National Standards for Preparing Senior Fitness Instructors

C. Jessie Jones and Janie Clark

Editor’s Note: The Journal of Aging and Physical Activity is pleased to publish the following position paper entitled “National Curriculum Standards for Preparing Senior Fitness Instructors.” This document was developed by a coalition of fitness professionals representing the following organizations: the Aerobics and Fitness Association of America; the Council on Aging and Adult Development of the American Alliance of Health, Physical Education, Recreation, and Dance; the American Council on Exercise; the Senior Fitness Association; the Ruby Gerontology Center of California State University at Fullerton; the Cooper Institute of Aerobics Research; and Desert Southwest Fitness.

The editorial board of JAPA recognizes the need to exchange information about standardizing curricular requirements for fitness instructors in the area of physical activity and aging. While we are pleased to publish the enclosed position paper, it is important to stress that the publication of these guidelines should in no way be considered an endorsement by the Journal of Aging and Physical Activity. The editorial board of JAPA recognizes that a large number of professional organizations are involved in the preparation of exercise and fitness professionals. The National Coalition that produced these curriculum standards represents an important but by no means comprehensive subset of interested organizations. Accordingly, the enclosed standards should be considered as a preliminary document or a starting point for discussion. JAPA will be pleased to receive and disseminate responses to the enclosed guidelines. Individuals and/or organizations wishing to comment on the curriculum standards should address their correspondence to the editor.

Because of the recognized value of exercise for older adults, senior fitness programs have been developed in various facilities throughout the United States and in many other countries. However, there appears to be a shortage of professionally trained senior fitness specialists to develop and instruct such programs. A number of professional health and fitness organizations/associations and individual entrepreneurs have developed training programs leading to some type of certification. However, because there are no published curriculum standards to guide the development of these training programs, they often lack components essential for teaching students how to instruct safe and effective classes for senior participants. Curriculum Standards to Prepare Senior Fitness Instructors, developed by a national coalition, were presented at the 1995 International Conference on Aging and Physical Activity in Colorado.

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This project was undertaken not to promote national certification or licensing but, rather, to help educators plan training programs. Input from the conferees was synthesized into the standards, which are provided in this paper.

**Key Words:** curriculum, training, programs, development, guidelines

Several factors have tremendously increased the number of older adults participating in organized fitness programs or hiring their own personal trainers (Evans, 1995; International Health, Racquet and Sportsclub Association, 1995). Such factors include highly publicized research results (Fiatarone et al., 1990; Paffenbarger, Hyde, Wing, & Hsieh, 1986; Pate et al., 1995) and national reports (Department of Health and Human Services, 1990, 1996a; Lonergan, 1991); media coverage on the benefits of physical activity for the elderly; federal and state funding of research and programs for disease and disability prevention; mass marketing of senior fitness resources (i.e., books, videotapes, equipment); federal mandates for health promotion programs at senior centers and retirement facilities; the recent emphasis on preventive services by health care systems (Hall, 1996; Whitlatch, 1995); coverage by insurance companies and health plans for health promotion programs (Moore, 1997); and the “graying of America” (Bureau of the Census, 1992).

Although fitness programs for older adults are appearing throughout the United States in various facilities (i.e., senior centers, hospitals, recreation departments, fitness clubs, churches, YMCAs, retirement communities), there is a shortage of professionally trained senior fitness specialists to develop and instruct such programs (Peterson, 1988; Schroeder, 1995). Because only a few colleges and universities have comprehensive programs to prepare senior fitness specialists (Jones & Rikli, 1993, 1994; Lobenstein, 1991), a number of professional health and fitness organizations/associations and individual entrepreneurs have developed training programs leading to some type of certification or certificate of completion. However, because there are no published curriculum standards to guide the development of these training programs, they sometimes lack essential components for teaching students how to instruct safe and effective classes for senior participants.

The purpose of this paper is to discuss issues related to the training of senior fitness instructors. It is in no way intended to promote national certification or licensing; instead, structured outlines are presented that are designed to help educators plan training programs for senior fitness instructors. A summary of the major findings and conclusions of the Coalition to Recommend National Curriculum Standards for Preparing Senior Fitness Instructors is presented. In addition, several practical ideas regarding the implementation of these standards are discussed. Also included is a description of current senior fitness instructor training programs offered in the United States by the coalition (Table 1).

