

YMCA Level 4 Certificate in Programming Physical Activity for Individuals with Low Back Pain (601/3505/0)

Learner Assessment Record



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Level 4 Certificate in Programming Physical Activity for Individuals with Low Back Pain

Learner Assessment Record

Qualification number: 601/3505/0

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Contents

Introduction	6
About YMCA Awards.....	6
Learner assessment record (LAR).....	6
Qualification structure	6
Assessment specification	7
Assessment plan	11
Programming physical activities for individuals with low back pain (D/506/4372)	13
Worksheet	13
Case study (planning) form	15
Case study (planning) form assessment checklist.....	19
Case study (programme design).....	21
Case study (programme design) assessment checklist.....	23
Case study (programme review)	25
Case study (programme review) assessment checklist.....	27
Instructing physical activity sessions for individuals with low back pain	29
Observation checklist	29
Session evaluation	31
Appendices	33
Assessor feedback sheet	35
Supplementary questions record	37
Summary of achievement	39

Introduction

About YMCA Awards

YMCA Awards is one of the UK's leading health and fitness specific awarding organisations and is a trusted name that enjoys widespread respect within the fitness industry. YMCA qualifications are designed for people taking their first steps in the health and fitness industry or for those already working in the industry wishing to progress their careers. YMCA Awards has been responsible for over 200,000 people launching or progressing their careers.

As an internationally recognised organisation, YMCA Awards has a number of study options available including full time or part time, distance learning and progressive study routes. This variety ensures that there will be a study option that is right for you and which will enable you to increase your knowledge, gain new skills and develop your career. All of YMCA Awards' proven and established resources and assessment materials have been developed by leading industry experts in consultation with employers and training providers.

For more information, visit www.ymca.co.uk.

Learner assessment record (LAR)

Your learner assessment record is designed to support the assessment of your YMCA Level 4 Certificate in Programming Physical Activity for Individuals with Low Back Pain. It contains all the paperwork that you, your tutor and your assessor need in order to complete the 3 units.

You will share the learner assessment record with your tutor and assessor, who will use the paperwork contained within to assess you throughout the duration of your training. This document is an essential part of your assessment and should be kept safe. Your tutor and assessor will guide you as to which forms you need at particular times, as well as how they should be used and completed.

Qualification structure

To achieve your YMCA Level 4 Certificate in Programming Physical Activity for Individuals with Low Back Pain, you must complete the following 3 units:

Unit reference number	Unit title	Level	Credits
T/506/4362	Principles and epidemiology of low back pain	4	6
D/506/4372	Programming physical activities for individuals with low back pain	4	6
M/506/4375	Instructing physical activity sessions for individuals with low back pain	4	4

You will gain 16 credits.

The Total Qualification Time (TQT) for this qualification is 160.

The Guided Learning Hours (GLH) assigned are 90 minimum.

Assessment specification

There are 7 assessment elements across the 3 units.

Assessment element 1 – theory paper

You will be required to complete the theory test from YMCA Awards successfully. Questions (short and long answer) will relate to the syllabus for the 'Principles and epidemiology of low back pain' unit (T/506/4362).

Paperwork that relates to this assessment element:

N/A

Assessment element 2 – worksheet

You will be required to complete the 'Programming physical activities for individuals with low back pain' worksheet. The worksheet needs to be fully completed for all questions, with sufficient detail provided to demonstrate knowledge and understanding.

The work must be your own and group completion is not permitted.

Paperwork that relates to this assessment element:

'Programming physical activities for individuals with low back pain' worksheet

Assessment element 3 – case study (planning) form

You will be required to collect the information necessary to plan a safe and effective exercise programme for a client with non-specific low back pain.

Suitable client

Your case study client must possess at least 1 co-morbidity in addition to the main diagnosis and should ideally present as *medium* risk according to appropriate risk stratification.

Information required

You must obtain both subjective and objective information, using a range of methods such as:

- Subjective
 - Written
 - Questioning
- Objective
 - Observation
 - Postural assessment, static and dynamic
 - Manual muscle testing
 - Psychological assessment
 - Psychometric tests

Note: It is expected that an assessor will be present during this process

Goal setting

You must then use the information gathered to set and agree SMART goals with your client

Paperwork that relates to this assessment element:

'Programming physical activities for individuals with low back pain' Case study (planning) form

'Programming physical activities for individuals with low back pain' Case study (planning) form assessment checklist

Assessment element 4 – case study (programme design)

You will be required to use the information gathered during the planning element to design a progressive exercise programme for your client.

Content

The programme must contain:

- Advice which addresses
 - Lifestyle
 - Homecare
- Physical activities which
 - Are specific to your client's health status, risk stratification, needs and abilities
 - Use layering/ layered cueing to demonstrate suitable exercise prescription
 - Include alternatives, adaptations and methods of progression

Length of programme

Although the tutor/assessor will determine the required length of programme, it is recommended that it is for a minimum of 12 weeks.

