



Fitter for Life Program

Endorsed by:



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Contents

.....	1
Acknowledgements.....	3
General Information.....	4
Background	4
Program Outcomes.....	5
Aim	5
Objectives.....	5
Benefits	5
Program Content	6
Key Considerations.....	6
The Program Pathway.....	6
The Fitter for Life Pathway.....	7
Program Levels.....	7
Program Structure.....	8
Program Delivery.....	9
Coaches	9
Setup	9
Equipment.....	9
Class delivery.....	10
Program Assessment.....	10
Progression within the same level	10
Progression between levels	11
Program Evaluation.....	11
Managing adverse events	12
References.....	13
Appendices.....	14

Acknowledgements

The information and content of this document has been developed from the most relevant guidelines and evidence-based research. Please note that the document is not representing individual views and does not claim to be an exhaustive list.

The following document has been developed by Gymnastics in Australia and the Australian Physiotherapy Association. The intellectual property of this content belongs to Gymnastics Australia and the state/territory governing bodies and should not be utilised outside of the below guidelines. The program is available to be provided by affiliated clubs and endorsed providers who are compliant with the training requirements and risk mitigation policies in place to be able to deliver the program safely and effectively.

Gymnastics Australia acknowledges Trevor Dowdell and Jackie Kiloh from Gymnastics Queensland for their assistance in the development of the Fitter for Life Gymnastics resources. Gymnastics Australia also acknowledges Hannah Sharma for her significant contribution in reviewing the Fitter for Life Gymnastics program and developing the Fitter for Life program and supporting lesson plans for sedentary individuals.

The Australian Physiotherapy Association endorses the program for older adults as a supervised general exercise option in the community when delivered as per instructions with suitable pre-exercise screening, personnel training as well as risk mitigation and management policies in place.”

General Information

Background

The Fitter for Life program aligns and supports the Gymnastics Australia's vision, 'Gymnastics: The Foundation of Movement for Life' in promoting gymnastics as a 'sport for everybody'. The Fitter for Life program has been developed with a view to provide safe and enjoyable way for older adults to re-engage in physical activity. This also aims to increase social participation to promote engagement.

Australia's population is ageing (1).

Physical activity guidelines (2) for older adults recommend:

- accumulation of 150 mins of moderate intensity exercise per week.
- engaging in strength balance and flexibility training for 2 to 3 sessions per week.
- decrease time spent sitting and break prolonged sedentary periods as often as possible.

Trends show that physical activity levels tend to decline in older adults. Only a small proportion of the population meet recommended physical activity guidelines. Three-quarters of older adults do not meet physical activity guidelines and four-fifths of older adults do not meet resistance training guidelines (3). Current evidence also suggests that people with multiple or chronic health conditions, cognitive impairment and/or disability are less active than their age matched healthy peers (3).

Engaging in physical activity has established benefits (4). These include preventing falls (5), maintaining ability to complete activities of daily living (6), improved mental health (7), improved cognitive capacity (8) and increased social connection (9).

Maintaining regular engagement in physical activity is not always easy. Promoting benefits of being active as well as building self-efficacy in older adults enhances and maintains engagement towards positive health behaviours (10).

The use of appropriate language, adequate instruction with demonstration of the exercises and improved accessibility to exercise programs are very important considerations to improve participation as identified by older adults. It is important to discuss barriers on an individual level and work collaboratively towards eliminating them (11).

Gymnastics in Australia aims to provide Fitter for Life program as a foundation to aid and support all ages to remain active and be engaged in physical activity, remain independent and to prevent adverse outcomes associated with Inactivity.

Program Outcomes

Aim

To promote positive health behaviours by providing avenues for physical activity in safe and fun-filled environment.

