Video Lecture 1 (with slides) Initial assessment, screening and client engagement

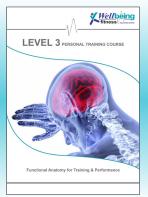
Knowledge & Application of Personal Training

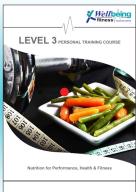
LECTURE

Hello, and welcome

to the audio recorded resources

Level 3 Personal Training Application of Personal Training.











Hello, and welcome to the audio recorded resources for the Level Three Personal Training Course. These are personal training resources for the Knowledge and Application of Personal Training. So what does that mean?

What I'll do is firstly, explain how the resources and the assessment books work together. You have your Fitness Testing and Training Programming booklet. That's what we refer to as the main spine of the booklet and of the course.

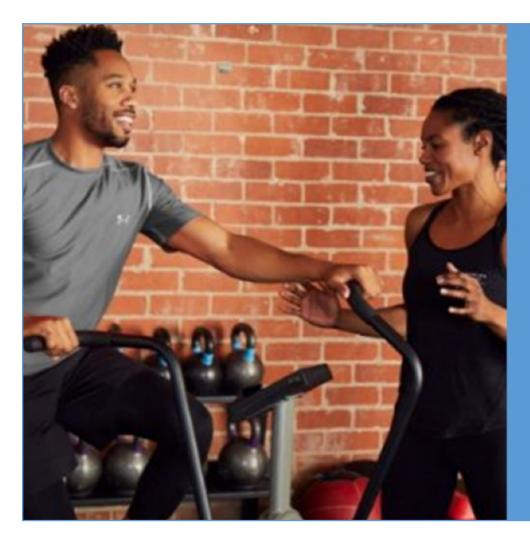
When you're issued with your booklets, what you should be aiming to do is within the **first week**, start answering these questions here. For your Anatomy booklet, you will have a video resource on the Student Hub, and you'll also have the written transcript from those videos. So you've got the choice of either watching the videos or reading the dialogue from them (or both). And the same with the Nutrition booklet.

In the first four weeks you are looking at answering questions in these three booklets. And then once you are two thirds of the way through or have completed these booklets, you then go on to the other two. So this is how the course now comes together.

What we're looking at doing is teaching you from the point of when a client walks in to when the client walks out – what you need to do to be an effective personal training coach who provides an effective physical training session. So every week, you'll go into your venue to have your delivery and your sessions. Most of that will sit outside of these booklets over the 10 weeks, but it will really relate to the Fitness Session Training and Programming booklet.

That's where the content will reinforce what you're learning each week.

So what do you have to help you get through this course? You will have the face-to-face delivery each week. And you have the assessment booklets. The booklets aren't there just to test what you do or don't know. They're also there to teach you and help you underpin the knowledge that you need, and then how to relate that to commercial practice. You've got the resources: videos and transcripts for Anatomy and Nutrition, and then also you've got the videos and transcripts which cover the rest of the course that you can use to help you better understand the questions and what is required from the booklets.



Initial
assessment &
pre-exercise
screening

What we're going to look at first is the initial assessment and pre-exercise screening. I said just now that we are looking at the process of when a client walks in to when the client walks out – in other words: what you need to know and do to offer an effective session.

These types of questions and considerations and processes will really underpin and reinforce the type of business and the type of clients that you are looking to work with because there are a range of different clients out there. And it'd be a really good idea to have some sort of idea in your mind of who you're going to be training and what your services and systems will look like.

Please note that when you start to do some additional online research and you're using search engines to look for particular terms and definitions, you'll find that different awarding bodies and different organizations will categorize and give different terms for different documents and processes.

Questions to Ask a Client **Personal Details** Gender Name Informed Medical Screening Questioning Consent Hours of work Stress levels at work Occupation Whether the Duration of lunch/ occupation is active tea breaks or desk bound How does the client relax? This might also help you Socialising to establish their stage of behaviour change.