Duty of Care

It is strongly recommended that your assessor or tutor approves your proposed programme if you intend giving it to your client.

Monitoring

The programme must include methods by which both its safety and effectiveness can be regularly monitored.

Paperwork that relates to this assessment element:

'Programming physical activities for individuals with low back pain' Case study - (programme design)

Note: This pro forma document should be duplicated as required.

'Programming physical activities for individuals with low back pain' Case study (programme design) assessment checklist

Assessment element 5 – case study (programme review)

You will be required to review and adapt the programme as necessary, as agreed with your client during the initial consultation.

Programme review and adaptations

Using any feedback obtained from your client, you must review/adapt the following accordingly:

- Programme goals
- Programme activities
- Client's performance
- Client's confidence and self-esteem
- Your own performance
- Health and safety

Any adaptations made to the programme must be recorded in a format which is suitable for:

- Your client
- Medical professionals

Paperwork that relates to this assessment element:

'Programming physical activities for individuals with low back pain' case study (programme review)

'Programming physical activities for individuals with low back pain' case study (programme review) assessment checklist

Assessment element 6 – observed performance

You will be observed instructing a low back pain (LBP) client through a pre-prepared physical activity session.

This physical activity session must include you:

- Preparing the environment and client for the planned activity session
- Ensuring the readiness of the client for the planned physical activity session
 - Conducting pre-activity screening
 - Clarify the aims and demands of the session
- Providing safe and effective instruction
 - Explanations, demonstrations, providing opportunities for questions
 - Layered cueing
 - Progressing/regressing activities, according to the client's needs and abilities
 - Providing motivation and support
- Recording any modifications to the programme

Paperwork that relates to this assessment element:

'Instructing physical activity sessions for individuals with low back pain' observed performance checklist (S1-11)

Assessment element 7 – session evaluation

Following the observed session, you must seek feedback from your client and fully complete the 'Instructing physical activity sessions for individuals with low back pain' session evaluation.

Paperwork that relates to this assessment element:

'Instructing physical activity sessions for individuals with low back pain' session evaluation

'Instructing physical activity sessions for individuals with low back pain' observed performance checklist (S12-18)

The remainder of the forms contained within this record are explained below:

Assessment plan

This document is designed to allow you and your assessor to plan your progress through the assessment components. You can use this to plan with your assessor and tutor when assessment activities will take place.

Assessor feedback sheet

This form will be used by your assessor to record any feedback that you may be given. This form may be used at any stage in your learning to record feedback.

Supplementary questions record

This form will be used by your assessor to record any questions that you may be asked and any responses you may give.

Summary of achievement

This document is designed to record the outcomes of the assessment elements and any further action that may be required. For example, you may need to be re-assessed in a particular area. This form will also be signed by you to declare authenticity of work and by your assessor to indicate which of the units have been satisfactorily completed. This document should be kept in a safe place as it acts as evidence of your achievements.

Assessment plan

YMCA Level 4 Certificate in Programming Physical Activity Programming for Individuals with Low Back Pain

Unit title	Element number	Evidence/assessment method	Date, time and place of assessment	Any reasonable adjustments negotiated agreed
Principles and epidemiology of low back pain (T/506/4362)	1	<ul style="list-style-type: none"> Written short/long answer paper (externally set) 		
Programming physical activities for individuals with low back pain (D/506/4372)	2	<ul style="list-style-type: none"> Written worksheet 		
	3	<ul style="list-style-type: none"> Written case study planning form 		
	4	<ul style="list-style-type: none"> Written case study programme design 		
Instructing physical activity sessions for individuals with low back pain (M/506/4375)	5	<ul style="list-style-type: none"> Written case study programme review 		
	6	<ul style="list-style-type: none"> Observed performance 		
	7	<ul style="list-style-type: none"> Written evaluation 		

Learner's name: _____

Learner's signature: _____

Assessor's name: _____

Assessor's signature: _____

IQA's name: _____

IQA's signature: _____

Programming physical activities for individuals with low back pain (D/506/4372)

Worksheet

Learner's name: _____

1. Name and describe 6 contraindications to exercise (red flags) for the client with low back pain (LBP).

Name	Description
a)	
b)	
c)	
d)	
e)	
f)	

2. Describe 4 psychosocial considerations (yellow flags) which need to be taken into account for the client with LBP.

a)	c)
b)	d)

3. List 4 subjective methods that can be used to assess and monitor the client with LBP, giving a specific purpose for each.

Subjective method	Specific purpose
a)	
b)	
c)	
d)	

4. List 4 objective methods that can be used to assess and monitor the client with LBP, giving a specific purpose for each.