Although debate continues over the merits and drawbacks of state regulation of the exercise/fitness industry (Davis & Davis, 1994; Welsh, 1995), there are no mandated or recommended educational standards for preparing fitness instructors in general (Seaman, 1989) or senior fitness instructors in particular (Jones & Rikli, 1994). Concern arises because programming for older adults requires more care and expertise than for other age groups, particularly because the clients may have chronic medical conditions (Shephard, 1990). Still, many volunteers and professionals already working in the field have no academic background in adult fitness and aging (Peterson, 1988). The lack of structured, senior-specific professional
<table>
<thead>
<tr>
<th>Organization</th>
<th>Program Details</th>
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<tbody>
<tr>
<td>AFAA's Senior Fitness Workshop</td>
<td>Specialty Recognition (specifically developed to provide continuing education for ACE certified instructors)</td>
</tr>
<tr>
<td>Leadership Training Workshop</td>
<td>Senior Fitness Instructor Program (also offer Senior Personal Trainer and Long Term Care Fitness Leader Programs with similar formats)</td>
</tr>
<tr>
<td>Certificate of Completion</td>
<td>Certificate (proctored exam) or Certificate (distance study)</td>
</tr>
<tr>
<td>Laura A. Gladwin, MS, Chair; Board of Certification &amp; Training</td>
<td>Janie Clark, MA, President</td>
</tr>
<tr>
<td>Alicia Cosky, PhD, Chair; Workshop Committee</td>
<td>Gail Reisman, PhD, Coordinator of University Extended Ed.</td>
</tr>
<tr>
<td>Ed. Programs, AFAA, 15250 Ventura Blvd., #200, Sherman Oaks, CA 91403, ph. 800-446-2322 or 818-905-0040, fax 818-990-5468</td>
<td>Extended Ed., CSUF, P.O. Box 6870, Fullerton, CA 92834, ph. 714-278-2620 or 714-278-7269, fax 714-278-5317 or 714-278-2088</td>
</tr>
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(continued)
Table 1 (continued)

<table>
<thead>
<tr>
<th>5. Who designed and wrote the program?</th>
<th>Laura Gladwin, MS, &amp; national board of expert advisors</th>
<th>AAHPERD, AAALF, and CAAD members expert in the field of senior exercise</th>
<th>Janie Clark, MA, &amp; national advisory/review panel of older adult fitness experts</th>
<th>Jessie Jones, PhD, Roberta Rikli, PhD, &amp; advisory board of senior fitness specialists</th>
<th>Drs. Susan Johnson and Lynn Miller</th>
<th>Gwen Hyatt, MS, with medical specialist and peer review of all courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. How often are ed. materials revised?</td>
<td>Every 2 years</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td>Every semester</td>
<td>Approximately every 3 yrs., or sooner when indicated</td>
</tr>
<tr>
<td>7. How is the training/assessment process externally validated?</td>
<td>Follows guidelines of national curriculum standards</td>
<td>Follows guidelines of national curriculum standards</td>
<td>ACE evaluation provides external validation for ACE-approved continuing education providers</td>
<td>Peer review by medical, academic, research, and practical application specialists; follows guidelines of national curriculum standards</td>
<td>Follows guidelines of national curriculum standards</td>
<td>Development and review by psychometric expert and ongoing item analysis; follows guidelines of national curriculum standards</td>
</tr>
<tr>
<td>8. Where is the program available?</td>
<td>Hosted by various clubs and individuals internationally; multiple workshops are presented monthly.</td>
<td>Annually at the national AAHPERD conference and periodically at district conferences</td>
<td>Three hundred courses offered at various locations internationally</td>
<td>Workshops at 40-50 U.S. and Canadian locations annually; distance study available internationally</td>
<td>California State University, Fullerton</td>
<td>Cooper Institute for Aerobics Research, Dallas, TX, and upon request of a sponsorship in selected states</td>
</tr>
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<table>
<thead>
<tr>
<th>9. Does your program have any prerequisites?</th>
<th>Aerobics and Fitness Association of America (AFAA)</th>
<th>American Alliance of Health, Physical Ed., Recreation and Dance (AAHPERD)*</th>
<th>American Council on Exercise (ACE)</th>
<th>American Senior Fitness Association (SFA)</th>
<th>California State University, Fullerton (CSUF)</th>
<th>Cooper Institute for Aerobics Research</th>
<th>Desert Southwest Fitness, Inc. (DSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended: (1) AFCAA primary or personal training certification or (2) exercise science background and group exercise experience</td>
<td>No</td>
<td>Required: ACE certification</td>
<td>Required for certification: Adult CPR and Standard First Aid. Helpful but not required for certification or certificate training: degree in related field, general population fitness certification, and/or senior fitness leadership experience.</td>
<td>Required: (1) Adult CPR and Standard First Aid, (2) BS or BA in phys. ed. or related field, or AA in fitness or related field plus 2 years general experience (others with extensive senior fitness experience may apply for admission by consent of director)</td>
<td>Required: 18 years old</td>
<td>No</td>
<td></td>
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</table>