Objectives

- To provide opportunities to engage in supervised physical activity.
- To provide avenues for social interaction and connection.
- To increase engagement in physical activity by eliminating barriers.
- To increase awareness around benefits of exercise in a social and inclusive environment.
- To develop self-efficacy among participants

Benefits

- Managing chronic health condition/s
- Improving balance
- Maintenance or improvement of ability to perform activities of daily living
- Improving mental health
- Cognitive benefits
- Social connection

Program Content

Key Considerations

- The program is inclusive.
- The program is suitable for clients with cognitive impairment as long as they can follow instructions (some input from carers and families may be required)
- The program can be modified based on client abilities and health conditions. Some clients may require and/or choose to obtain medical clearance.
- Clients with unstable, chronic and/or acute health issues limiting their mobility and ability to participate, will require a physiotherapy review to ascertain eligibility.
- This program is not suitable for people who have difficulties standing or are limited to sitting
- Clients set their own goals and pace to ensure the program is enjoyable and best suits their needs.
- The program is delivered by experienced coaches who have undertaken training in strength and conditioning principles as well as delivering exercises to older adults.
- The program aims to ensure that the risk of adverse events is minimised by putting the right screening processes in place and liaising with clients prior to commencing the program. Should an adverse event occur, the program manages it accordingly.

The Program Pathway

Prior to commencing the program

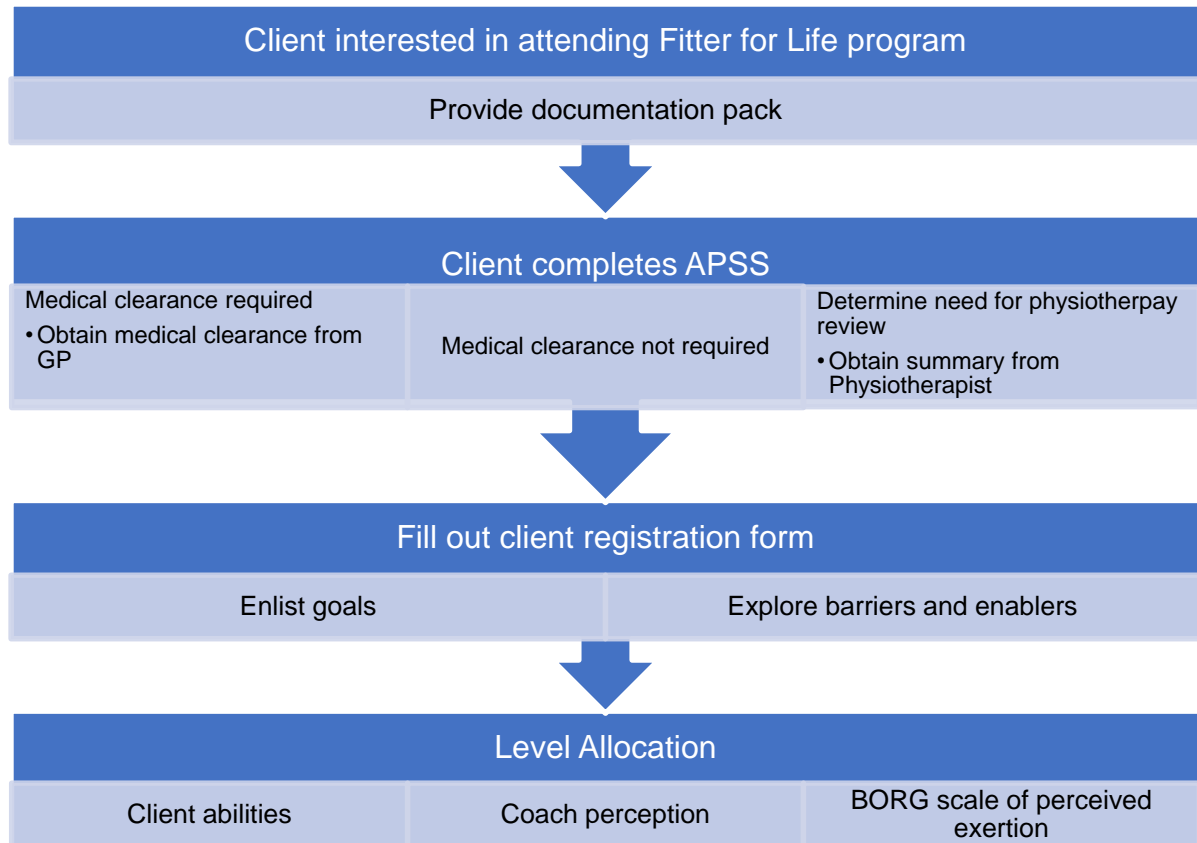
Each client is provided with:

