

Options for Change



Sean Cahill

PERSONAL TRAINER COURSE

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1. Health Screening, Exercise History and Attitude questionnaire

1.1 Initial Meeting

During the initial meeting we completed the Health screening form and the Exercise history and attitude questionnaire. We discussed in some detail the issues which had caused previous attempts at establishing an exercise pattern to be unsuccessful.

This initial meeting proved invaluable in terms of determining how I would evolve the programme. It defined at the outset the importance of communication in the whole process of achieving results.

1.2 Health and Fitness Analysis

The client is female, 35 years of age, with no individual risk factors which affect involvement in exercise. There are no identifiable family risk factors present.

The client is a lone parent of two boys of ten and thirteen years of age. She works full time in a demanding and stressful job. While there is occasional movement between offices and walk about at various business locations, the job is primarily sedentary with extended hours seated at a desk, working at a PC or seated in meetings. The hours are long and sometimes irregular. She has recently started an evening third level course which takes up one full evening per week with additional study and project work at the weekend. On weekdays she will spend up to three hours driving back and forth from work and for various other requirements. At the weekend the driving requirement varies depending on what is going on.

She was a competitive athlete playing camogie and ladies Gaelic football up to the age of 25. She played to a high level up to age 21, playing county football and playing on a winning Ladies All Ireland football team. Following the birth of her first child she returned to these sports at a much reduced level and played at club level up to the birth of her second child at age of 25. She has not exercised consistently since then.

The client has attempted occasionally to undertake an exercise programme but has not managed to stay with any of them for more than a few weeks at a time. Sport has been her main interest in the past in exercise terms and she has little genuine interest in what she sees as exercise for exercise sake. Her available time is limited Getting to an exercise location has proved difficult to impossible with a number of unused memberships of clubs over the years.

She has been an intermittent follower of Weight Watchers programmes with considerable success. However, she readily admits to becoming compulsive about them and then inevitably finds the plans overbearing and restrictive and so drops out of them completely, quickly regaining the lost weight. She enjoys the reduction in weight but does not feel any other particular improvement in health or well being.

The clients eating patterns have traditionally been of erratic timings, missed meals and poor food choices. This has improved in recent years but there is still a level of erratic meal timings and inclination towards processed and prepacked foods. (For convenience.)

1.3 Goals and Preferences Analysis

The client did not have a definite idea of what she wished to achieve from the programme and after a little thought she said that she wanted three things from the exercise programme.

- Lose weight - a final target of 13kg (28lbs).
- Have more energy.
- 'Tone up'.

She was more definite about what types of exercise she would not like to do or be prepared to do rather than those she would like. She was firmly against running of any description and aerobic dance or step aerobics was also a definite no; she was happy to walk and other than that she said she was open to suggestions as she did not really know what else might be possible. I did not feel that pushing this particular client towards certain options was going to be successful, so I decided to approach things in a simple manner and to encourage alternatives as the programme progressed. Some stated preferences were not an option due to lack of facilities or equipment and the time the client could give. (Cycling, exercise bike.)

The client said she would spend two sessions with me for one to one exercise and an additional three one hour sessions throughout the week doing additional work. I did not think this was realistic given previous adherence history, so I encouraged her to do two forty five minute sessions instead of the stated three of one hour. I believed that this would increase the likelihood of future adherence once she realised that goals could be achieved within a very manageable time frame. Exercise would then not become an overbearing presence in her very busy life as it had done in the past.

Through discussion, explanation and use of the exercise history and attitude questionnaire, the short term goals were brought down to the following, for this programme period.

1. Weight loss - 1.5 kg (3.3lbs).
2. Improve muscle tone.
3. Increase lean body mass ratio.
4. Enhance energy levels.

We decided to base the programme initially on walking to be conducted in the local area and resistance and flexibility training to be conducted in her own home. We determined medium term goals as:

1. Establish an exercise habit with consistent exercise three times weekly over the six weeks following this programme.
2. Weight loss up to a total of 8lbs by the end of those six weeks.
3. Increase lean body mass ratio to reduce CHD risk.

2. Fitness Assessment

2.1 Tests Chosen and Rationale

Postural Evaluation		
Test	Rationale	Results
Screening	To determine any postural issues and what corrective exercise may be required.	Long hours driving. Work is seated at meetings and over a PC. Wears high heels a lot of the time.

