

Name: [REDACTED]

Centre Number: [REDACTED]

Candidate Number: [REDACTED]

Sport: Football

Component of fitness:
Cardiovascular fitness



My main sport is Football, which I have played for 9 years. I play in the [REDACTED] youth league for [REDACTED] at Super level at U-15's. I play as a right back, train once a week and play matches on Sundays. I also help with coaching at a local club at U-13's.

PAR-Q & FITNESS TESTS

Before my coursework, I took part in a PAR-Q test, which screens for evidence of risk factors during moderate physical activity and reviews family history and disease severity.

I took part in fitness tests to identify my weakest component of fitness

FITNESS TEST	COMPONENT & RATIONALE FOR INCLUSION	SCORE (IN UNITS)	NORMATIVE DATA RATING
Illinois agility test	Agility, as when winning the ball in a 1v1 situation, you need to be able to change direction and move at speed to keep up with the winger you are marking and trying to win the ball off. ✓	16.0 seconds	Above average
30m sprint	Speed, running after a through ball or chasing down the man I am marking ✓	4.6 seconds	Below average
Vertical jump test	Power, needed for jumping for headers from goal kicks, lobbed passes, or clearances ✓	58cm	Above average
12-minute cooper run	Cardiovascular fitness, needed for constant running in a 90-minute match, so I can keep up with the winger I am marking without fatiguing ✓	2200 metres	Below average
Standing stork test	Balance, integral for 1v1 situations to stay on my feet when defending if needed and reduce my chances of losing possession ✓	60 seconds	Excellent

RESULTS OF FITNESS TESTS

After the fitness tests and after analysing my results, my 2 weakest component of fitness that I have picked out are my speed and cardiovascular fitness, which are both integral to playing in my position as I need to be quick to keep up with my winger and fit so I can keep up with their change of movement without fatiguing, but the component I will focus on is

Cood

my cardiovascular fitness. This will help me as a right back as I need to be able to deal with a winger throughout a game without fatiguing.

PRE-PEP DATA

MATCH	SUCCESSFUL TACKLES per90	SUCCESSFUL BALL CARRIES per90	SUCCESSFUL 1V1'S per90
1	3	3	2
2	6	4	1
3	2	7	4
4	2	3	3
5	4	2	1
AVERAGE	3.4	3.8	2.2

3 sets of data?

After averaging my statistics out, I had 3.4 successful tackles per 90 minutes, 3.8 successful ball carries per 90 minutes, and 2.2 successful 1v1's per 90 minutes. My 1v1 and ball carries are poor and must improve to allow me to reach the top of my game. Through training cardiovascular fitness, it will allow me to make sure that I am able to keep completing tackles and progressive ball carries into the later stages of the game.

✓ Good justification
L3

SMART TARGET AND METHOD OF TRAINING

My two SMART targets will be:

time? Distance

1. Improve my 12-minute cooper run test time by 150 metres, from 2200 metres to 2350 metres, to get from below average to average in the 6-week period
2. Improve my progressive ball carries per 90 minutes from 3.8 on average to 4.5 on average and to improve my successful 1v1's from 2.2 on average to 2.8 on average within 6 weeks.

✓ My targets are SMART because they are time bound as I have a set 6-week time period to complete them in. My targets are specific as it focuses on the weakest component of my game, cardiovascular fitness, which is very important. My targets are also very achievable as I need to improve my ball carries to become a more complete player, I also have the ability to achieve these targets in 6 weeks.

✓ Measurable?

most suitable method?

The method of training I am going to use is Fartlek training, as it is useful for sports which change direction at a fast pace and high intensity, such as Football. Over the 6-week period, I am going to increase the frequency to implement progressive overload into my training program.

Limited justification of training method.

PRINCIPLES OF TRAINING (FITT & SPOORRRIN)

Frequency	I will aim to increase the frequency of my training sessions over the 6-week period.
Intensity	Each week I will increase the intensity of my training by increasing the time and number of reps done.
Time	I will give myself 6 weeks to improve my cardiovascular fitness.
Type	I will use fartlek training as it helps with sports that involve different levels of intensity and pace.
Specificity	I will link drills to my position to Cardiovascular fitness.
Progressive Overload	I will work my body harder overtime by increasing the amount of time I train for and the number of reps I do.
Overtraining	I do not want to work myself too hard as I have a history of injuries in my right patella which sidelined me for 13 months, I will also take rest days if necessary.
Rest & Recovery	I will make up any lost time due to injury or time away unless it is serious. I will take necessary rests to ensure I do not overtrain and hinder my progress.
Reversibility	Any adaptation that takes place as a result of training will be lost if you stop training. I will avoid this by keeping my training consistent
Individual needs	I will train accordingly to my fitness level, age, and my injury status at the time of training.