1. Choose health, be active: A physical activity guide for older Australians Appendix 1
2. Fitter for Life program Brochure Appendix 2
3. Adult pre-exercise screening tool Appendix 3
4. Standard medical clearance Appendix 4
5. Client registration and information from Appendix 5

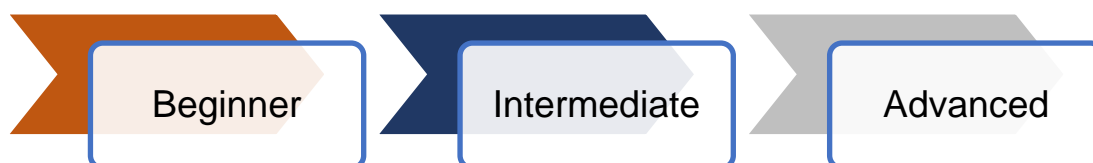
Clients should fill out the Adult pre-exercise screening tool (APSS – compulsory first page as a minimum). This determines whether medical clearance is needed. If so, medical clearance must be sought using the standard medical clearance form. It is important to consider the need for medical clearance during the program – if the participant's condition changes e.g. injury. This form must be returned to the program prior to commencing it.

The clients also fill out Client registration and information form to provide information as well as an understanding of their goals, barriers and enablers.

Please refer to the following process diagram for a clearer understanding of the process.



The Fitter for Life Pathway



Program Levels

The program has been divided into 3 incremental levels.

- Beginner – Suitable for clients who can stand and walk short distances, with or without support but have not been exercising regularly
- Intermediate – Suitable for clients who can walk comfortably for 15 mins with or without support and have some experience exercising
- Advanced – suitable for clients who have been exercising regularly and are functionally mobile

Level allocations

Level allocations are based on the client's and coach's perception of individual abilities in comparison to the activities that clients will be doing in a particular level. To ensure adequate allocation of clients to levels, most clients commence at the intermediate level - unless they have difficulty walking. The BORG scale of perceived exertion, client feedback and coach discretion can then be used to change allocation if required.

Program Structure

10 lesson plans have been developed across the 3 ability levels. There are similarities in how the exercises in each level build up as the lessons progress.

Lessons 1 - 3

The exercise volume slowly builds up in these three lessons by slow introduction of exercises joint by joint, until lesson 3.

Lessons 4 - 6

The exercises stay the same in these lessons and the same exercise program is delivered over the middle 3 lessons. This is the time to increase intensity of the strengthening exercises by increasing the range of movement, number of repetitions, addition of resistance or increasing speed (in that order). During this phase, coaches can use their discretion to combine various movements of the warm-up into 1 sequence. The coaches can also select between various balance exercises and change them every week.

Lessons 7 - 10

In lesson plan (7-10) the exercise volume changes mostly by changes in the position of the exercises. The lessons now aim at improving abilities to allow progression to the next level of function or the next program level. Notably if the clients have progressed to using weights or resistance in lessons 4-6, they should continue to do so.

The exercise volume can be perceived to be high especially towards the end of the level. It is important to note that the lessons are not intended to be completed on a "one lesson plan per week" basis. Depending on the client cohort, the coaches can break a lesson plans to be completed over 1, 2 or even 3 weeks.

The lesson plans ensure that participants get an opportunity to repeat the program undertaken in previous sessions keeping in mind the principle of repetitive loading. This will also provide opportunity to the coaches to correct the technique and for the participants to learn some exercises to enable independent execution outside of the sessions. The American College of Sports Medicine (**ACSM**) recommends that a **strength training** program should be performed a minimum of two non-consecutive days each week, with two to three sets of 8 to 12 repetitions.

Program Delivery

Coaches

The coaches delivering the program must have at least an intermediate Gymnastics Australia accreditation. In addition, the coaches undertake training in delivering exercises to older adults or adults with multiple health conditions.

