Fitness Pilates Personal Trainer & Small Group Certification

This manual was created by your training provider Choreography To Go

To support your learning whilst studying the Personal Trainer & Small Group Certification.



**Welcome to your advanced Fitness Pilates certification for Personal Training & Small Group Training**.

We are so pleased that you have chosen to up skill your knowledge and take your teaching to this advanced level with us.

This course will provide you with a thorough understanding of how to deliver 1-2-1 Fitness Pilates and offer small group training. It will also equip you with the knowledge and skills to adapt and modify the original mat Fitness Pilates exercises, providing you with a process to assist in the development of working with clients on a 1-2-1 or small group.

Most clients who are looking for 1-2-1 Fitness Pilates are doing so because they are either recovering from injury or illness and do not feel ready to step into mainstream classes or they are looking to take their training to the next level.

It is vital that you understand that as a Fitness Pilates instructor, no matter what level of training you have had, you are not qualified to diagnose a condition and clients must always get correct diagnosis for their G.P. or Physiotherapists. You will be required to work alongside these professionals and gain knowledge from their diagnosis with your client if they are coming to you after or during injury.

Always make sure that clients have been cleared to exercise with you and offer 1-2-1 or small group sessions with clients who have similar conditions if they do have injuries and we would recommend gaining your Advanced Fitness Pilates for Orthopaedic Conditions to help support this course as well.

Offering 1-2-1 & small group training in Fitness Pilates can be very lucrative and often these sessions can be delivered within client’s homes or in small studios during ‘dead’ times within the day.

We really want to support you every step of the way with your journey to becoming a Fitness Pilates personal trainer & small group coach and we really hope you enjoy gaining the certification.

**What you receive from this Advanced Certification Course –**

* Online learning portal which includes power point E Learning to talk you through a step by step approach to gaining your certification.
* Training workbook which includes valuable information for completing your certification, planning & programming your sessions
* E learning videos on movement screening & postural assessment
* E Learning business / marketing & social media videos
* E learning videos on Small group set up and pricing
* Exercise selection regression & progression video’s and information
* Fitness Pilates Advanced Mat teaching video
* Fitness Pilates teaching beginner to advanced video
* Small equipment videos
* Information on business policy, marketing your services, social media & PR

Plus bonus video’s on online one to one coaching – how to set up, run, promote & pricing for online small group training.

**Assessment Criteria**

In order to successfully achieve your Fitness Pilates personal training & small group certification you will be required to complete the following -

**Gain full marks on the open book exam paper - this paper consists of 40 multiple choice questions**

**Submit a detailed 1-2-1 client consultation including** –

* Creation of your own health questionnaire & client lifestyle forms
* Detailed postural analysis & movement screening
* Short, medium & long term SMART goals
* 6 week programme for your 1-2-1 client showing exercise progression
* Short evaluation on each session and a detailed evaluation on the whole course reflecting on exercise choice.

**Submit a detailed Small group profile which includes** –

* Number of participants, gender ratio, age
* Ability / level / experience
* Health considerations / any medical information which may effect them
* Participants SMART goals
* Any considerations regarding posture & functional ability
* 6 week programme for your small group showing exercise progression
* Short evaluation on each session and a detailed evaluation on the whole course reflecting on exercise choice

**6 week pre-launch business plan which includes –**

* Marketing plan of how you will promote yourself
* Pricing
* Options
* Terms & conditions
* Payment systems

You are required to complete all parts of the assessment within 6 months from enrolment If an extension is required, then this is chargeable at £15 per month.

**Part 1 – Client Consultation**

**Submit a detailed 1-2-1 client consultation**

You need to create your own health questionnaire including lifestyle information and informed consent

* Medical history
  + Health history (health questionnaire)
  + Current health status (PARQ or alternative)
  + Risk factors
  + Identification of medical conditions requiring medical clearance
  + Past and present injuries and disabilities
  + Postural analysis
  + Any musculoskeletal discomfort
* Lifestyle information:
  + Work patterns
  + Eating patterns
  + Relevant personal circumstances
  + Stress levels
  + Hobbies/regular activities
  + Time available to exercise
  + Family/friends support
* Personal goals
  + Future goals and aspirations
  + Expectations
* Physical activity history / Fitness Pilates History
  + Past and current
  + Physical activity/ Fitness Pilates likes and dislikes
  + Past and current
* Motivation and barriers to participation
  + Attitude
  + Perceived barriers
  + Actual barriers
  + Intrinsic barriers (e.g. fear, embarrassment)
  + Extrinsic barriers (e.g. time, cost, family commitments)
* Informed Consent
* Adhere to the Code of Ethical Practice
* Identify health and safety considerations
* Refer to a GP /Physio /Osteopath
* Consider data protection requirements

On the next page is an example of a health questionnaire but you must create your own which also includes an informed consent form

You also need to include a lifestyle questionnaire which can either be separate or as one whole questionnaire.