L2

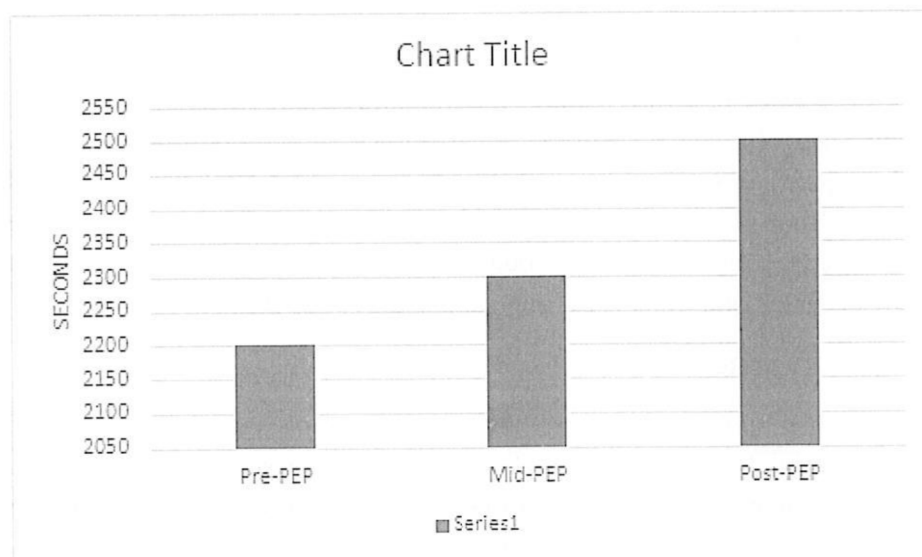
EVALUATION

After completing my 6-week training programme, I re-tested my 12-minute Cooper run test, and the results showed that mid-PEP I was on track to complete my target, and post-PEP I had surpassed my target.

DATA ANALYSIS

PEP'S	Fitness test	Component	Score	Normative data rating
Pre-PEP	12-minute Cooper run	CV fitness	2200	Below average
Mid-PEP	12-minute Cooper run	CV fitness	2300	Average

Post-PEP	12-minute Cooper run	CV fitness	2500	Above average
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POST-PEP RESULTS

MATCHES	SUCCESSFUL TACKLES per90	SUCCESSFUL BALL CARRIES per90	SUCCESSFUL 1v1'S per90
1	3	4	2
2	5	5	3
3	5	8	6
4	4	4	2
5	3	3	2
AVERAGE	4	4.8	3

SMART TARGETS

From the data shown in the table above, I can clearly see that I have met my SMART targets as I significantly improved my 12-minute Cooper run test results by 300 seconds, from 2200 seconds to 2500 seconds, and I improved my progressive ball carries and successful 1v1's to the level I wanted, as my progressive ball carries p90 increased from 3.8 to 4.8, and my successful 1v1's from 2.2 to 3. The improvement of my Cardiovascular fitness has been beneficial to my performance in game as it has allowed me to stay more consistent into the later stages of a game, and also consistently win the ball off of my winger as the game went on.

ANALYSIS OF METHOD OF TRAINING - FARTLEK

My method of training I used was Fartlek training and I found it very helpful and effective in achieving my SMART targets as every week I increased the amount of time I was training for to increase the intensity of each exercise, such as increasing the incline on the treadmill or

not specific
in logbook

increasing how long I did my exercises for. These both helped me get the most out of my training and complete my targets. I measured my progress through recording how I felt after each session in my logbook.

ANALYSIS OF PRINCIPLES OF TRAINING

Every week of the 6 week program, I increased the time I did my workout for by 5 minutes each week which progressively pushed me towards my goal and my smart targets. I implemented progressive overload by increasing the reps and time I did during the 6 week training period, I also made sure I increased my rest time accordingly to my progressive overload. I kept my training consistent throughout the 6 week plan which made it very easy to measure my progress and make sure my training stayed specific to my sport.

not clear in logbook

ANALYSIS OF SMART TARGETS

My two SMART targets were specific as they both focused on separate aspects of my game, and they were also measurable as I could record my results from sessions and games and put them in my logbook and compare them from the weeks prior. They were achievable as I set my targets not too far from my pre-PEP data but also not too close as it wouldn't have pushed me. They were also both realistic because as a RB both of my SMART targets were relevant to my position as they would both aid me in my game, and they were also time bound as I gave myself a clear 6-week time frame for this to be completed in.