- Use appropriate language that refutes ageism, is inclusive of people with all abilities and is reflective of Gymnastic Australia values and program principles.
- Engaging, encouraging, supportive and compassionate are key attributes of a good, inclusive coach. These characteristics in addition to a non-prejudice environment will encourage attendance and the retention of participants.
- The ratio of coaches to clients is limited to 1:15.

Setup

Class formation

- The class should be set up to provide an inclusive, social and group orientated layout to enable clients to see and interact with each other.
- The coach should be positioned such to allow clients to be able to always see the coach.
- Specific consideration must be given to clients with vision, hearing or other communication deficits so that their positioning facilitates participation to the fullest.
- Ensure comfortable and safe positioning for all clients – pay attention to need for physical support, proximity to the toilet, height of the chair etc.
- The coach must be positioned closer to clients that need physical assistance or have recently commenced.
- It is important to consider the amount to assistance and set up that will be needed when moving from one activity to another during the program.
- New clients can be paired up with a buddy to increase participation and social engagement.

Equipment

The program is delivered to minimise the risk of adverse events like falls. The classes are set up such that clients have a stable support to grab on to as needed.

Equipment required for the 3 levels will slightly differ.

Equipment required for all levels	Beginner level	Intermediate level	Advanced level
<ul style="list-style-type: none"> • Stable chair with arms • Markers, tape or dots to mark the floor • Music -relevant and enjoyable to all • Pen and paper • BORG scale printed and laminated version 	<ul style="list-style-type: none"> • Balls • Balloons • Ribbons • Hoops • Sticks or batons • Small bean bag 	<ul style="list-style-type: none"> • Stable supports for standing such as another chair/rail • Step • Soft mat 	<ul style="list-style-type: none"> • Low beams • Hanging beams

Class delivery

The structure of each class follows similar routine – warm up, strengthening, flexibility training, balance training, games and cool down. The coaches have some discretion to select some exercises towards the middle of the level.

- Instructions must be clear and succinct. Coaches should demonstrate the movement and sign for activities where possible.
- The environment must be clutter free and allow for circulation space to transition between exercises.
- Clients must wear appropriate footwear during the classes. They should also bring their glasses, hearing aids, walking aids etc during the classes.
- If clients require a medication e.g. puffer- they should label and bring the medication as well as provide it to the coach or advise where it is, at the beginning of the session.

Program Assessment

Progression within the same level

The lesson plans are a guide only. After every class, the coach and client review the suitability of the class for every participant.

This is governed by the following:

- BORG Scale of Perceived Exertion (Appendix 6) is used to determine how easy or hard the class activities were as perceived by the client.
- The coach will also monitor for technique during the class.
- The coach and the client must also consider how the client recovered from the previous class e.g. symptoms like muscle soreness that lasted for more than 24 hrs, increased pain and/or stiffness, difficulty with completing usual daily tasks after the session due to exhaustion

Progression between levels

The levels have been designed incrementally. the beginner level prepares for the intermediate level and intermediate level prepares for the advanced level.

At the end of each level, the coach and the client must collaborate as per below:

- Have the goals that were set at the beginning been met?
- What were the enablers that assisted the clients?
- What were the barriers that limited the clients?
- Would the clients like to proceed to another level?
- If yes, goals for the new level must be set
- This is also an opportunity to check if they require to see their health professional – GP, physiotherapist, podiatrist, dietitian, optometrist etc

Program Evaluation

The program will be evaluated on an annual basis by Gymnastics Australia. Key points of evaluation will include:

Attendance

- How many clients enrolled in the program?
- How many clients completed the program?
- How many clients were willing to join the next level after completing one level?
- How many clients attended regularly i.e., each scheduled class?

Feedback

- Client feedback about the program
 - Inclusivity and social connection
 - Logistics around accessing the program
 - Coach behaviour and expertise
 - Lesson plan – pace, ability to follow
- Coaches feedback about the program
 - Delivery
 - Lesson plans
 - Allocation of clients

Impact

- Any feedback about the impact of the program on day-to-day life

Managing adverse events

- Clients must be encouraged to participate at their own pace and take breaks or modifications to suit the class to their own abilities.
- Clients must be encouraged to report any adverse events.
- Coaches must be orientated to the processes of recording and responding to adverse events.
- All events should be centrally located and escalated to the appropriate authorities as per the process.

