance -* | ***TIME =*** | | | |  |  |  |
| *Resistance -* | ***TYPE =*** | | | |  |  |  |
| *Resistance exercise selections appropriate for client's* ***goals*** | | | | |  |  |  |
| *Resistance exercises encompass* ***TOTAL BODY*** *prescription* | | | | |  |  |  |
| *Resistance exercise DEMONSTRATIONS (see below)* | | | | | **1** |  |  |
| *\*candidates should successfully demonstrate* ***NO*** | | | | | **2** |  |  |
| ***LESS*** *than* ***3*** *exercises from their Prescription* | | | | | **3** |  |  |
| *Resistance exercise MODIFICATION* | | | | | **1** |  |  |
|  | | | | |  |  |  |
| *Flexibility -* ***FREQUENCY =*** | | | | |  |  |  |
| *Flexibility -* ***INTENSITY =*** | | | | |  |  |  |
| *Flexibility -* ***TIME =*** | | | | |  |  |  |
| *Flexibility -* ***TYPE =*** | | | | |  |  |  |
| *Flexibility exercise selections appropriate for client's* ***goals*** | | | | |  |  |  |
| *Flexibility exercises encompass* ***TOTAL BODY*** *prescription* | | | | |  |  |  |
|  | | | | | | | |
| ***Progressive Overload*** *applied* | | | | |  |  | **How/when would you progress your client?** |
|  | | | | |  |  |  |
| ***Phase of training*** | | | | |  |  | **What phase is your client in? When would they safely progress?** |
|  | | | | |  |  |  |
| ***SAID*** *principle applied* | | | | |  |  | **How does your exercise selection mimic the client's goal(s)?** |
|  | | | | |  |  |  |
| ***Safety*** *guidelines &* ***Emergency*** *procedures discussed* | | | | |  |  | **How would you keep your client safe while training?** |
|  | | | | |  |  |  |
| ***Active Living*** *discussed* | | | | |  |  | **How would active living assist with goal(s)?** |
|  | | | | |  |  |  |
| *Exercise prescription is* ***Functional*** *and practical for client* | | | | |  |  | **What makes the exercises functional for the client AND their goals?** |
|  | | | | |  |  |  |
| ***Injury Prevention*** *applied* | | | | |  |  | **How will you avoid injury with your client?** |
|  | | | | |  |  |  |
| ***Exercise Demonstration* Yes No** | | | | | *details:* |  |  |
| ***Name*** *of exercise* | |  |  |  |  |  |  |
| ***Purpose*** *of Exercise (e.g., muscles used)* | |  |  |  |  |  |  |
| *Demo completed* ***properly*** | |  |  |  |  |  |  |
| *Client equipment* ***set up appropriate*** | |  |  |  |  |  |  |
| ***Client weight (intensity) matched the repetition range (given goals)*** | |  |  |  |  |  |  |
| ***Additional Information:*** | | | | |  |  |  |
| ***Space*** *Requirements met* | | | | |  |  |  |
|  | | | | |  |  |  |
| ***CHAP Equipment*** *set up Appropriate* | | | | |  |  |  |
|  | | | | |  |  |  |
| ***Scope of Practice*** *Explained* | | | | |  |  |  |
|  | | | | |  |  |  |
|  | | | | |  |  |  |
|  | | | | |  |  |  |
| **STATION 2 OUTCOME---------------------------** | | | | | **PASS** | **FAIL** |  |