| 10. How many hours is your training program? | 8 | 20 | Specific courses vary. Specialty recognition requires 15 hours. | 30-40 hours directed study, plus 1-day certification workshop | 42 | 24 | 3-10 |

<p>| 11. Cost of training | $99 | $100-150 | Specific courses vary | $319 (Certificate $224) | $495 | $395 | $39-145 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Aerobics and Fitness Association of America (AFAA)</th>
<th>American Alliance of Health, Physical Ed., Recreation and Dance (AAHPERD)</th>
<th>American Council on Exercise (ACE)</th>
<th>American Senior Fitness Association (SFA)</th>
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<th>Desert Southwest Fitness, Inc. (DSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. What educational materials and resources does the student receive?</td>
<td>Workshop manual (complements the full-day program, which addresses theory with an emphasis on practical application)</td>
<td>Textbook, fitness testing booklet, and workshop notebook</td>
<td>Varies, depending on course selection. May include workbook, textbook, audiotape, videotape, handouts, and/or other material.</td>
<td>Physiology &amp; programming textbooks, model videotape, training manual, workbook, instructions manual. <em>Senior Fitness Bulletin</em> subscription (Certificate: first 5 items &amp; extra video)</td>
<td>Manual and physical assessment videotape</td>
<td>Manual and supplementary handouts</td>
<td>Varies, depending on course selection. May include workbook, textbook, audiotape lectures, resource list, assignments, and worksheets.</td>
</tr>
<tr>
<td>13. Scholarships</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>14. Does your organization agree with the recommended national curriculum standards?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Does your program address all of the standards to some degree?</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A. Courses may address specific topics</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A. Courses provide continuing education on specific topics</td>
</tr>
<tr>
<td>16. Are there performance standards?</td>
<td>N/A. Workshop attendance format</td>
<td>N/A. Workshop attendance format</td>
<td>N/A. May be workshop attendance format</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<th>If so, how are they measured?</th>
<th>Written and practical (Certificate: Written)</th>
<th>Written and practical</th>
<th>Written</th>
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<tr>
<td>Practical assessment:</td>
<td>Closed book approximately 30-min exercise demonstration</td>
<td>Closed book 15-min exercise demonstration and evaluation of assessment skills</td>
<td>Closed book test administration/practicum</td>
</tr>
<tr>
<td>17. Does your training program require continuing education (CE)?</td>
<td>N/A since it is a certificate, not a certification, program</td>
<td>N/A since it is a certificate, not a certification, program</td>
<td>15 hrs. per 2 yrs. (Certificate: N/A, Provides CE recognized by various organizations)</td>
</tr>
<tr>
<td></td>
<td>N/A. It is continuing education</td>
<td>N/A since it is a certificate, not a certification, program</td>
<td>No, but recommend 8 hours of training per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A. Provides CE recognized by various organizations</td>
<td></td>
</tr>
</tbody>
</table>

*Council on Aging and Adult Development (CAAD) of the American Association for Active Lifestyles and Fitness (AAALF), an association of AAHPERD.
training for instructors has been suggested as a primary shortcoming of older adult fitness programs (Schroeder, 1995). In view of these issues, the coalition concluded that inadequate training may pose corresponding disadvantages both to the general public and to the industry, and that a number of problems can potentially be mitigated by the widespread adoption of consensus curriculum standards. Major themes of the coalition’s discourse on the subject are summarized below.