As we go through this slide, I will try to expand on the various points for you.

When we think about the initial assessment and pre-exercise screening, what is your client's journey with you?

So:

From the point of when they find out that you're a personal trainer and they make contact with you, when does your initial assessment and pre-screening actually start?

Does it start as part of the sales process on the initial conversation?

Do you have a one-to-one session that is then blended with physical activity?

Do you meet up with your client prior to their first session to have a consultation?

Where do you meet?

How do you record the information?

Are you going to use paper?

Are you going to use digital means, perhaps have a tablet?

Are you going to just ask some questions and then record their answers at a later time?

These are the things to consider and think about. How you're going to collect and store your information fuels best practice when it comes to a business. Also, for any legal and ethical considerations as well, thinking about data protection.

Ouestions to Ask a Client Alcohol Intake Alcohol Intake Time availability to exercise (this ties in with occupation) Regualr meals or not Smoking Overall stress levels

You'll see here that we've got questions to ask a client. What used to happen, was that we had lots of documentation as part of an induction process to a facility or to personal training. This would cover things such as medical screening, lifestyle questionnaires and PARQs. (For more details on PARQs, please read the Written Lecture 7: Assessing the Client) You'll see here that in a PARQ are questions to ask a client.

I'm going to start with PARQ which means "Physical Activity Readiness Questionnaire", and that is very much what it says and what it does on the tin. The questions you are going to be asking are to see if the person that you're working with, is physically ready to take part in activity. And what sort of questions we'll be asking them for that. You can see that there's a range of questions and certain categories that you could look at.

What we're going to think about is - don't collect information if you're not going to use it. If you can't explain why you've collected each element of information and how you're going to use it to inform your services, then you shouldn't really be asking the question at all.

So -

DON'T ASK QUESTIONS IF YOU'RE NOT GOING TO USE THE ANSWERS.

A good questionnaire should only perhaps have 10 questions. Any more, and you start losing the focus and losing the validity of your client's responses. Think about how you will actually ask these questions. Will they be

informal, or will there be a formal sit down conversation where you bring these questions in? Also, you do need to make sure you have documentation signed.

We often talk about informed consent. What does "informed consent" mean? It means that the person you're about to work with has a clear understanding of everything that's about to happen.

WHAT INFORMED CONSENT IS WHEN DOING EXERCISE.

What are the effects of doing respiratory exercise ie cardiovascular exercise on the respiratory system? What are the effects of actually doing weights/resistance training? What could be the effects the following day? Your client needs to be aware of what might happen and they need to know that they can pause and stop the session at any point.

You may want to give information around the consumption of fluids, having effective sleep and making sure you're eating correctly prior to, during and after the training session.

You could give a lot of this information over verbally, **but if it hasn't been signed and dated, it never happened**. So you need to think about your documentation, that it's actually going to protect you and support you, if for instance, your client was to be injured and you had to go to legal proceedings and would need to present this information.

We are advising that you should take personal details. This could cover things such as name, age, gender.

Medical screening: the PARQ. So, coming back to this question again, the PARQ is a formal document. (See Lecture 7) We want to know if a client is on any medication? Have they been injured? What may they have been told by their doctor? Have they been told by the doctor they shouldn't be doing exercise, or they should be careful of particular exercises or particular medications. Or, for example, exercise might have a negative effect on their medication. These are the things that are going to keep you safe. And again, every time the client comes in, we perhaps need to be doing some verbal questioning. We need to be saying to them, how are you feeling today, has anything changed since you did your last session, since you filled out your paperwork.

Informed consent - being very clear before you start. You might have done a formal informed consent that they signed as with the PARQ documentation, but then you should have **verbal** informed consent as well on every session that you do.

Let's take an example:

You're about to do a deadlift with a client. You've got an Olympic bar, you've got the weight there and the informed consent can be:

"Do you know what you're about to do? Are you happy with the weight? Are you happy with the move that you're about to perform".

