



Australian Government

SISFFIT018 Promote functional movement capacity

Release: 1

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Modification History

Not applicable.

Application

This unit describes the performance outcomes, skills and knowledge required to assess client movement and exercise capacity and develop an appropriate exercise program. It requires the use of functional movement knowledge in day-to-day professional practice to encourage healthy posture, effective movement patterns and safe exercise technique for clients.

This unit applies to personal trainers who offer exercise programs to improve functional movement for general populations, including older adults and young people. These clients are those with no unstable health conditions, pain or injury as identified through industry endorsed pre-exercise screening and risk stratification protocols.

This unit does not apply to the provision of postural assessment, advice or treatment for an injury, disease or condition. The personal trainer is expected to refer clients requiring guidance, advice or treatment to an appropriate allied health professional.

This unit applies to personal trainers who typically work autonomously in controlled and uncontrolled fitness environments. Work is performed according to relevant legislation and organisational policies and procedures.

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of publication.

Pre-requisite Unit

Nil

Competency Field

Fitness

Unit Sector

Fitness

Elements and Performance Criteria

ELEMENTS

Elements describe the essential outcomes

PERFORMANCE CRITERIA

Performance criteria describe the performance needed to demonstrate achievement of the element.

1. Consolidate understanding of functional movement.
 - 1.1 Source and access information on functional movement relevant to fitness outcomes in line with accepted movement and exercise technique standards.
 - 1.2 Use knowledge of functional movement in day-to-day professional practice.
 - 1.3 Discuss/explain how understanding of functional movement contributes to safe/optimum technique and skill development.
 - 1.4 Use a wide range of functional movement terminology relevant to injury prevention and fitness outcomes.
2. Inform clients of importance of functional movement.
 - 2.1 Review pre-exercise health screening, risk stratification, and health assessment procedures as required.
 - 2.2 Discuss client health-related goals and acquire additional client information as required.
 - 2.3 Refer client to a medical or allied health professional as required.
 - 2.4 Discuss importance of identifying postural variances and explain relationship between posture and injury prevention to clients.
 - 2.5 Provide information about common causes of poor posture and movement capacity to client.
 - 2.6 Inform clients of legal and ethical limitations of a personal trainer.
3. Recognise and analyse client functional movement.
 - 3.1 Provide clear and accurate instruction and demonstration during relevant movements and exercises.
 - 3.2 Explain the importance of functional movement and correct technique and dynamic posture during exercise.
 - 3.3 Observe functional movement, range of movement and exercise capacity to identify any joint mobility or movement restrictions.
 - 3.4 Observe strength and muscle activation outputs to identify any muscle activation concerns and/or strength limitation or imbalance.
 - 3.5 Observe and record any client balance, stability or coordination limitations.
 - 3.6 Monitor participation and performance to identify ineffective movement patterns and exercise technique.
 - 3.7 Determine need for further evaluation and seek guidance from an appropriate allied health professional as required.
 - 3.8 Document observations and discuss with client.
4. Consider static posture.
 - 4.1 Apply understanding of postural mechanisms and symptoms of poor posture to client observation and consultation.
 - 4.2 Observe client static posture and identify issues that may be

- relevant in a dynamic setting.
- 4.3 Identify and document joints, muscles and connective tissues that would benefit from functional exercise strategies.
- 4.4 Seek guidance from an appropriate allied health professional as required.
5. Implement functional exercise strategies.
- 5.1 Develop strategies to promote functional movement, exercise performance and reduce likelihood of injury.
- 5.2 Advise client of exercises or activities that are contraindicated or may further exacerbate any postural variance.
- 5.3 Modify client exercise technique and dynamic posture as required.
- 5.4 Seek guidance from an appropriate allied health professional as required.

Foundation Skills

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

SKILLS	DESCRIPTION
Oral communication skills to:	• use active listening and open and closed probe questioning to: • elicit information from clients about their needs and expectations • consult with clients about functional movement activities • clarify screening information provided by clients.
Learning skills to:	• reflect on results and redesign new approaches to exercise as relevant for client.
Problem-solving skills to:	• interpret and critically analyse client functional movement • determine referral requirements after reviewing pre-exercise health screening information and as a result of functional movement observations.
Teamwork skills to:	• collaborate with various professionals and client in order to establish and follow through with the most appropriate functional exercise strategies for the client, if required.

Unit Mapping Information

No equivalent unit.

Links

Companion Volume implementation guides are found in VETNet -

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

Assessment Requirements for SISFFIT018 Promote functional movement capacity

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
- plurimeter
- 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
 - plurimeter
 - 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.

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