The absence of established industry-wide training standards carries the potential for harm to the public health, particularly in terms of (a) the dissemination of improper advice on health, fitness, and nutrition; (b) poor environmental accommodations for physical exercise activities; and (c) inadvisable training practices that could aggravate impairments in older adults. Setting uniform educational goals was viewed by coalition members as a reasonable measure to reduce such threats, because such action would encourage a more comprehensive understanding of relevant age-related physiological and psychosocial issues, would promote accurate health/fitness information, and would reinforce sound physical training methods among fitness professionals who serve older adults.

Regarding the predicted impact of curriculum standards on the profession, it was agreed that as members of a self-regulated industry, both commercial and not-for-profit fitness establishments have an implicit responsibility to earn and maintain the public trust. Doing so is, in turn, provident for the future of the industry. The coalition’s recognition of specified curriculum components may contribute to the further development of structured educational programs that will produce competent instructors who are unlikely to inadvertently step beyond the boundaries of their professional jurisdiction into care areas that are the domain of the medical profession. Moreover, the standards may help increase professionalism among senior fitness instructors.

Presently, it is incumbent upon trainees, employers, and the general public to evaluate on a case-by-case basis the adequacy of training regimens for instructional personnel. Uniform training standards may reduce uncertainty for those engaged in this evaluation, not only by helping education-seeking professionals recognize complete training programs but also by guiding personnel directors and the general public in identifying qualified instructors. Coalition representatives noted that, in recent years, instructors themselves have been calling for additional opportunities to obtain senior-specific training and to earn recognized professional credentials in the older adult specialty area. In this respect, curriculum standards represent a working tool that can help educators make such opportunities more widely available.

The coalition determined that the most practical solution for helping the largest number of senior citizens was to develop recommended standards for training entry-level senior fitness instructors. Individuals who attain this level of expertise will be prepared to lead moderate-intensity programs designed to allow independent senior adult participants with medical clearance to exercise safely in accordance with previously established older adult training guidelines (e.g., Fletcher et al., 1995; Pate et al., 1995; Pollock, 1988; Pollock, Graves, Swart, & Lowenthal, 1994; Shephard, 1990; Swart, Pollock, & Brechue, 1996). The coalition recognizes that there will always be a need for more extensively trained senior fitness specialists to develop, manage, and direct fitness programs, especially in facilities that involve research, insurance reimbursement, and working with the more frail population. For the most part, these individuals will require advance degrees and/
or specialist training in physical activity and aging. The present standards apply only to curriculum development for entry-level senior fitness instructors.

The consensus among the coalition members was that high-quality training opportunities should be available in different forms, not only to full-time students who can complete long-term courses of study but also for persons already engaged in the field who have limited resources for additional training but who, nevertheless, can help older adults adopt and maintain exercise lifestyles.

**Standards to Prepare Senior Fitness Instructors**

After reviewing previously published guidelines for preparing senior fitness specialists (Jones & Rikli, 1994), members of a national coalition developed a draft version of Curriculum Standards to Prepare Senior Fitness Instructors and presented them at the 1995 International Conference on Aging and Physical Activity in Colorado. Conference were invited to participate in an informal session to provide input and to discuss issues related to the standards. Input from the conference was synthesized and integrated into the standards and the guidelines for implementation.

There was general agreement that if entry-level instructors are to work independently, training standards must be high. At the same time, this need should be balanced by the practical objective of setting national standards that will invite universal compliance in order to benefit large numbers of older adults. Therefore, entry-level training should focus primarily on well-established forms of programming (e.g., low-impact aerobic dance classes, muscle conditioning and flexibility classes, aquatics, and walking programs). In addition, entry-level training should cover how to adapt exercises for medically cleared older adults with nondisabling medical conditions (e.g., overweight, arthritis, osteoporosis, diabetes, hypertension). This information would be supplemented by additional training in more advanced subject areas. One goal of such training would be to define the limits of an entry-level instructor’s expertise and establish guidelines for referral when those limits are reached.

The curriculum standards are consensus statements about what major content areas the coalition believes should be included in training programs for entry-level senior fitness instructors. The curriculum standards describe broad areas of minimum knowledge and skills senior fitness instructors should “know and be able to do” in order to lead safe and effective exercise classes for older adults.