Objective method	Specific purpose
a)	
b)	
c)	
d)	

5. What is meant by layering/layered cuing?

Blank area for answer to question 5.

Final result: Pass Refer

Case study (planning) form

Programming physical activities for individuals with low back pain

Learner's name: _____

Personal details (client)		
Referral profession/ref		
Name/alias		
DOB		
Family status/dependants		
Occupation		
Hobbies/activities		
Expectations		
Client informed consent (signature)		
Screening (delete those NOT used)		
Acute Low Back Pain Screening Questionnaire	Fear-Avoidance Beliefs Questionnaire	Roland-Morris Disability Questionnaire
ABCDEFW Back Pain Screening Pneumonic	OSWESTRY Questionnaire	other – give detail
Medical History		
Pre/post-diagnostic results of MRI, X-ray and doctors' letters		
Established conditions and co-morbidities		
Current medications		
Activity/Exercise		
Current fitness levels		
Activity/exercise likes and dislikes		
Barriers to exercise eg: <ul style="list-style-type: none"> • Psychological • Lifestyle • Pain exacerbators • Intolerances to certain exercises 		
Attitude and motivation level		
Summary of subjective findings		

Examination (delete those NOT used)	
Client informed consent to examination (signature)	
Method	Findings
Observation	
Manual muscle testing (ROM, strength) etc.	
Special tests	
Functional tests	
Psychological assessments	
Psychometric tests	
Other	
Summary of objective findings	

Learner's signature: _____ Date: _____

Case study (planning) form cont.

Programming physical activities for individuals with low back pain

Programme SMART goals	
Short term (6 weeks)	
Medium term (6 weeks–6 months)	
Long term (6 months and beyond)	

Client's case study consent

I understand that the information that I have given to the instructor, which is included on this form, will be used by him/her to design a physical activity programme as part of an assessed case study, and therefore will be disclosed to a 3rd party for assessment.

(Should you not wish your real name to be used, please provide a suitable alias)

Client's signature: _____ Date: _____

Learner's signature: _____ Date: _____

Case study (planning) form assessment checklist

Programming physical activities for individuals with low back pain

Learner's name: _____

Assessor's name: _____

Key: ✓ = Pass; C = Pass with comment; R= Refer

The learner requires a ✓ or C against each criterion in order to pass.

The learner:		Outcome	
		Initial assessment	Re-assessment
P1	Used appropriate methods to collect sufficient subjective information to plan safe and effective physical activity programmes for a client with LBP		
P2	Interpreted the subjective information gathered		
P3	Used appropriate methods to collect sufficient objective information to plan safe and effective physical activity programmes for a client with LBP		
P4	Interpreted the objective information gathered		
P5	Recorded information accurately		
P6	Interpreted information gathered during the initial client consultation stage		
P7	Agreed SMART goals with the client		
P8	Obtained informed consent from the client, parent or guardian		
P9	Recorded information accurately		

Final result: Pass Refer

Case study (programme design)

Programming physical activities for individuals with low back pain

Name of client: _____

Week number(s): _____

Aims					
Lifestyle/home modification aims		Advice given			
Activity aims		Muscles/movement patterns to be addressed			
Activity	Intensity and/or duration (Reps/timings etc.)	Layered cueing guidelines		Teaching points	Modifications/alternatives
		Local muscles	Global muscles		

Case study (programme design) assessment checklist

Programming physical activities for individuals with low back pain

Learner's name: _____

Assessor's name: _____

Key: ✓ = Pass; C = Pass with comment; R= Refer

The learner requires a ✓ or C against each criterion in order to pass.

The learner:			Outcome	
			Initial assessment	Re-assessment
D1	Provided advice covering:	Homecare		
		Lifestyle		
		Exercise		
D2	Selected a range of safe and effective physical activities which	Were specific to the client's health status, risk stratification, needs and abilities		
		Used layering to demonstrate suitable exercise prescription		
		Included alternatives, adaptations and methods of progression/regression		
D3	Incorporated regular monitoring procedures to ensure programme remains safe and effective			
D4	Recorded plans in a format that will help the client and other professionals involved to implement the programme			

Final result: Pass Refer

Case study (programme review)

Programming physical activities for individuals with low back pain

Name of client: _____

Week number(s): _____

Client		Learner/practitioner
Question	Response	Details of any changes to be made to programme
Did you experience anything other than mild discomfort whilst performing any of the activities?		
Would you like me to change any of the activities?		
Have there been any significant changes in your lifestyle since our consultation? If so, please give details.		
Which of the activities do you feel are most challenging?		
Which of the activities do you feel are the least challenging?		
How confident do you feel that you will achieve the goals we set?		

Client	Learner/practitioner
Do you have any other comments/thoughts or concerns about your programme?	Details of any changes to be made to programme
Do you have any comments regarding any proposed changes to your programme?	
How confident do you feel about following the programme without direct supervision?	