Non-attendance

- Clients must be notified that they will gain more if they attend regularly.
- All non-attendance should be documented along with brief description of the reasons.
- The coaches must follow up and engage with clients to talk through barriers to develop strategies to eliminate those.

Return to Class after Prolonged Absence

- Clients returning to class after more than 4 months of absence should be encouraged to fill out the first page of APSS to determine if medical clearance is necessary.
- If the client is returning after a hospital admission and an injury requiring medical attention, medical clearance is necessary.
- If the client is returning after an injury (not requiring medical attention), a physiotherapy review is recommended.

References

1. Australian Institute of Health and Welfare: Older Australia at a glance (2018)
2. Physical activity Guidelines for older Australians: www.health.gov.au (2017)
3. Australian institution of health welfare: Physical activity across life stages (2018)
4. <https://www.nhsinform.scot/healthy-living/keeping-active/health-benefits>
5. Sherrington et al: Exercise for preventing falls in older people living in the community; Cochrane Database of Systematic Reviews (2019)
6. Lui et al: Systematic review of functional training on muscle strength, physical functioning and activities of daily living on older adults; Cochrane Database of Systematic Reviews (2009)
7. J Heo RA Stebbins, J Kim, I Lee: Serious leisure, life satisfaction and health of older adults; Leisure Sciences, 1 (2013)
8. Law, C., Lam, F., Chung, R. & Pang, M: Physical exercise attenuates cognitive decline and reduces behavioural problems in people with mild cognitive impairment and dementia: A systematic review. Journal of Physiotherapy. 66 9-18 (2020)
9. H Douglas, A Gerorgiou and J Westbrook: Social participation as an indicator of successful ageing; Australian Health Review, 41, 455-462 (2017)
10. Franco et al: Older people's perspectives on participation in physical activity - a systematic review and thematic analysis of qualitative literature; British Journal of Sports Medicine 49 (19) (2015)
11. Burton et al: Motivators and Barriers for older people participating in resistance training activities; Journal of Ageing and Physical Activity 25(2) (2017)

Appendices

Appendix 1

Choose health, be active: A physical activity guide for older Australians - www.health.gov.au/resources/publications/choose-health-be-active-a-physical-guide-for-older-australians

Appendix 2

Fitter for Life program marketing collateral available on the GA resource portal
<https://support.gymnastics.org.au/article/227-using-the-resource-portal-tab-on-the-club-admin-portal>

Appendix 3

Adult pre-exercise Screening Tool - www.essa.org.au/Public/ABOUT_ESSA/Pre-Exercise_Screening_Systems.aspx

ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)

This screening tool is part of the **Adult Pre-Exercise Screening System (APSS)** that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. The warranty of safety should rest with the user. The screening system is in no way guaranteed against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise in Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: _____
Date of Birth: _____ Male ☐ Female ☐ Other ☐

STAGE 1 (COMPULSORY)

AIM: To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual. This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

Please tick your response: YES NO

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?
2. Do you ever experience unexplained pain or discomfort in your chest at rest or during physical activity/exercise?
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?
4. Have you had an unexplained stroke, transient ischaemic attack or any type of stroke in the last 12 months?
5. If you have diabetes (Type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?
6. Do you have any other conditions that may require special consideration for you to exercise?

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

IF YOU ANSWERED 'NO' to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult Figure 2.

Intensity	Frequency (number of sessions per week)	Duration (total minutes per week)	Weighted physical activity/exercise per week (Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high))
Light			
Moderate			
Vigorous/High			

Notes:

- Your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.
- Your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.
- It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.

I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct.

Client signature: _____ Date: _____

FIGURE 1: Stage 1 Screening Steps

STAGE 1 (COMPULSORY)
(If you answer yes to any question in stage 1)

YES
TOTAL MEASURED PHYSICAL ACTIVITY/EXERCISE < 150 MIN
Recommendation: consult your exercise professional for guidance

NO
TOTAL MEASURED PHYSICAL ACTIVITY/EXERCISE ≥ 150 MIN
Recommendation: proceed to Stage 2

STAGE 2 (RECOMMENDED)
It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.