Even after you've done a demonstration of that, the informed consent is really important. You might look at their occupation. How many hours do they work? Do they do shift work? Do they do night shifts? Are their shifts broken up? Are they on call? Do they work nine to five, but actually then have to do work before and after at home. What are their stress levels like at work? You might identify somebody as having high blood pressure, but they actually stipulate that they don't find their work particularly stressful. So that could be that they're not intuitive to the stress that's around them.

We always say that patients or clients might not always give you the most accurate advice, but it's not that they're always lying or they want to deceive you or misguide you. But actually what you consider to be stressful, they may not find stressful, but the impacts on their body might be different. This is where you can start to analyze the information that's being presented to you. Don't diagnose, don't start to prescribe or start to evaluate and conclude on the information that you're being given, because that's above your vocational qualification at Level Three. There's nothing wrong with analyzing and then linking back to a verbal question:

"You're on beta blockers, you have high blood pressure. You're telling me that your work is stressful. What do you think is causing your high blood pressure? Is it actually your diet, what you eat?
Are you actually having adequate breaks at work?
And what are you doing during your breaks at work?"

So rather than start to analyze the information that's been given to you, in asking your client and making links during the verbal questioning, that can help you start to develop a relationship, making sure clients start to think that you are understanding, you are well-informed and that you will listen and take on what they say.

What type of physical activity or work activity are they doing? Is it desk-bound? Is it active? How do they relax? Do they relax? How one client relaxes will be different to another. Some clients might like to go on a five day yoga retreat. Some clients like to maybe go and do a Tough Mudder race or an obstacle course. They may like to do different types of sports or leisure activities to other people.

How do they like to socialize? And then how can we perhaps think about their behavior change? Because all of these things will impact on their ability and readiness to change their behavior. So again, you need to think about what sort of questions you'll be asking in each one of these categories? How will you document this? You need to have some documentation, some physical documentation that you could then pass on to a relevant external body, but also making sure that you're abiding by Data Protection.

And how are you collecting and storing information?

But once you've collected it and stored it, doesn't mean you don't continue to ask verbal questions every session.

Even with today's technology, you can pop your client a text message the next day to ask:

"How are you feeling after our session, make sure you're drinking your fluids if you want to stop a delayed onset muscle soreness. How are you getting on? Did you sleep well last night?"

It doesn't take more than two minutes to write a text message following on from a session.

Your continuous verbal check-in when they turn up: "How are you doing today?"

Maybe you could do some more visual observations: do they look more tired? What does their skin look like? All these things will really inform your session. And you know what? You might have to change your plan at the last minute to accommodate how your client is feeling that day. If it has been a hot day, they have an active job which is really stressful and they don't get a lot of opportunities for breaks and they've left their bottle at home. Well, they're going to be dehydrated and they're perhaps not going to be ready to work.

And so we know that the next day they're going to have increased delayed onset muscle soreness, which then might

create a negativity towards your training, which will then influence whether or not they're going to continue with their behavior change.

Do you see now how the initial assessment and pre-exercise screening and the types of decisions that you make at this stage really influence and underpin your business and the type of people that you're going to be training. Everybody might have different trainers and different organizations will have different initial assessment and pre-exercise screening. Some sessions in 24 hour access gyms may have a different formulation than somebody that's going to do regular one-to-one training. And so you need to understand why people have different initial assessment and pre-exercise screening. And what is the purpose behind it? How will this then influence your choices?

So – types of questions again that you might go on to ask your client. We might want to pull a little bit more about their lifestyle. Now, also these types of questions that you're asking will really help you create a bond with your client, a platform where you can talk and discuss elements with them. They may not always give you a clear picture of what's going on. You're only going to see your client for maybe one hour a week; shall we say that's less than 3% of their total lifestyle that you're getting a snapshot window of. And actually some people are just not very reflective. So some person might say, "Well, I have one bottle of alcohol a week", but it's already Thursday. And they've already had two - whether it be wine or whatever it might be. It's not that they're lying or trying to deceive you; some people are just not very reflective.