***Example - Pre Exercise Questionnaire***

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| Name  Address  Telephone number Mobile  Date of Birth  Email  Emergency Contact  Relationship  Emergency contact number |

**Health Questionnaire**

Please Circle the appropriate answer accurately to help me provide you with the highest level of service.

Has your Doctor ever indicated that you have a heart condition? Y/N

Has you Doctor ever said that you suffer from high blood pressure? Y/N

Have you ever been made aware that your cholesterol was high? Y/N

Are you bothered with severe chest pains during physical exertion? Y/N

Do you experience dizziness or fainting? Y/N

Do you have any bone, joint or muscular problems? Y/N

Details …………………………………………………………………………………………………………………….

Are you Pregnant or have been within the last 6 months? Y/N

Are you diabetic? Y/N

Please indicate which type TYPE I / TYPE II

Do you suffer from arthritis? Y/N

Are you taking any medication or prescribed drugs? Y/N

Details………………………………………………………………………………………………………………………

Do you suffer from Epilepsy? Y/N

Do you suffer from Asthma? Y/N

***Please provide any other details you would find relevant prior to undergoing physical exercise on the back to this sheet of paper.***

If you have answered YES to any of the above, you may be required to contact you GP before undertaking any exercise with Choreography To Go

**Terms and Conditions**

I have read and completed this form in its entirety and answered all questions accurately.

I understand that I am responsible for monitoring myself throughout exercising with Choreography To Go and Group exercise classes and take full responsibility of my own actions. I will inform my trainer if any symptoms or changes occur.

(Client) Sign …………………………. Date…………………………………

(Instructor) Sign …………………...... Date…………………………………

**Example Consent form**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have a medical condition which may affect my ability to take part in physical activity on the course & I am/ unable to provide a letter from my GP indicating my medical condition.**

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| **Description of medical condition:** |

**I understand that taking part in studio classes will involve participation in exercise & physical activity.**

**I understand the short-term effects of exercise that include: increase in Blood pressure, increase in Heart Rate, Increase in body temperature, respiratory rate increase, sweating & fatigue, shortness of breath.**

**I understand that if I am pregnant or have recently had a baby, I have been advised of certain risks which may occur during exercise and I have had clearance by my GP or midwife to participate in exercises classes. I do however take full responsibility of myself during any classes delivered by Choreography To Go.**

**I adhere to data protection guidelines and compliance with GDPR regulations**

**Choreography To Go will fulfil its duty of care to ensure the risks associated with exercise are minimal, but I take full responsibility of myself whilst participating in exercises classes.**

**Participant Signature Date**

**Instructor Signature Date**

***Please provide any other details you would find relevant prior to undergoing physical exercise on a separate sheet of paper.***

**Lifestyle Questionnaire**

1. How would you describe your current nutrition, body image and diet?

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1. What do you do for a living? How many hours a week do you work?

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1. How are your stress levels on a scale of 1-10 (1 being no stress and 10 being highly stressed)?

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1. What is the biggest cause of your stress?

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1. Do you get good quality sleep and how much?

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1. If you are female, are you using contraception of any type? If so what type? Or are you going through/ been through the menopause?

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1. Describe your week day nutrition including snacks and fluid intake

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1. Describe your weekend nutrition including snacks and fluid intake

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1. How often are you exercising at the moment?

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1. And what type of exercise are you doing?

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1. What exercise or activities do you enjoy?

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1. What exercise or activity do you least enjoy?

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1. How active is your lifestyle? I.e. Work/Home life

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1. What are your lifestyle commitments? i.e. Children, work, sport commitments

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1. How do you feel right now? How is your self-esteem and confidence?

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1. What are your expectations for the next 6 weeks?

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1. What do you hope to achieve in the next 6 weeks?

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1. What are your 5 fitness Pilates goals right now?

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**Terms and Conditions**

I have read and completed this form in its entirety and answered all questions accurately.

I understand that I am responsible for monitoring myself throughout exercising with Kick Start Fat Loss & Kelly Reed Fitness and take full responsibility of my own actions. I will inform my coach if any symptoms or changes occur.

(Client) Sign …………………………. Date…………………………………

(Coach) Sign …………………...... Date…………………………………

**You are required to get your 1-2-1 client and your small group participants to complete your Health & lifestyle questionnaires**

**Postural and Movement Screening**

**Assessing Posture**

Posture is the alignment between the various parts of the body. Good posture underlies all exercise techniques, posture is the foundation for movement.