FIGURE 2: Exercise Intensity Guidelines

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
LIGHT	40 to <50% HRmax*	VERY LIGHT TO LIGHT RPE† 1-2	• An exercise activity that does not cause a noticeable change in breathing rate. • An intensity that can be sustained for at least 30 minutes.
MODERATE	55 to <70% HRmax*	MODERATE TO SOMEWHAT HARD RPE† 3-4	• An exercise activity that is able to be sustained whilst maintaining a conversation. • An intensity that may last between 30 and 60 minutes.
VIGOROUS	70 to <80% HRmax*	HARD RPE† 5-6	• An exercise activity in which a conversation generally cannot be maintained. • An intensity that may last up to 30 minutes.
HIGH	≥ 80% HRmax*	VERY HARD RPE† 7	• An exercise activity in which it is difficult to talk at all. • An intensity that generally cannot be sustained for longer than about 10 minutes.

* HRmax = estimated heart rate maximum. Calculated by subtracting age from 220 bpm for all ages up to 40 years < 220 - (10 x age) bpm (estimated).
† RPE = Rating of Perceived Exertion (RPE) scale ranges from 1-10.
* Modified from: A. L. Housh & S. J. Fothergill (2016). Fitness assessment and physical activity and exercise intensity terminology. Champaign, IL: Human Kinetics.

STAGE 2 (RECOMMENDED)

AIM: This stage is to be completed with an exercise professional to determine appropriate exercise prescription based on established risk factors.

CLIENT DETAILS

8. Demographics
Age: _____
Male ☐ Female ☐ Other ☐

9. Family history of heart disease (e.g. stroke, heart attack) (relationship is e.g. father) Age at heart disease onset: _____

10. Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 12 months?
No ☐ Yes ☐
If yes, provide details: _____

11. Body composition
Weight (kg): _____ Height (cm): _____
Body Mass Index (BMI): _____
Waist circumference (cm): _____

12. Have you been told that you have high blood pressure?
No ☐ Yes ☐
If yes, provide details: _____

13. Have you been told that you have high cholesterol (blood lipid)?
No ☐ Yes ☐
If yes, provide details: _____

GUIDELINES FOR ASSESSING RISK

Risk of an adverse event increases with age, particularly relative to 45 yr and females > 50 yr.

A family history of heart disease refers to an event that occurs in relatives including parents, grandparents, uncles and/or aunts before the age of 50 years.

Smoking, even on a weekly basis, substantially increases risk for premature death and disability. This negative effect is still present up to at least 10 years post-quitting.

Any of the below increases the risk of chronic disease:
BMI > 30 kg/m²
BMI > 28 on male or > 30 on female

Either of the below increases the risk of heart disease:
Systolic blood pressure > 160 mmHg
Diastolic blood pressure > 95 mmHg

Any of the below increases the risk of heart disease:
Total cholesterol > 6.2 mmol/L
LDL cholesterol > 3.5 mmol/L
HDL cholesterol < 1.0 mmol/L
Triglycerides > 2.3 mmol/L

CLIENT DETAILS

14. Have you been told that you have high blood sugar (glucose)?
No ☐ Yes ☐
If yes, provide details: _____

15. Are you currently taking prescribed medication(s) for any condition(s)? These are additional to those already provided.
No ☐ Yes ☐
If yes, what are the medical condition(s)? _____

16. Have you spent time in hospital (including day admission) for any condition(s) during the last 12 months?
No ☐ Yes ☐
If yes, provide details: _____

17. Are you pregnant or have you given birth (with) within the last 12 months?
No ☐ Yes ☐
If yes, provide details: _____

18. Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise?
No ☐ Yes ☐
If yes, provide details: _____

GUIDELINES FOR ASSESSING RISK

Feeling blood sugar (glucose) > 5.5 mmol/L increases the risk of diabetes.

Taking medication indicates a medically diagnosed problem. Judgment is required when taking medication information into account for determining appropriate exercise prescription because it is common for clients to be misinformed that include other people's pills, which may indicate that other non-pharmaceuticals (herbals, Exercise professionals are not expected to have an advanced understanding of medications. Therefore, it may be necessary to use common language to describe what medical conditions the drugs are prescribed for.

