



Australian Government

Assessment Requirements for SISFFIT018 Promote functional movement capacity

Release: 1

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Modification History

Not applicable.

Performance Evidence

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role. This must include period(s) totalling at least eight hours comprising at least five different client contact sessions, and:

- observe and analyse functional movement capacity for at least five clients in line with accepted movement and technique standards incorporating the following for each client:
 - at least three functional movements
 - movement and exercise observation in the following movement patterns and scenarios:
 - push
 - pull
 - squat
 - lunge
 - rotate
 - overhead press
 - overhead pull
 - with and without equipment
 - loaded and unloaded
 - identification of joint mobility or movement restrictions against typical range of movement for major joint complexes, with consideration of:
 - joint movement
 - muscle action
 - passive range
 - active range
 - functional range
 - joint and muscle interactions
 - stability of major joint complexes, relevant to the client's needs, level of risk and experience
 - balance and coordination, relevant to the client's needs, level of risk and experience
 - a variety of functional movement measurement tools to support dynamic posture analysis:
 - flexometer
 - goniometer
 - plumb line

- grid
- pluriometer
- pressure biofeedback unit
- photographic technology
- video analysis
- tape measure
- identify each client's capacity to activate and achieve good muscle function in all of the following muscle groups, using at least three muscle activation exercises per client:
 - core abdominals
 - glutes
 - hamstrings
 - hip flexors
 - rotator cuff
 - chest
 - back
- modify incorrect client exercise technique and poor dynamic posture of at least three clients
- explain and document functional movement observations and encourage a healthy posture for all clients:
 - identified posture, movement, strength and neuromuscular deviations, limitations and imbalances
 - significance of results for exercise programming, technique and prevention of injury
 - precautions to exercise relevant to functional movement observations and client risk status, in accordance with industry guidelines or guidance from medical or allied health professionals where applicable
- recommend appropriate exercise strategies to clients to promote functional movement and reduce the likelihood of injury, in accordance with functional movement observations and client risk status, including the following strategies:
 - flexibility
 - functional strength training
 - proprioception development
 - education to develop correct exercise techniques or daily living postures.

Knowledge Evidence

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- legislative obligations and organisational policies and procedures in relation to:
 - duty of care
 - work health and safety/occupational health and safety
 - confidentiality of client information
 - professional ethics

- appropriate collection and storage of client information
- the relationship between injury, injury prevention and the following postural variances:
 - structural and functional variances
 - kyphosis
 - rounded shoulders
 - winging of scapula
 - increased or decreased lordosis
 - excessive posterior or anterior pelvic tilt
 - scoliosis
 - genu varum or genu valgum
 - increased pronation of foot or ankle complex
 - increased supination of foot or ankle complex
 - hyperextension of knees
 - lateral tilt of pelvis or head
 - forward head posture
 - rotated patella
- ideal postural alignment:
 - normal spinal curves
 - straight line running through:
 - ear lobe
 - anterior shoulder joint
 - vertebral bodies of L1-5
 - posterior hip joint
 - anterior knee joint
 - anterior ankle joint
 - transverse abdominus
 - pelvic floor muscles
- relationship of poor posture and risk of injury and muscular deficits:
 - diminished muscle strength or endurance
 - increased muscle tension/tone
 - limited flexibility
 - limited function
- postural influences affecting dysfunctional movement patterns and exercise technique
- typical range of movement for major joint complexes
- deviations in posture or functional limitations at commencement, during, at completion of exercise or movement:
 - asymmetrical muscle tone
 - spinal curvature – lordosis, kyphosis, scoliosis
 - scapula setting:
 - winging of scapula

- anterior tipping/tilting
- upward/downward rotation
- pelvis position:
 - anterior/posterior
 - rotation
- knee alignment:
 - varus/valgus
- foot alignment:
 - internal/external rotation
 - pronation/supination
- forward head
- sitting/standing/supine
- locomotive gait – walking, jogging, running
- role of muscles in contractions:
 - agonist/prime mover
 - antagonist
 - fixator
 - assistor/synergist
- causes of poor posture:
 - congenial abnormalities of the musculoskeletal system
 - poor muscle strength
 - poor muscle endurance
 - muscle imbalance
 - lack of mobility
 - damage to bony structures
 - damage to connective tissue including ligaments and cartilage
- muscle activation, correct execution, and teaching points for primal functional movement patterns:
 - push
 - pull
 - squat
 - lunge
 - rotate
 - overhead press
 - overhead pull
- role of muscle activation in functional movement and exercise performance:
 - muscle sensory reception
 - reciprocal inhibition
- normal range of movement for major joint complexes
- characteristics of balance and balance exercise:

- base of support
- centre of gravity
- limits of stability
- components of balance maintenance
- variation of stance
- variation of surfaces or equipment
- balance disturbance
- progression of balance exercises
- characteristics of coordination and agility:
 - fine motor skills
 - gross motor skills
 - hand-eye skills
 - progression of coordination or agility exercises
- changes to centre of gravity caused by:
 - pregnancy
 - overweight
 - inappropriate footwear
 - behaviours
 - work practices
 - sport or leisure activities
- industry endorsed scope of practice for a personal trainer
- industry endorsed pre-exercise screening and risk stratification protocols
- role of medical or allied health professionals for referral or guidance
- reasons for referral to an appropriate medical or allied health professional:
 - pain upon presentation to initial session/induction
 - history of uncontrolled/unresolved pain
 - abnormal/inconsistent pain patterns which may point towards a pathology
 - pain during movement or exercise
 - static postural deviations
 - an inability to correct static or dynamic posture
 - restricted joint range of movement, strength imbalance or balance, stability or coordination concern that is limiting function
 - a diagnosed muscle, bone or joint problem with medical or allied health advice that the problem could be made worse by participating in physical activity/exercise
 - identified through industry endorsed pre-exercise screening and risk stratification.

Assessment Conditions

Skills must be demonstrated in:

- a fitness industry workplace or simulated environment with clients with real or simulated health and fitness goals.

Assessment must ensure access to:

- legislation and organisational policies and procedures in relation to functional movement observation and improvement
- industry endorsed risk stratification procedures.

Assessment must ensure use of:

- a variety of appropriate equipment to demonstrate and observe functional movement patterns, dynamic posture, joint range of movement, muscle activation and strength, balance, stability and coordination:
 - flexometer
 - goniometer
 - plumb line
 - grid
 - pluriometer
 - tape measure
- client record forms
- documented plans with inclusion of identified modifications/adjustments needed
- photographic technology
- video analysis
- clients; these can be:
 - clients in an industry workplace, or
 - individuals who participate in role plays or simulated activities, set up for the purpose of assessment, in a simulated industry environment operated within a training organisation.

Assessment activities that allow the individual to:

- observe multiple clients functional movement, identify issues and provide functional exercise strategies within the scope of practice.

Assessors must satisfy the Standards for Registered Training Organisation's requirements for assessors; and

- have achieved a Diploma of Fitness or above; and
- have at least 1 year consecutive post qualification fitness industry experience in the application of the skills and knowledge of the Diploma of Fitness.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=1ca50016-24d2-4161-a044-d3faa200268b>