Incorrect posture allows physical stress to build up in certain tissues, leading to untimely pain and injury. In relation to posture the two most important fitness components are flexibility and strength. Postural changes are often associated with poor muscle tone (weakness) together with too much muscle tone (tightening) in others.   
 **In an optimum posture:**  
 The hips, shoulder and ear lie in a vertical line   
 The pelvis is level   
 The lower spine should be gently hollowed   
 The inner edge of the shoulder blade are 6 – 8cms apart   
   
  
**POSTURAL TYPES AND HOW TO RECOGNISE THEM**

**Lordotic posture**

This is a hollow back posture where the lower back has an excessive lower curve, the abdominals protrude forward and the pelvis tilts forward.

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| **Characteristics of Lordotic Posture** | **Fitness Pilates exercises which could help** |
| The hip flexors are short |  |
| The abdominals are weak and lengthened |  |
| The gluteals are weak and lengthened |  |
| Hamstrings are overactive |  |
| Lack of lumbar stability |  |

**Swayback Posture**

This is the slouched posture, the pelvis remains level but the hip joint is pushed forward and extended. The lower back is in a deeper shorter curve with this region being flatter, often a prominent crease at L3 is evident. Sway back is common in the youth. Rectus abdominus remains relatively unchanged.

Swayback is common in adolescents but is not associated with muscle tightening or weakening it is difficult to correct. The emphasis is on postural awareness and re-education

**Flatback Posture**

This posture’s main problem is lack of mobility in the lumbar spine and the flattening of the lordosis. Common in chronic low back pain.

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| **Characteristics of Flatback Posture** | **Fitness Pilates exercises which could help** |
| Pelvis may be tilted back (posteriorly) |  |
| Lumbar tissues thickened and immobile |  |

**Kyphotic Posture**

The classic round shoulder posture, excessive upper back curve, the shoulder joint moves anteriorly to the posture line increasing the thoracic kyphosis, Tightness in the pectoralis pulling the scapula forward, lengthening of the lower trapizius. Often chin protrudes forward.

Correction of kyphotic posture depends on the flexibility of the thoracic spine, thoracic joint mobilization is the first step.

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| **Characteristics of Kyphotic Posture** | **Fitness Pilates exercises which could help** |
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**Posture**

Head and neck –

* Looking for if the head is in a neutral alignment,
* Does the chin jut forward or back
* Is there a large curvature in the neck

Shoulders & Cervical Spine –

* Is one shoulder higher than the other
* Is there any Kyphosis
* Are the shoulder blades level and are they winged at all
* Is one arm longer than the other
* Do the collar bones stick out

Back –

* Is there any evident lordosis or scoliosis in the back
* Does the back look flat

Hips –

* Are the hip bones level, does one stick further forward than the other
* Does the pelvis look like it tilts either forward or back
* Does the bottom stick out
* Is one glute muscle more developed than the other

Knees –

* Do the knee caps point forward or are the pointing out of alignment
* Is the crease on the back of the knee equal
* Is the muscle tone in the thighs and calf’s the same

Ankles & feet

* Is the Achilles the same thickness on the right and left ankle? A thickness normally means an injury, if they are sticking out it normally means they are very tight
* Is the foot arch the same from left to right
* Do the feet pronate – can they lift their big toe
* Do they supinate with all the weight on the outside of the feet
* Do the feet sit under the hip bones or are they turned in or out
* Have the arches fallen and do the feet look flat

Then when they do the following does anything change –

* Standing
* Walking
* During a Roll Down
* During thread like a needle
* During a squat / lunge
* During side lying chalk circle

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|  | **Side View** | **Front View** | **Back View** | **Walking** | **During Roll down** | **During Squat/ Lunge** | **During thread like needle** | **During Chalk Circle** |
| **Head** |  |  |  |  |  |  |  |  |
| **Cervical Spine** |  |  |  |  |  |  |  |  |
| **Shoulders** |  |  |  |  |  |  |  |  |
| **Thoracic Spine** |  |  |  |  |  |  |  |  |
| **Lumbar Spine** |  |  |  |  |  |  |  |  |
| **Pelvis** |  |  |  |  |  |  |  |  |
| **Hips** |  |  |  |  |  |  |  |  |
| **Knees** |  |  |  |  |  |  |  |  |
| **Ankles** |  |  |  |  |  |  |  |  |
| **Feet** |  |  |  |  |  |  |  |  |

Feel free to use your own form, or use the one below to record your findings

**Evaluation of Clients posture –**

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**Evaluation of Small group’s posture –**