Visual Inspection	As above	Shoulders noticeably rounded forward.
Specific Muscle Length Analysis		
Straight Leg Raise	Left Leg - 75	Right Leg - 70
Calf/Soleous	5 - V. Poor	
Pecs/Lats	V. Poor	
Wall Test	No Space -As the client carries most of her excess weight around her abs and lower back it is possible that test is not valid for posture assessment at this time.	
Back Extension	25 cm	
Body Composition		
Test	Rationale	Results
Body Mass Index	To estimate the clients body composition.	30.6 Borderline obese
Waist to Hip ratio	To estimate any CHD risk.	1.01 Increased risk of CHD

Cardiovascular		
Test	Rationale	Results
Rockport Fitness Walk Test	To establish a VO2 max baseline from which to measure improvement. The test is appropriate because the client is sedentary, has not exercised regularly for some time and the initial programme is going to be largely walking based.	31.2
Resting Heart Rate	To calculate appropriate training HR values As a baseline for improvement.	64
LME		
Test	Rationale	Results
Bench Press	To determine a baseline of upper body muscular endurance by which to measure improvement	2kg Dumbbells 9 Reps
Crunch Curl	To determine abdominal muscular endurance	10

2.2 Analysis

Posture

Clients' posture was not good. The main issue was one of poor body carriage and position and this requires coaching and retraining. The client has forward rounded shoulders and walks with head bowed. There is a possibility of flat back but it is unclear if this is a postural issue as the client carries some weight on her lower back at present.

Flexibility

The test results showed a specific requirement to lengthen the muscles of the anterior shoulder and pectoralis major through flexibility training. When combined with resistance exercises for the opposing muscles, the upper and middle trapezius and rhomboids through resistance training it will result in a decrease in the forward position of the shoulders.

The wearing of high heels over a long period has greatly shortened the calf muscle and being seated so often resulted in a lengthening of the quads. The focus was on lengthening the hamstring and calves and strengthening the quads.

Body Composition

The BMI score indicates she is border line obese and her hip to waist ratio indicates a risk of CHD. The exercise programme was designed with low intensity low impact exercise to take into account and address these factors.

Cardio Respiratory Endurance

Her cardiovascular results classified her as average. The programme reflected the need for low impact low intensity aerobic exercise in the initial stage and progressed to moderate levels of cardiovascular exercise as the programme progressed to increase her V02 max.

LME

Client had extremely poor muscular endurance and strength. Bench press test was conducted to form a baseline for improvement as other tests were not appropriate.

3. Programme Design

3.1 Overall 5 Week Schedule

WEEK 1

DAY	PROGRAMME	TIME	REMARKS	
Monday	Fitness assessments	60 mins		
Tuesday	Rest		PT	
Wednesday	Walk	45 mins		
Thursday	Rest			
Friday	Programme A	60 mins		
Saturday	Rest			
Sunday	Walk	45 mins	PT	

WEEK 2

DAY	PROGRAMME	TIME	REMARKS	
Monday	Rest			
Tuesday	Programme B	60 mins	PT	

Wednesday	Rest			
Thursday	Walk	45 mins		
Friday	Programme A	60 mins	PT	
Saturday	Rest			
Sunday	Walk	45 mins		

WEEK 3

DAY	PROGRAMME	TIME	REMARKS	
Monday	Rest			
Tuesday	Programme B	60 mins	PT	
Wednesday	Rest			
Thursday	Walk	45 mins		
Friday	Programme A	60 mins	PT	
Saturday	Rest			
Sunday	Walk	45 mins		

WEEK 4

DAY	PROGRAMME	TIME	REMARKS	
Monday	Rest			
Tuesday	Programme B	60 mins	PT	
Wednesday	Rest			
Thursday	Walk	45 mins		
Friday	Programme A	60 mins	PT	
Saturday	Rest			
Sunday	Walk	45 mins		

WEEK 5

DAY	PROGRAMME	TIME	REMARKS	
Monday	Rest			
Tuesday	Programme B	60 mins	PT	
Wednesday	Rest			
Thursday	Walk	45 mins		
Friday	Walk	45 mins	PT	
Saturday	Rest			
Sunday	Retest	60 mins		

