

**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** |  |