Or - HOW they reflect.

Q: "Is your diet good or bad?

A: "Somebody might say, "I do eat a lot of fruit and I've been told now that fruit sugars are bad for you. And I probably eat too much fruit."

Sometimes these questions that you might ask somebody, will just give you an indication of where their current knowledge and learning is regarding their understanding of nutrition and training balance. So this will then help you to reformulate how you might respond.

THINK TRAINER, BUT SPEAK CLIENT.

So how you're thinking, how you interpret information, but then how you articulate that information to your client is really important. We don't want to be blindsiding them with science and trying to demonstrate to them how intelligent you are as a trainer.

If they can't relate to the information that you're telling them, then it's pointless. It has no impact. So we really want to make sure our language matches that. But this is a really good opportunity to gauge where your client's understanding is - their knowledge when it comes to lifestyle balance and how to then balance this with their training to achieve those goals regarding why they're training with you.

These can present certain barriers.

And then also we're talking about being a personal trainer. If your client is coming to you saying, "My energy feels really low when I come and train with you on a Thursday at six o'clock", we can start to have conversations around these elements: not diagnosing, not prescribing and not setting our agenda on what they should or shouldn't be eating, but literally just asking them:

"When was the last time you had something to drink? Do you get three litres of fluid every day. How do you know this? Do you have a litre bottle that you fill up? When do you eat? Diet does not just mean subtract. It means everything that you're eating that day. How do you determine what is good and what is bad? Is there any such thing as bad food? What is the quality of your sleep? How many hours are you getting? What is the environment? Anything like this can really affect you."

If somebody says, "I tend to join a gym, do training and then I give up", well, if you're training three times a week for two and a half hours, I'm not surprised if you're trying to balance that with your difficult shift patterns and shift work. Maybe we need to look at training a little bit more regularly and doing less time but keeping the intensity up. That could be something that you might want to change with your client.

Also, what you're looking at, as we will discuss later on, is behavior change: understanding that somebody will go through a cycle of behavior change when it comes to any of these elements that you were discussing with them. I've already touched on frequency and intensity of training. I think it's always a really good thing to talk to a client about why they stopped training.

"Have you exercised in the past, if so, great. What types of activities did you do? Why did you stop training? "

I've spoken to a few clients about this in the past and discussed this with them and it's really important to do.

Client: "The trainer made me do exercises that I didn't enjoy."

Me: "What didn't you enjoy?"

Past & Present activity levels Frequency Intensity Time Type

There's nothing wrong with the fact that a client doesn't like being on a rower – just don't put them on the rower. If a client has perhaps got high stress levels at work and has never done pad work or boxercise types of training, it might be something they might want to do - so include it in your training with them - it's fun, engaging and something that's different from what they've done before.

This can really help you make sure that you're providing something that's going to keep your client engaged in the long term, doing something different to make an impact.

So what do these elements mean? This is something that you're going to talk about a little bit more with your instructor each week – the instructor that you'll see each weekend.

You've got the **FITT** principle, which means **Frequency**, **Intensity Time and Type** of activity.

Frequency. Let's look at a week: Sunday to Monday. When we talk about programming - this isn't always the best thing to look at, but this is how your clients will look at their training. So they'll think: Monday. And if you were to ever go to a gym just to observe during the week, you would know that Monday between the hours of 4.00pm and 8.00pm are the busiest time for any gym. Everybody wants to get their Monday session over, making sure they've trained and they've done what they need to do. As the week goes on, it gets a

little bit quieter. Then on Friday in the late afternoon, you've got the guys doing chest and shoulder work to make sure they look good for when they go out at the weekend.