Because of the complexity of the fitness industry and the differences in state requirements and students’ training needs, members of the coalition believe that it is the responsibility of individual associations and organizations to develop the details of each major content area within the curriculum standards, to develop appropriate areas of emphasis, and to develop performance standards that indicate the level of achievement expected of their students. As previously stated, these content standards were not developed to promote national certification or licensing; they are, rather, recommended curriculum standards to encourage consistency among instructor training programs.

The standards are put forth to provide the following:

- Areas of instruction for organizations and agencies that are training senior fitness instructors
Curriculum uniformity and quality assurance regarding the training of senior fitness instructors
Direction for administrators, senior service providers, state and federal agencies, instructors, and the public regarding the skills and knowledge that senior fitness instructors should possess
Legitimacy and clarity regarding the senior fitness instructor’s role
Protection for individuals and facilities from litigation
Safe, effective, and accessible fitness classes for older adults

Future Implications

For more widespread implementation for these standards, other professional organizations, such as the Association for Gerontology in Higher Education, the American Association of Retired Persons, the American College of Sports Medicine, the International Health, Racquet and Sportsclub Association, the National Council on Aging, the National Personal Trainers Association, the National Recreation and Park Association, the National Strength and Conditioning Association, the U.S. National Senior Sports Organization, and the President’s Council on Physical Fitness and Sports, should be invited to comment on the proposed standards. Also, the objective of improving training levels for senior fitness instructors can be advanced by disseminating the standards as widely as possible. Specific recommendations follow:

- Writers who regularly contribute to journals, newsletters, and other publications and media sources are encouraged to make information on the standards available to their audiences.
- Because both the general public and the professional community need to know what type of training background to look for in senior fitness instructors, presenters should take every opportunity to discuss the standards when speaking to lay and professional groups alike.
- The curriculum standards should be distributed to personnel departments in order to educate administrators who hire senior fitness instructors. Exercise professionals who serve older clients should speak with their employers about extra training. Employers, when possible, should help their employees to obtain additional training and should always seek well-trained (or trainable) persons when interviewing and hiring.
- Organizations, agencies, educational institutions, and individuals currently training people to be senior fitness instructors should review their training programs and make any indicated adaptations to ensure they are meeting curriculum standards.

National Curriculum Standards to Prepare Senior Fitness Instructors

STANDARD 1: OVERVIEW OF AGING AND PHYSICAL ACTIVITY

Training programs should include general background information about the aging process and the benefits of an active lifestyle.
Specific topics:

1. Demographic information and various definitions of aging (including pathological, usual, and successful aging).
2. The benefits of physical activity as it relates to disease prevention, health promotion, and quality of life.

STANDARD 2: EXERCISE SCIENCE AND PSYCHOSOCIAL ASPECTS OF AGING

Training programs should include physiological, biomechanical, and motor learning principles to develop safe and effective physical activity/exercise programs for older adults.

Specific topics:

1. Physiological and functional changes associated with aging (e.g., the cardiovascular and respiratory systems, the musculoskeletal system, and the central nervous system) and how these changes may impact exercise activity and program design.
2. Applied movement analysis and motor learning principles for proper selection and implementation of specific exercises which will enhance functional capacity.
3. Society's stigma regarding aging, the disengagement theory, the "sandwich syndrome," and common psychological problems associated with aging (i.e., loneliness, depression, anxiety).
4. Demographic considerations as they relate to individual participation in physical activity programs.

STANDARD 3: ASSESSMENT

Training programs should include information on selection, administration, and interpretation of appropriate preexercise health screening and activity, lifestyle, and fitness assessments to provide a basis for exercise program design, and to make appropriate referrals to other health professionals.

Specific topics:

2. Cardiovascular risk factor identification.
3. Health, activity, and other lifestyle appraisals.
4. Background and medical screening.
5. Physiological and functional fitness assessments (e.g., heart rate, blood pressure, waist to hip ratio, and field tests for strength, flexibility, submaximal endurance, and functional mobility).
6. Accepted national guidelines for exercise testing and prescription (American College of Sports Medicine, 1995).

STANDARD 4: EXERCISE PROGRAM DESIGN

Training programs should include information on using the results of the preexercise assessment to make appropriate decisions regarding individual and group exercise program design.
Specific topics:

1. How to interpret data for effective program development and exercise modifications.
2. Physical and functional fitness components related to activities of daily living (i.e., strength, flexibility, cardiovascular endurance, balance, agility, coordination, and various mobility tasks—gait, stair climbing, standing up, reaching, lifting).
3. Appropriate application of exercise principles (i.e., mode, frequency, duration, intensity, progression).
4. Training formats and session designs for different functional abilities.
5. Individual and group exercise sequencing and exercise program structure.
6. Economic considerations and consequent equipment options.
7. Participant recruitment and tracking.