3.2 Programme A

ACTIVITY	DURATION	REMARKS
Warm Up	5 mins	Walk
Pre Stretch	2 mins	Static
Walk	25 mins	Intervals of fast walking
Cool down	5 mins	Walk
LME	15 mins	Stability ball and resistance bands
Cool down	3 mins	Walk
Post Stretch	5 mins	Assisted

LME Phase

EXERCISE	DESCRIPTION	SETS	REPS	REMARKS
Chest Press	Ball and Res. band	0 - 1	12	
Seated Row	Ball and Res. band	2 - 3	12	
Shoulder press	Ball and dumbbells	2 - 3	12	1kg.
Squat	Ball	2 - 3	12	
Bridge	Ball	2 - 3	12	
Ab Curl	Ball	2 - 3	6	
Back Extension	Ball	2 - 3	6	

Progressions to programme 'A'

The walking element allowed me to monitor and coach the client in correct walking technique, assess her level of effort for this activity and to progress her to the interval phase introduced later.

Stability ball and resistance bands were used to maximise core stability.

For this session I wanted the client to focus fully on core stability and posture.

Week 1 CV- 50% - 60%MHR constant.

LME- 1 set 12

Flexibility - PNF Stretch for Ant. Deltoids and Pectorals.

Week 2 CV - 50% - 60%MHR constant.

LME - 2 set 12
 Flexibility - Continue to develop and monitor improvement.

Week 3 CV - Intervals - 20 secs 65%MHR / 4min 40 secs 60%MHR x 5

LME - 2 set 12
 Flexibility - Continue to develop and monitor improvement.

Week 4 CV - Intervals - 30 secs 65%MHR / 4min 30 secs 60%MHR x 5

LME- 3 set 12
 Flexibility - Continue to develop and monitor improvement.

Week 5 CV - Intervals - 40 secs 65%MHR / 4min 20 secs 65%MHR x 5

LME - 1 set 15
 Flexibility - Continue to develop and monitor improvement.

3.3 Programme B

ACTIVITY	DURATION	REMARKS
Warm Up	5 mins	Walk
Pre Stretch	2 mins	Static
Kick about/Puck about	15 mins	Use HRM
LME Circuit	25 mins	As per programme
Cool down	3 mins	Walk
Post Stretch	10 mins	Assisted

Progressions to programme 'B'

Week 1- 5 CVE - There are playing pitches opposite the clients' house. On each occasion we went to the pitches and conducted a variety of hurling and football activities and drills. These began at a very low intensity with short puck/kick and walk drills. To progress the programme over the weeks I increased the number of balls in play and

Body part	Exercise	Sets	Reps	Remarks	Type
Chest	Dumbbell chest press	0 - 2	12 - 15	Ball and bells 1 kg	Compound
CV	Step	2 - 3	30 Secs		CV
Legs	Wall Squat	2 - 3	12 - 15	Ball - Body weight	Compound
CV	Step	2 - 3	30 Secs		CV
Back	BOSAR	2 - 3	12 - 15	Bells 2kg	Compound
CV	Step	2 - 3	30 Secs		CV
Legs/Buttocks	Lunges	2 - 3	12 - 15	Body weight	Compound
CV	Step	2 - 3	30 Secs		CV
Shoulders	Dumbbell Press	2 - 3	12 - 15	Bells - 1 kg	Compound
CV	Step	2 - 3	30 Secs		CV
Lower Leg	Calf Raises	2 - 3	12 - 15	Body weight	Isolation
CV	Step	2 - 3	30 Secs		CV
Abs	Ab. Curl	2 - 3	4 - 6	Add 1-2 per week	Core
Abs	Obl. Curl	2 - 3	4 - 6	Add 1-2 per week	Core
Back	Back Extension	2 - 3	12 Reps		Core

placed the balls further from the client on each return and speeded up the rate of ball return. This increased the distance she had to cover and speed at which she did so. The client was jogging gently at intervals on these activities by week 5.

Week 1 LME - 1 Set - 12 Reps

Flexibility - PNF Stretch for Ant. Deltoids and Pectorals.

Static development of Hamstrings.

Week 2 LME - 2 Set - 12 Reps

Flexibility - Add PNF for Calf muscles.