So - thinking about your Monday to Sunday training, how often you train a week is what you're looking at? How often are you going in? But then people might think that they've got to go physically to a gym. They may not look at walking the dog. They may not look at when they go for a bike ride, or if they walk to the school to pick up the kids. So make sure they're looking at all the frequency of their physical activity.

Intensity

If somebody is going three or four times to the gym and is doing spin classes or, RPM on the bikes (the organized bike classes,) THAT tends to be high intensity. Supposing a client came to me and said, "I train three or four times a week", or they might not even use that language: "I go to spin classes two or three times a week, and now I want to work on my muscular strength and become more lean and develop my muscle tone". There's going to be a bit of conflict there and I might have to talk about how am I going to balance that tendency? I don't want them to stop doing what they're doing already. How can I get them to do a little bit more to help them achieve that goal and discuss that

with them? How much time are we going to spend with our clients when we're training them if they're training for a marathon? That's a lot of time that they could spend in broken-up frequency and really planned intensity.

But if that same client comes to me and says,

"I want to become faster and I want to get a better personal best time for my marathon. How can I make my first five metres faster and my last 10 miles faster"

Then you've got to look at the **Time** and training and **Intensity** that you're going to be doing. And then subsequently the **Type** of training that they're going to be doing. What did your client do in the past? They usually go into a training facility and go through the standard routine of a bit of cardio for 10 minutes to warm up, 7 to 8 bits of resistance, and 10 minutes of cardio to cool down with a bit of stretching. Can we diversify the types of training that they're doing to keep that interest high and engaging.

Attitudes to exercise adherence, barriers and stages of readiness to change.

So what does this mean? If you think about campaigns such as looking for people to stop smoking over a period of time. They say it takes 28 days to make a behavior change. So that's why we have "Stoptober" – it's based upon

psychology. Now, when you're looking at the stages of change, we used to reflect this when we talked about marketing a business and the steps somebody might go to before they actually walk in the gym.

Now, if you've got a receptionist that is standing in Reception, this is what tends to happen when anybody meets somebody for the very first time. They walk up to you and they say, "Hello" and introduce themselves. They say, "I would like to train with you. I want to work out in your gym." What does the other person do? Looks them up and down.

It's like an immediate thing. Even if you're not actually moving your head, you will scan with your eyes up and down. So where's the negatives of that? Well, if you consider that prior to walking into a training facility, it's somebody who might be overweight or has low confidence. Perhaps they've got bad eating patterns because they don't manage stress or they've got low confidence but have taken some positive steps. They've perhaps realized it and gone to the doctor - or they've had a bit of a life influencing event. Perhaps their energy levels were really low. Or they went to go and play football for the first time in 10 years and found they're not as good as they once were. And that gives them a bit of a shock and a wake-up call. So they then go online. They look at local training facilities or training providers.

Attitudes to
exercise/
adherence
barriers & stage
of readiness to
change.

- Attitudes positive or negative attitude to physical activity and why e.g., feelgood factor or does not like getting sweaty and uncomfortable.
- · Barriers.

Lack of time due to work & family commitments.

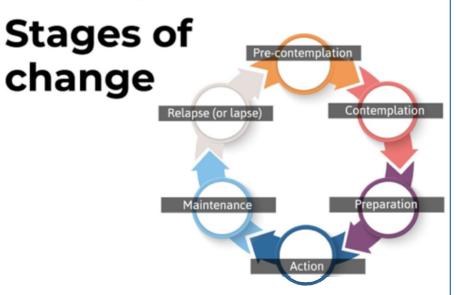
Injury.

Embarrassed due to appearance.

Been unsuccessful sticking to exercise in the past / seen no results (relapsed).

What stage they are in, why and a definition of that stage.

Use information from hobbies & interests as well to identify stage of behaviour change.



They talk to their family - "What day shall I go?"

They perhaps have driven past the venue two or three times to have a look.