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**SMART GOALS –**

Agree SMART goals (short, medium and long term) For your 1-2-1 client based on the findings

**S**pecific

**M**easurable

**A**chievable

**R**ealistic

**T**ime-framed

* Short term goal: 4-6 weeks (mini process goals)
* Medium term goal: 1 – 3 months (process goals)
* Long term goal: 3 – 6, 6 – 12 months (outcome goals)

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| --- | --- |
| **The SHORT TERM SMART Goal (One Sentence)** | |
| **SPECIFIC** |  |
| **MEASURABLE** |  |
| **ACHIEVEABLE** |  |
| **REALISTIC** |  |
| **TIMEBOUND** |  |

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| **The MEDIUM-TERM SMART Goal (One Sentence)** | |
| **SPECIFIC** |  |
| **MEASURABLE** |  |
| **ACHIEVEABLE** |  |
| **REALISTIC** |  |
| **TIMEBOUND** |  |

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| **The LONG TERM SMART Goal (One Sentence)** | |
| **SPECIFIC** |  |
| **MEASURABLE** |  |
| **ACHIEVEABLE** |  |
| **REALISTIC** |  |
| **TIMEBOUND** |  |

**SMART GOALS –**

Agree SMART goals (short, medium and long term) For your small group based on the findings

**S**pecific

**M**easurable

**A**chievable

**R**ealistic

**T**ime-framed

* Short term goal: 4-6 weeks (mini process goals)
* Medium term goal: 1 – 3 months (process goals)
* Long term goal: 3 – 6, 6 – 12 months (outcome goals)

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| **The SHORT TERM SMART Goal (for whole group)** | |
| **SPECIFIC** |  |
| **MEASURABLE** |  |
| **ACHIEVEABLE** |  |
| **REALISTIC** |  |
| **TIMEBOUND** |  |

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| --- | --- |
| **The MEDIUM-TERM SMART Goal (for whole group)** | |
| **SPECIFIC** |  |
| **MEASURABLE** |  |
| **ACHIEVEABLE** |  |
| **REALISTIC** |  |
| **TIMEBOUND** |  |

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| --- | --- |
| **The LONG TERM SMART Goal (for whole group)** | |
| **SPECIFIC** |  |
| **MEASURABLE** |  |
| **ACHIEVEABLE** |  |
| **REALISTIC** |  |
| **TIMEBOUND** |  |

**Part 2 - Small Group Profile**

* You are required to write a profile on your small group participants which includes –
* Number of participants, gender ratio, age
* Ability / level / experience
* Health considerations / any medical information which may effect them
* Participants SMART goals
* Any considerations regarding posture & functional ability

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**6 week plan**

* You are required to complete a detailed Fitness Pilates 6 week class plan appropriate for your 1-2-1 client and then a separate 6 week Fitness Pilates plan for your small group
* The class plan template is below or you may use your own
* The class plan needs to include the following:
* • Overall objectives for your planned session, for example:
* • Mobilisation (e.g. for the spine, shoulder, hips)
* • Stabilisation and strengthening (e.g. for the spine, pelvis, scapula)
* • Improve posture (e.g. hyperkyphosis, hyperlordosis, flat back, sway back, winged scapula etc.)
* • Objectives for each phase
* • Approximate timings for each phase

Notes on 6 week plan –

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**Example template for plans**

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| Instructor: | Class: | Time Of Class: |
| Week: | Venue: | Number Of Participants: |
| Equipment: | | |
| Set Up : | | |
| Overall Phase objective – | | |

Preparation Phase

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Exercise & purpose | Teaching Points | Modifications | Progressions |
|  |  |  |  |  |

Overall Phase Objective –

Main Phase

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Exercise & purpose | Teaching Points | Modifications | Progressions |
|  |  |  |  |  |

Overall Phase Objective –

Closing Phase

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| --- | --- | --- | --- | --- |
| Time | Exercise & purpose | Teaching Points | Modifications | Progressions |
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*You will need to duplicate this for 6 weeks for both courses*

1-2-1 Session evaluation –

Review the following after each session

* Session aims
* SMART goals
* Exercise choice
* Client performance
* Own performance (preparation and delivery)
* Health and safety

Week 1

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Week 2

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Week 3

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Week 4

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Week 5

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Week 6

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Overall Course Evaluation

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Small Group Session evaluation –

Review the following after each session

* Session aims
* SMART goals
* Exercise choice
* Client’s performance
* Own performance (preparation and delivery)
* Health and safety

Week 1

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Week 2

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Week 3

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Week 4

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Week 5

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Week 6

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Overall Course Evaluation

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