Week 3 LME 2 Set - 12 Reps
Flexibility - Add PNF for Hamstrings.

Week 4 LME 3 Set - 12 Reps
Flexibility - Continue progression of PNF on previously designated muscles.

Week 5 LME - 1 Set - 15 Reps
Flexibility - Continue progression of PNF on previously designated muscles.

3.4 Progressions to Walking Programme

I instructed the client in the use of the PRE and talk test so that she could gauge the intensity of her effort.

Week 1 2 Walks - PRE 11 - easy - Low intensity

Week 2 2 Walks - PRE 11 - easy - Low intensity

Week 3 1 - PRE 11 - easy - Low intensity
1 - PRE 13 - easy - Medium intensity

Week 4 1 - PRE 11 - easy - Low intensity
1 - PRE 13 - easy - Medium intensity

Week 5 1 - PRE 11 - easy - Low intensity
1 - PRE 13 - easy - Medium intensity

3.5 Rationale

Cardiovascular

The cardiovascular exercise was selected based on the clients stated preferences, facilities available and the fact that the client is border line obese. The risk factors associated with her high BMI indicate a programme based initially on low intensity low impact. Walking was the most appropriate exercise given these factors. The focus was on fat metabolism. An increased aerobic effect was introduced as the programme progressed. Both of which enhance the health related components of fitness.

The Gaelic sports element was something the client was familiar and comfortable with. It contributed to the overall aerobic training effect. It added variety and I felt she might gain a greater sense of purpose in her training if she could associate the activities.

Resistance Training

The exercises which I selected were primarily compound exercises to maximise oxygen usage and energy expenditure assisting in overall weight reduction and increase in lean body tissue. The client had very poor upper body muscular strength and endurance. I kept the resistance very low when using dumbbells or resistance bands and for the lower body used body weight exercises only. This was important to give the client time to adapt without injury to this from of exercise. Six to eight weeks is the recommended time span for a beginner and although the client was in good health the physical assessments did not suggest a high level of overall strength or conditioning. The client was ill at ease when trying to master exercises with which she was not familiar so I did not add any exercises as time progressed. I taught the basic programme over the first session and then manipulated the sets and reps and exercise sequence. This enabled the client to reactivate all the underutilised muscle groups, while being comfortable with the exercises and still keeping an element of variety. To balance the programme for the postural issues I introduced the chest exercises only on week 3, doing only flexibility on these muscles in the first two weeks.

Abdominal training was kept to low, high quality reps on the basis that quality is better than quantity, particularly in core stabilisation training. This training was always done at the end of the LME session as a separate block of exercises to keep the focus firmly on that area. The client had no previous experience with the stability ball and was at first ill at ease trying to master it. I demonstrated the correct postural position when seated on the ball and supplied a stability ball to the client to keep at home between sessions. I asked her to build up to ten minutes of simply sitting on the ball over the first week which she did, and thereafter we incorporated the stability ball into as much of the programme as possible. Due to the sedentary nature of this client's life, and her postural issues, the maximum activation of the core stabilizers throughout the programme was emphasised.

Flexibility

The flexibility exercises I chose were to help the client in correcting those postural imbalances identified during testing. The PNF stretches will maximise the effect to the pectorals and anterior deltoids which are part of what is causing the rounded shoulders.

Additional static stretches are included during warm up and cool down to assist in injury prevention and reduce stiffness. They also assist in educating the client by giving her an awareness of 'what is where'.

The purpose of two separate programmes was for variety, and so that I could focus the client very clearly on the postural issues during programme A. I defined this programme to her as her postural correction and core development programme.

3.6 4th Session Detailed Plan Programme 'B' Week 3.

ACTIVITY	DURATION	REMARKS
Warm Up	5 mins	Walk
Pre Stretch	2 mins	Static stretches – Hamstrings, Quads, Calves, Chest and Back. 8 – 10 seconds Pre-exercise.
Cardiovascular (Puck about)	15 mins	Used HRM to monitor maintain safe working zone and get feedback. 5 mins. Introduced two additional sliotars- three in total. Took position between posts, client remained in midfield area. I placed the balls progressively further to each side (towards the touch line) and then reversed the sequence to bring them back closer to centre of the pitch. The client move backwards and forwards to collect and return the balls. Fast Walk pace. 5 mins – Goal shootout – me as goalkeeper. Balls placed each corner and centre of the big square. Client moved back and forth between ball positions. I returned the balls to the area of their start point after each shot and as the client moved to collect the next ball. Fast walk pace. 5 mins. Short passing game at walk/jog pace. The upper body effort of hurling increased the HR and so at this early stage of the programme I kept the client at a walking pace
LME Circuit	23 mins	As per programme below. Client performed 12 reps of an exercise then did 30 seconds active rest on the low setting of a Reebok step. No increase in reps from last week as I advanced elements of the walking programme and