There are positive relationships between disease rates and death versus the number and length of hospital admissions in the previous 12 months. This includes admissions for heart disease, lung disease, kidney disease, Chronic Obstructive Pulmonary Disease (COPD) and asthma, diabetes, hip fractures, infections, operations and inflammatory bowel disease. Admissions are also correlated to your health status and negative health behaviours such as smoking, alcohol consumption and poor diet patterns.

Using pregnancy and other recent childbirth are times to be more cautious with exercise. Appropriate exercise prescription results in improved health to enhance daily functioning, promote positive health behaviours for health and may lead to an increased risk of injury especially in the older population. Exercise involving jumping, frequent changes of direction and excessive stretching should be avoided, as should plyometric movements. Guidelines for exercise can be found here: www.essa.org.au/fitness-and-post-natal-exercise-guidelines

Almost everyone has experienced some level of soreness following exercise. However, if you have been told that this is not really what the question is designed to identify. Soreness due to unaccustomed activity or not the same as pain in the joint, muscle or bone. Pain is more serious and may represent an injury, serious inflammatory episode or infection. If it is an acute injury then it is possible that further medical guidance may be required.

Appendix 4

Example Medical Clearance

Standard medical clearance

Dear Doctor,

Thank you for reviewing
who has approached Gymnastics Australia to commence an exercise program delivered by our coaches in the Fitter for Life program. He/she needs to gain medical clearance prior to participation.

Adult pre-exercise screening form and exercise program brochure are attached for your review.

Thanking you
Fitter for Life team
Gymnastics Australia
Date:

Dear Coach,

Thank you for your referral. After reviewing the Adult pre-exercise screening, the exercise program brochure and my review dated.....

I do consent to participating in the program
A list of limitation and recommendations are listed below

I do not consent toparticipating in the program
The reasons for the above are listed below

Thanking you
Sincerely,
Dr.

Please note that if the participants condition changes between medical review and commencement of the program, the medical clearance is no longer valid.

Appendix 5

Example Registration Form

Reason	Importance
Enjoyment	
Managing pain	
Weight loss	
Managing medical condition	
Self-esteem	
Stress management	
Mental well-being	

Your health and medical history

Have you had any falls in the past year?
Please fill out the table below if you answered yes

How many falls?		What happened? Dizzy, loss of balance, black out, legs giving way	
Did you injure yourself?		Did you lose consciousness?	
Can you get off the floor by yourself?		Did you seek medical or allied health advice?	

Please comment on the following

Your vision	
Your hearing	
Any problems controlling urine and faeces	
Your swallowing	
Any areas of broken skin, cuts, ulcers	

Your exercise history, preferences and barriers

Have you undertaken any structured exercise in the recent years?

Did you experience any adverse or unfavourable outcomes by participation in exercise?

Participants signature _____ Coach's signature _____

What type of exercise did you enjoy the most?

What type of exercise did you dislike the most?

In your perception what are the barriers that prevent you from participating in exercise? Please rate your selected barriers on a scale of 0 - 10, 0 being not likely to be a barrier, 10 being very big barrier

Barrier	Likelihood of affecting participation	Strategies to overcome
Lack of motivation		
Fear of injury		
Lack of time		
Unable to access		
Family commitments		
Work commitments		
Pre-existing condition		
Bad previous experience		
Other		

Please indicate if there are any other health related problems that you would like us to know.

Participants signature _____ Coach's signature _____

Appendix 6

[https://www.heartonline.org.au/media/DRL/Rating_of_perceived_exertion - Borg scale.pdf](https://www.heartonline.org.au/media/DRL/Rating_of_perceived_exertion_-_Borg_scale.pdf)

BORG SCALE OF PERCEIVED EXERTION <small>Borg G. Psychophysical bases of perceived exertion. Med Sci Sports Exerc 1982; 14:377-381.</small>	
6	Really, really easy
7	
8	
9	
10	
11	Fairly easy
12	Moderate
13	Somewhat hard
14	
15	
16	Hard
17	Really hard
18	
19	
20	
	Really, really hard
	Maximum effort

Allied Health Group Therapy Resource. J Hewitt 2021