

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

**CPFT Candidate NAME: Exam Date:**

*First, Last; Please Print dd/mm/yyyy*

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| **First assessment for candidate** |  | **Follow up assessment** |  |

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| **Client:** | **YES** | **NO** | *details:* |
| ***Consultation & Counseling*** | | | |
| *Stage of Change identified: Precontemplation or Contemplation, Preparation,**Action or Maintenance* |  |  |  |
|  |
| **BMI: (weight/height2)** | **YES** | **NO** |  |
| *calculation completed correctly* |  |  |  |
| *outcomes discussed with client* |  |  |  |
| *CPFT discussed limitations of* ***BMI*** *with client* |  |  |  |
| **Underweight Normal Overweight Obese** | *Circle one* | |  |
| *outcome categories used for discussion with client outcomes* |  |  |  |
| **WC within positive health range: YES NO** | *Circle one* | |  |
| ***NIH guidelines applied*** *within client discussion/communication* |  |  |  |
| *CPFT discussed* ***WC*** *rationale* |  |  |  |
| ***Motivation*** *discussed* |  |  |  |
| *Principles of Motivational Interviewing appropriately applied (empathy, support self-efficacy, accepting resistance, surfacing discrepancies)* |  |  |  |
| *Effective use of open-ended questions* |  |  |  |
| *Use of affirmations where appropriate* |  |  |  |
| *Use of reflections where appropriate* |  |  |  |
| *Effective use of summaries throughout discussion* |  |  |  |
| ***S.M.A.R.T*** *goal setting discussed and applied* |  |  |  |
|  | | | |
| **Exercise prescription** | **YES** | **NO** |  |
| ***Warm-Up prescribed*** |  |  |  |
| *Intensity/time/type appropriate* |  |  |  |
| *Participant intensity monitored (HR, RPE, MET)* |  |  |  |
| *Active range of motion (ROM) for all joints and major muscle groups* |  |  |  |
| *Rehearsal movements performed based on equipment/goals* |  |  |  |
| *Progression of intensity appropriate* |  |  |  |
| *Postural alignment cues and safety precautions provided* |  |  |  |
| *Movement variations/alternatives provided to address level of participant ability* |  |  |  |
| *Safe/appropriate use of equipment described and demonstrated* |  |  |  |
| *Safe/appropriate technique described and demonstrated* |  |  |  |
|  | | | |
| ***Cardiovascular exercise prescribed*** | **YES** | **NO** | *details:* |
| *Cardiovascular exercise selection appropriate for client’s goals* |  |  |  |
| *Intensity checks appropriate (method and timing)* |  |  |  |
| *Karvonen method accurately explained and completed* |  |  |  |
| *Target Heart Rate Zones accurately defined and used* ***OR*** |  |  |  |
| *Rate of Perceived Exertion accurately defined and used* ***OR*** |  |
| *Talk Test accurately described and used* |  |
| *Postural alignment cues provided* |  |  |  |
| *Safe/appropriate use of equipment described and demonstrated* |  |  |  |
| *Safe/appropriate technique described and demonstrated* |  |  |  |
| *Training principles applied appropriately for client goals (e.g., FITT, progressive overload, specificity, rest/recovery, cross training)* |  |  |  |
| *Appropriate Cool-Down prescribed (intensity/time/type)* |  |  |  |
|  | | | |
| ***Resistance exercise prescribed*** | **YES** | **NO** | *details:* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Resistance exercise selections appropriate for client's goals* | | | | |  |  |  |
| *Intensity checks appropriate (method and timing)* | | | | |  |  |  |
| *Training principles applied appropriately for client goals*  *(e.g., FITT, progressive overload, specificity, rest/recovery, cross training)* | | | | |  |  |  |
| *Phase of training considered* | | | | |  |  |  |
| *Exercise prescription is functional and practical for client* | | | | |  |  |  |
| ***Resistance exercise******DEMONSTRATIONS*** | | | | | **1** |  |  |
| *\*candidate should successfully demonstrate* ***NO*** | | | | | **2** |  |  |
| ***LESS*** *than* ***3*** *exercises from their Prescription* | | | | | **3** |  |  |
| *Resistance exercise MODIFICATION* | | | | | **1** |  |  |
|  | | | | | **YES** | **NO** | *details:* |
| *Name of exercise given for each exercise* | | | | |  |  |  |
| *Purpose of exercise (e.g., muscles used) given for each exercise* | | | | |  |  |  |
| *Correct anatomical terminology for muscles and movements used* | | | | |  |  |  |
| *Demo of exercises completed properly* | | | | |  |  |  |
| *Postural alignment cues given (spine, shoulders, knee safety)* | | | | |  |  |  |
| *Correct breathing cues provided* | | | | |  |  |  |
| *Client equipment set up appropriate* | | | | |  |  |  |
| *Client weight (intensity) matched the repetition range (given goals) for each exercise* | | | | |  |  |  |
| *Safe/appropriate use of equipment described and demonstrated* | | | | |  |  |  |
| *Safe/appropriate technique described and demonstrated* | | | | |  |  |  |
| *Speed of execution appropriate/safe* | | | | |  |  |  |
| *Balances R/L, agonist/antagonist* | | | | |  |  |  |
|  | | | | | | | |
| ***Flexibility exercise prescribed*** | | | | | **YES** | **NO** | *details:* |
| *Flexibility exercise selections appropriate for client's goals* | | | | |  |  |  |
| *Training principles applied appropriately for client goals*  *(e.g., FITT, progressive overload, specificity, rest/recovery, cross training)* | | | | |  |  |  |
|  | | | | | | | |
| **Client-Centered Consultation Yes No** *details:* | | | | | | | |  |
| *Organized and prepared* |  |  |  |  | |  |  |
| *Program format clearly explained* |  |  |  |  | |  |  |
| *Flexible to individual’s needs* |  |  |  |  | |  |  |
| *Appropriate amount of eye contact, constant observation of technique* |  |  |  |  | |  |  |
| *Verbal communication skills concise, appropriate terminology* |  |  |  |  | |  |  |
| *Motivational, encouraging, welcoming attitude conveyed* |  |  |  |  | |  |  |
| *Consistent safety precautions* |  |  |  |  | |  |  |
| *Participant feedback encouraged* |  |  |  |  | |  |  |
| *Complex exercises/movements effectively broken down* |  |  |  |  | |  |  |
| ***Active Living*** *discussed* |  |  |  |  | |  |  |
| ***Additional Information:*** | | | | |  |  |  |
| ***Space*** *Requirements met* | | | | |  |  |  |
|  | | | | |  |  |  |
| ***Other*** *Comments* | | | | |  |  |  |
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\*A minimum score of 50 out of 63 (80%) is required for the successful completion of this component of the Practical Assessment.

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| **STATION 2 OUTCOME:** | **PASS** |  | **ADDITIONAL ASSESSMENT REQUIRED** |  |

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

***PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPFT CANDIDATE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(CPFT Candidate)*

***PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPFT EXAMINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(CPFT Examiner)*