Body part	Exercise	Sets	Time	Remarks	Type
Chest	Dumbbell chest press	1	12 Reps	Ball and bells emphasized full range of motion in particular.	Compound
CV Cool down	Step 5mins	2	30 Secs	Walk – gentle low intensity to bring HR down below 100 bpm.	CV
Legs Post Stretch	Wall Squat 10 mins	2	12 Reps	Added PNF for Hamstrings.	Compound
CV	Step	2	30 Secs	PNF stretches to maximise flexibility effect on Anterior deltoids and Pectorals	CV
Back	BOSAR	2	12 Reps	Bells major for posture correction. PNF stretches on Calf muscles.	Compound
CV	Step	2	30 Secs		CV
Legs/Buttocks	Lunges	2	12 Reps	Body weight	Compound
CV	Step	2	30 Secs		CV
Shoulders	Dumbbell Press	2	12 Reps	Stab. Ball.	Compound
CV	Step	2	30 Secs		CV
Lower Leg	Calf Raises	2	12 Reps	Body weight	Isolation
CV	Step	2	30 Secs		CV
Abs	Ab Curl	2	6 Reps	Stab. Ball.	Core
Abs	Obl. Curl	2	6 Reps	Stab. Ball.	Core
Back	Back Extension	2	12 Reps	Floor based.	Core

4. Client Education and Support

It became clear that the client had hoped to play Gaelic sports again as her children who are strongly involved had never seen her play. She had come to believe that this would not happen. I capitalised on this by introducing the kick about/puck about element to programme B, and encouraged her to consider training with a junior team next season once her fitness improved.

I contacted the client with occasional short e mails between sessions to offer encouragement on her scheduled walk days.

Throughout the programme, I constantly coached her on how to achieve a good balance between demands of her life and the requirements of exercise and good diet to stay healthy.

She became interested in a number of aspects of the programme and why certain exercises had certain effects so I spoke to her about the causes and effects of flexibility training and cardiovascular training in particular. This interest created a motivation in its own right as she understood the effects of what she was doing.

4.1 Motivational Strategies

To offset the likelihood of her viewing the session as something which took an inordinate amount of time, we met immediately after work so that it became simply an extension of her day. This created a tendency for her to finish work on time and go and exercise and then go and relax for the evening, whereas previously she would have worked on for an hour or so. This strategy then had a doubly beneficial lifestyle effect.

I supplied a heart rate monitor for the CV phases of the one to one sessions as the client found the feed back of particular interest.

The inclusion of Gaelic games aspect to the programme.

I did not insist that she adhere rigidly to the walk days as laid out in the programme. She has a somewhat erratic lifestyle so I simply asked that she made sure to do the two walks each week. She found that this made things more manageable.

4.2. Hand Outs and Literature

- I included general nutritional information.

- I also supplied a hint sheet on how to maximise activity in work and a number of stretching tips to help maintain her awareness of her posture throughout her working day.
- I provided a card aide memoir for the PRE scale while she exercised alone.

Copies attached **Appendix B**

5. Fitness Assessment Retest

5.1 Assessment Result and Comparisons

Postural Evaluation		
Specific Muscle Length Analysis		
Test	Results	
	1 st Test	2nd Test
Straight Leg Raise	Left Leg - 75 Right Leg - 70	Left Leg - 85 Right Leg - 80
Calf/Soleous	5 - V. Poor	10 Improved
Pecs/Lats	V. Poor	Poor but much

		improved
Wall Test	No Space -As the client carries most of her excess weight around her abs and lower back it is possible that test is not valid for posture assessment.	No Change
Back Extension	25 cm	30cm