Looked at the pictures online.

Talked to people who've gone to the facility before.

Perhaps looked at what clothes they're going to wear.

What time of the day they're going to go?

Will they put their gym kit and gym bag in the car so they can train on the way to, or the way from work?

Will they be training at the weekends?

How much money is this going to cost them?

These are all the things that someone might do in the **Pre-Contemplation** stage before they actually enter into a gym or into a training venue, or contact a personal trainer.

They might talk about some of the barriers and concerns that they have.

"Am I fit enough to join a gym?

"Am I fit enough to have a personal trainer?"

"Am I spending money on something where I could be investing in that somewhere else?" Family holidays, elements like that as well.

And then the Preparation:

"Okay. I've looked at it online. I've talked to my friends about it. I've got the kit that I want. I've done the research on what types of trainers I should buy. I've got my music playlist. I know I've got my headphones, I've bought everything I want. I'm now going to go join the gym or contact a trainer."

And then all of a sudden they get looked up and down. So they're going to have a **relapse** which can happen at any one of these stages. And they're not going to train any more. They get one excuse, one negative experience and they can say, "Nope, not going to join".

So - if you've ever worked at a training facility or you've been a member of a training facility, you'll have your "New-Year-New-Me-January. Let's Join the Gym."

And then they'll start going through their first session that perhaps goes a little bit too hard, or they've had a bit of a negative experience talking to a staff member. They try to maintain it but have a **relapse** and don't do it again.

Or let's go back to our pre-screening questionnaires where we start to gather all this information. Just think - any one of these elements is going to take 28 days to make a behavior change. We want to lower stress levels, we want to get them taking more breaks, or have some fluid. We want to incorporate some more relaxing into their lifestyle, their regime and what they do.

Likes & Dislikes.

Find out what the client enjoys doing.

Find out what the client is not keen on doing.

So you're a personal trainer. You're going through your consultation and you're hitting at them with all the negatives of what they're perhaps doing in these areas. Not forgetting that they're already **IN** their behavior change cycle for coming to see you. And if it takes 28 days to make a change and embed the new behavior, why are we trying to do four or five in the first consultation with them. Just recognize that them coming into the gym is their first behavior change.

So what we're NOT expecting you to be is a psychologist. We don't expect you to know all types of different behaviors and theories of behaviors. What we just want you to do is get an understanding of why clients would choose to train with you, but crucially why clients will STAY with you. Think about the **action** to **maintenance**. We want our clients to be staying here, constantly going from actions to maintenance, actions to maintenance on the different elements that you've identified from your client consultation. All the things that are going to help improve their relationship and their understanding of exercise and exercise training.

So you can start to see and start to understand that you might not cover a lot in your first, let's say 30 minutes interaction with your clients,. Or as a trainee, you might think about everything that's going to happen from when you actually meet your client and start training them - perhaps not giving the considerations and understanding of the steps prior to this and how this can really influence the types of sessions you're going to do with your client.

Again, we've already talked about likes and dislikes. Find out what they like, find out what they dislike. It could be that your client can't swim and actually wants to learn how to swim but wants to get stronger. So they've come to you for training on how to become a better swimmer. So you might start thinking about core training and you might think about compound movements, strength-movements, things like that. But if they've already told you they don't like those types of things, you might really have to talk to them about their goal, what it is that they're looking to do and how the exercises you are picking are helping them to match that. But, you know, if a client doesn't enjoy something, don't make them do it, especially in their first session. Think about how, if it is important for them to do it, how are you going to start to incorporate it to bring your client round to your way of thinking. Always think about the behavior change.

What you're going to have to think about at this point as well, is optional health and fitness testing. What tests would you like to conduct at this point? So thinking about that client journey with you and all the steps prior to them training, what types of tests will you do with your client and why.

We'll stop the video here. Give yourself a little bit of a break and please load up the second video to start talking about initial health assessments and health screening.