Case study (programme review) assessment checklist

Programming physical activities for individuals with low back pain

Learner's name: _____

Assessor's name: _____

Key: ✓ = Pass; C = Pass with comment; R= Refer

The learner requires a ✓ or C against each criterion in order to pass.

The learner:			Outcome	
			Initial assessment	Re-assessment
R1	Reviewed with the client:	Programme goals		
		Activities		
		Exercise		
		Client performance		
		Client confidence and self-esteem		
		Health and safety		
R2	Recorded the outcomes of review in an appropriate format			
R3	Incorporated regular monitoring procedures to ensure programme remains safe and effective			
R4	Recorded changes/adaptations to the programme in an appropriate format, suitable for use by: <ul style="list-style-type: none"> • The instructor • The client • Medical professionals 			

Final result: Pass Refer

Instructing physical activity sessions for individuals with low back pain

Observation checklist

To avoid detailed pre-screening of the client and to minimise preparation (session planning), it is strongly recommended that the client chosen is the subject of your case study (Programming physical activities for individuals with low back pain).

Learner's name: _____

Assessor's name: _____

Key: ✓ = Pass; C = Pass with comment; R= Refer. The learner requires a ✓ or C against each criterion in order to pass.

The learner:		Outcome	
		Initial assessment	Re-assessment
Prior to the session			
S1	Created an appropriate physical activity environment		
S2	Established suitability of client for planned activities through:	Pre-activity screening	
		Verbal screening	
S3	Clarified the aims and demands of the session with the client		
During the session			
S4	Used layered cueing to instruct each movement sequence according to client performance		
S5	Progressed or regressed physical activities according to client's needs and abilities		
S6	Gave explanations and demonstrations that were technically correct		
S7	Determined the client's understanding of explanations and instructions		
S8	Provided opportunities for client questioning and feedback throughout the session		
S9	Critically evaluated the performance of the client throughout the session, taking any necessary action		
S10	Utilised appropriate motivational strategies and psychological support throughout the session		
S11	Provided support to the client in a way which enabled them to self-manage their condition		

The learner:		Outcome	
		Initial assessment	Re-assessment
Following the session			
S12	Evaluated the progress of the client		
S13	Discussed any proposed changes to the programme with the client		
S14	Modified or revised the programme accordingly		
S15	Recorded any modifications to the programme		
S16	Justified to what extent their own instruction met the needs of the client		
S17	Evaluated the effectiveness of their own instruction in meeting the session objectives		
S18	Identified strategies to improve their personal performance based on self-evaluation and client feedback		

Final result: Pass Refer

Session evaluation

Instructing physical activity sessions for individuals with low back pain

1. How would you evaluate your client with regard to:

Meeting the planned programme goals	
Any issues identified within the session	
Client feedback received	

2. What sort of instruction style/technique(s) do you feel best suits your client?

3. What measures did you take to ensure your own instruction styles met the needs of your client?

4. What modifications or revisions to the client's programme do you intend to make following this session, giving your reason for each.

Modifications/revisions	Reason(s)

Following this evaluation, detail 2 ways by which you could improve your own personal performance.

a)

b)

Final result: Pass Refer

Appendices

Assessor feedback sheet

Learner's name: _____

Criterion number	Feedback

Supplementary questions record

Learner's name: _____

Assessor's name: _____

Assessor's question	Learner's response

Summary of achievement

YMCA Level 4 Certificate in Programming Physical Activity Programming for Individuals with Low Back Pain

Unit title	Assessment element	Assessment outcome	Assessor's signature and date	Action plan for achievement and evidence produced for exemption	Re-assessment outcome	Assessor's signature and date	Assessor's signature for sign-off	IQA's signature (if sampled)	EQA's signature (if sampled)
Principles and epidemiology of low back pain (T/506/4362)	Written short/long answer paper (externally set)	Pass Refer Exemption							
	Written worksheet	Pass Refer Exemption							
Programming physical activities for individuals with low back pain (D/506/4372)	Case study planning form	Pass Refer Exemption							
	Case study programme design	Pass Refer Exemption							
	Case study programme review	Pass Refer Exemption							
	Observed performance	Pass Refer Exemption							
Instructing physical activity sessions for individuals with low back pain (M/506/4375)	Session evaluation	Pass Refer Exemption							

Learner's name: _____

Centre name: _____

Assessor's name: _____

IQA's name: _____

Learner authenticity statement:

I confirm that the evidence provided for this qualification is entirely my own work.

Learner's signature: _____ Date: _____

Assessor sign-off statement

I confirm that I am satisfied that the learner named above has provided evidence that is valid, authentic, reliable, current and sufficient to demonstrate the required knowledge, understanding and/or skills for the units signed off here.

Assessor's signature: _____ Date: _____

IQA's signature: _____ Date: _____

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