Body Composition			
Test	Rationale	Results	
Body Mass Index	To estimate the clients body composition.	1 st Test	2 nd Test
		30.7	30.3
Waist to Hip ratio	To estimate any CHD risk.	1 st Test	2 nd Test
		1.01	0.99
Cardio respiratory			
Test	Rationale	Results	
Rockport Fitness Walk Test	To establish a VO2 max baseline from which to measure improvement. The test is appropriate because the client is sedentary, has not exercised regularly for some time and the initial programme is going to be largely walking based.	1 st Test	2 nd Test
		31.2	33.7
Resting Heart Rate	To calculate appropriate training HR values As a baseline for improvement.	64	60
LME			
Test	Rationale	Results	

Bench Press	To determine a baseline of upper body muscular endurance by which to measure improvement	1 st Test	2 nd Test
		2kg 9 Reps	2kg 16 Reps
Crunch Curl	To determine abdominal muscular endurance	1 st Test	2 nd Test
		10	22

5.2 Results Analysis

Posture

Clients' posture was much improved. The main issue was one of poor body position was something which she became quickly aware of and she made considerable effort to pay attention to it through out the day. The result was excellent level of improvement. The clients forward rounded shoulders improved considerably. The combination of the PNF stretches with the strengthening of the upper and middle trapezius and rhomboids showed a noticeable improvement. The possibility of flat back is still unclear. More work is required to progress this area.

Flexibility

The PNF stretches used had very good effect and the client came to view them as one of the most important and beneficial parts of the programme. There was noticeable improvement in the Pectoralis Major and Anterior Deltoids. The work done for the hamstrings and calf muscles also showed marked improvement and the client developed a particular awareness of how restricted and tight her calves were after wearing heels again for a while between sessions. Continued flexibility training is required.

Body Composition

The clients BMI improved slightly and her waist to hip ratio indicates that her risk to CHD is reducing. The client lost 2lbs which was short of her target but her diet was not addressed in any great detail and she knows that this is a contributing factor which she is now addressing.

Cardio Respiratory Endurance

Her aerobic fitness has improved and she feels more energetic and physically capable. This increases her desire to go out and do her exercise.

LME

Client improved in all areas. She feels physically more capable and while the improvement is still quite far from where she wishes to be, she has made excellent progress with the volume of exercise she can now undertake. She has an increased awareness of her core muscles in particular.

6. Evaluation of Programme to Date

Most of the goals set at the initial meeting were met:

1. Weight Loss – Target 3lbs Achieved 2lbs

There was a gap of ten days prior to retest during which the client could not exercise. This is a contributing factor, as is the relative lack of diet control. However weight loss has been offset by increase in lean body mass.

2. Improve Muscle Tone

The client says she feels a definite improvement in her overall physical condition. She feels more 'firm' and 'supported'. Her retest indicates a definite muscular endurance improvement.

3. Improve Lean Body Mass Ratio.

Her waist to hip ratio indicates an increase in lean body mass ratio.

4. Enhance energy levels.

She feels more energetic and physically capable.

I am satisfied with these results. They indicate that the exercise prescription was appropriate to achieve the goals set out at the beginning. The achievement of these goals was essential in gaining the further benefits outlined below.

Additional benefits were gained which were not set out at the initial meeting;

Exercise adherence.

The client now understands that it is possible to achieve her health and exercise goals through manageable amounts of suitably structured physical activity. She is determined to continue and no longer sees exercise as an intrusive thing in her busy life. Exercise adherence over the longer term is more likely.

Attitudes to Exercise

Has developed an interest in and willingness to try methods of exercise which she would previously not have considered or known about.

Posture

She has gained a great awareness of her posture and the effects which poor posture has on the way she feels physically and psychologically.

7. Future Direction of Programme

Outline Based on previous Programme and Retest Results.

Body Composition

The client still has a lot of weight to lose. Nutrition is a major factor and it was not addressed in detail during the initial programme. The client is inclined towards Weight Watchers and would like to try it again. We have agreed to monitor the situation to ensure it becomes a positive lifestyle change and not an overbearing presence as it has in the past. I would encourage her to seek fresh food options to make up her daily 'points' on this programme rather than the frozen convenience food options which she has chosen previously. In this way the eating plan may be more appealing and successful in the long run.