Training programs should include information on establishing, with client input, realistic, measurable short- and long-term goals for the client.

Specific topics:

1. Methods used to identify client goals.
2. Motivation, exercise adherence, and behavior modification with respect to goal setting.
3. Use of reassessment data in goal setting.

STANDARD 5: TEACHING AND LEADERSHIP

Training programs should include information on leading safe and effective individualized and group cardiovascular, strength, and flexibility training.

Specific topics:

1. Senior-appropriate exercise, including warm-up, aerobic exercise, strength training, and cool-down/relaxation.
2. The application and implementation of various exercise methods.
3. Relaxation classes, aquatics, and fitness walking programs.
4. Appropriate monitoring and adjustment of intensity levels and other training variables.
5. Factors affecting exercise compliance (i.e., medical history, culture, safety, family and physician reinforcement).

Training programs should include information on how to incorporate effective motivational, communication, and leadership skills related to teaching individual and group exercise classes.

Specific topics:

1. Group dynamics.
2. The application of enthusiasm.
3. The creation of a safe and comfortable environment.
4. Positive feedback and reinforcement.
5. Identification of, and modification for, individual needs, values, and interests.
6. Gender and ethnic-cultural differences.
7. The application of caring, compassion, and support.
8. Making activities fun (e.g., use of humor, special equipment, creative movements, music, novelty, and props).
9. Appropriate motivational rewards.

STANDARD 6: INJURY PREVENTION, FIRST AID, AND EMERGENCY PROCEDURES

Training programs should include information on preventing injury by adapting exercise for fitness level and medical conditions.

Specific topics:

1. Age-related medical conditions (e.g., cardiovascular disease, hypertension, respiratory disorders, obesity, arthritis, osteoporosis, back pain, diabetes, balance and motor control deficits, visual and hearing disorders, and urinary incontinence).
2. How to adapt group and individual exercise programs to accommodate for age-related medical conditions, and for people recovering from falls, operations, and illness.
3. How to adapt group and individual exercise programs to accommodate for prosthetics (e.g., artificial hips, knees, legs).

Training programs should include information on the physiological and psychological effects of common medications at rest and during exercise.

Specific topics:

1. Common medications/exercise interactions such as reduced heart rate and systemic blood pressure, postural hypotension, arrhythmias, fatigue, weakness, dizziness, balance and coordination problems, altered depth perception, depression, confusion, dehydration, and urinary incontinence.

Training programs should include information on how to respond appropriately to first aid and emergency situations.

Specific topics:

1. Signs that indicate immediate exercise cessation and/or immediate medical consultation.
2. Cardiopulmonary resuscitation.
3. Emergency medical service activation.
4. The appropriate response to emergency situations (e.g., cardiac arrest, airway obstruction, emergencies requiring rescue breathing, heat- and cold-related injuries, musculoskeletal injuries including strains, sprains and fractures, diabetic emergencies, bleeding, falls, seizures, and shock).
5. How to establish an emergency action plan.

STANDARD 7: ETHICS AND PROFESSIONAL STANDARDS

Training programs should include information on legal, ethical, and professional standards.

Specific topics:

1. Legal issues and fitness instructing, including legal concepts and terminology.
2. Issues related to lawsuits, including scope of practice, industry standards, and negligence; types of applicable insurance coverage.
3. Personal bounds of competence.
4. Ethical standards for the fitness instructor profession.
5. Methods of continuing education to enhance one’s professional skills.
6. Making appropriate referrals to physicians and other qualified health professionals.

National Coalition Members

C. Jessie Jones, Committee Chair, Ruby Gerontology Center, California State University Fullerton
Janie Clark, The American Senior Fitness Association
Richard Cotton, American Council on Exercise
Laura Gladwin, Aerobics and Fitness Association of America
Gwen Hyatt, Desert Southwest Fitness, Inc.
Lee Morgan, Cooper Institute of Aerobic Research
Kay Van Norman, Council on Aging and Adult Development (a structure within AAHPERD)

References