Cardiovascular

- A moderate increase in cardiovascular – I would increase her walking speed, add longer faster intervals.
- Increase the walk time to a maximum of one hour.
- Add a recreational football or camogie activity.
- I would change the format of the programme so that the cardio element of programme 'A' is included as a cardio step activity during the circuit.
- As her fitness improves I would increase the intensity and variety by adding more sessions on the playing pitch with more light jogging interspersed with ball playing drills

Resistance Training

The client has adapted well so far so I would.

- Increase the amount of LME exercises in Programme 'A' so that she is doing two longer circuits a week.
- Increase the amount of weight used on the upper body exercises and add weights to the lower body exercises.
- Some of the exercises need to be changed to add variety but I would retain some of the exercises to give an element of continuity for the client.
- There would be an initial reduction of reps to 12, and as the programme progressed these would increase back to 15.
- Continue with a circuit format – including 30 – 45 seconds of active rest between sets.
- Continue to progress the core exercises in small increments, introducing additional and alternative exercises as the programme progresses.

Flexibility

- Continue with the postural correction PNF stretches and monitor progress in this area.

- At some point things will balance out and an increasingly balanced ratio of anterior and posterior stretching and resistance training will be appropriate.
- Continue work on the calf muscles.

8. Client Feedback Questionnaire

I asked the client to fill out a pre session form on a weekly basis to get general feedback.

On completion of the programme I asked the client to complete a post – programme questionnaire to establish how she felt about the experience and effects of the programme.

Weekly Questionnaire template **Appendix 'C'**

Completed Final Questionnaire attached. **Appendix 'D'**

8.1 Analysis

The client started the programme with a degree of uncertainty about it all. After the first two weeks she became particularly motivated and found that she thought about things such as her posture on an ongoing basis in work and when driving. She found the postural sessions and flexibility of great interest and benefit

She enjoyed the walking in particular as she was conscious through the use of the HRM of calories burned and the effect on her heart. This visual feedback was a good motivating factor.

After an initial period of self-consciousness she began to enjoy the Gaelic games element. She found the LME sessions demanding and did not always look forward to them, but found the effort satisfying once she got going.

This was an important realisation as it motivated her even when she initially would have liked to drop the session.

She was particularly aware of the benefit to her core muscles, feeling definite improvement in her abdominals.

Her main intention at the outset was weight loss. This was not the case by the programmes end. The benefit she felt from the improvement in posture and the relaxation and reduction in tightness of shorter tighter muscles far out weighed this. She was enthusiastic about the reduction in stress she felt as a result of the programme.

9. Evaluation of this Work Phase

9.1 Things I Did Well

1. Implemented a programme of training which my client enjoyed and was happy to adhere to.
2. Created a keen awareness in the client of postural issues and the negative consequence of poor posture.
3. Influenced a change in her attitude towards exercise in her life.
4. Identified key element in making her want to continue to exercise. (Gaelic Games.)

9.2 Things I Would Change

1. I would address the issue of nutrition in greater detail at an earlier stage.
2. I would have suggested her doing some recreational activity with her children for a period each week.
3. Later in the programme visit a nearby gym to demonstrate the variety and alternatives available as options to progressing in the future

9.3 What I learned

1. Communication with the client is of key importance to tap into the information which will get best results.
2. Education and support of the client are as relevant as achievement of the short term goals in creating a longer lasting change in behaviour.
3. The initial goal which the client placed most value on is not necessarily the most important to them as the programme progresses.
4. The level of satisfaction gained from the application of one to one training.

10. Conclusion

This was a very educational, informative and motivational exercise. I gained great satisfaction from the amount of detail that can be addressed and the specific attention you can pay to the components when dealing with a single individual in a one to one setting. The positive response from the client when they start to feel or see the result of your and their efforts is very rewarding.

I identified that the listening aspect of communication is key to understanding what is best for the client and in using this information in determining the whole psychological approach to the particular client and the programme. There are no doubts that your enthusiasm and positive approach are as important to the client as the information which you are giving them. Managing the clients' attitudes and encouraging and supporting them are a key element in getting the desired physical results from the programme.

Appendices

- A Health Screening, Exercise History and Attitude questionnaire
- B Hand Outs and Literature
- C Weekly Questionnaire template
- D Completed Final Questionnaire attached
- E Fitness Test Raw Data