CONCLUSION

Overall, I believe my 6-week training programme was successful as the training had a good impact on my overall game. My results show that over the 6 weeks I substantially improved my 12-minute Cooper run test, exceeding my original target of 2300 metres to 2500 metres. If I was to do this again, I would change the method training to continuous training, as it is more focused on cardiovascular fitness rather than differences in intensity during maintained cardio.

how was progress actually measured?

CV Address

Vague LZ

Appendix 3: 6 Week Session Overview Training Plan

WEEK / DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1)	SPORT FOCUSED DRILLS			TRAINING WITH TEAM		FARTLEK+ FITNESS TRAINING	
2)	SPORT FOCUSED DRILLS			TRAINING WITH TEAM		FARTLEK+ FITNESS TRAINING	
3)	SPORT FOCUSED DRILLS			TRAINING WITH TEAM		FARTLEK+ FITNESS TRAINING	
4)	SPORT FOCUSED DRILLS			TRAINING WITH TEAM		FARTLEK+ FITNESS TRAINING	
5)	SPORT FOCUSED DRILLS			TRAINING WITH TEAM		FARTLEK+ FITNESS TRAINING	
6)	SPORT FOCUSED DRILLS			TRAINING WITH TEAM		FARTLEK+ FITNESS TRAINING	

Week 1

Station	Monday	Thursday	Saturday
	Time – 1 hour	Time – 1H 30 mins	Time – 30 mins
1. Warmup	Pulse raiser-5 mins Stretches-5 mins	*CLUB WARMUP*	Pulse raiser-1 min Stretches-2 mins
2. CV fitness based drills	Suicide runs-10 mins Rest-2mins Suicide runs-10 mins	*CLUB DRILLS NOT PICKED BY ME*	Running on treadmill at different intensities and incline-10 mins
3. Running	Walk ¼ of pitch-1 mins Laps of pitch- 15 mins	CLUB DRILLS NOT PICKED BY ME*	Running on treadmill at different intensities and incline-10 mins
4. 1V1 Based drills	Turn and pass to mini net-10 mins Beat the dummy and shoot-10 mins	CLUB DRILLS NOT PICKED BY ME*	Running on treadmill at different intensities and incline-10 mins

week 2

Station	Monday	Thursday	Saturday
	Time-1hr 30mins	Time-1hr 30mins	Time-45 mins
1. Warmup	Pulse raiser-5 mins Stretches-5 mins	*CLUB WARMUP*	Pulse raiser-1 min Stretches-2 mins
2. CV fitness based drills	Suicide runs-15 mins Rest-2mins Suicide runs-15 mins	*CLUB DRILLS NOT PICKED BY ME*	Running on treadmill at different intensities and incline-15 mins
3. Running	Walk 1/4 of pitch-1 mins Laps of pitch- 20 mins	CLUB DRILLS NOT PICKED MY ME*	Running on treadmill at different intensities and incline-15 mins
4. 1V1 Based drills	Turn and pass to mini net- 20 mins Beat the dummy and shoot- 20 mins	CLUB DRILLS NOT PICKED BY ME* (Will most likely have to do with quick changes of pace in a match, which helps my training)	Running on treadmill at different intensities and incline-15 mins

Week 1 DIARY LOG	Week 2 DIARY LOG
<p>Date: 08/05/2023</p> <p>Sessions consisted of CV fitness based drills, running on and off treadmill, and 1v1 scenario drills, all taking 15-20 mins. Also did warmup for 10 mins.</p> <p>Session Progress: N/A</p> <p>Session Evaluation: Good start, was mildly challenging but got through it alright. Could've gone on for longer.</p> <p>Session Adaptation: Increase time on everything for next week</p>	<p>Date: 15/05/2023</p> <p>Sessions consisted of CV fitness based drills, running on and off treadmill, and 1v1 scenario drills, all taking 30-40 mins. Did warmup for 10 mins.</p> <p>Session Progress: increased a lot</p> <p>Session Evaluation: Harder than last week but still manageable. Definitely feel the difference afterwards compared to last week.</p> <p>Session Adaptations: Keep same to make sure I can train at this level</p>

Week 3 DIARY LOG	Week 4 DIARY LOG
<p>Date: 22/05/2023</p> <p>Sessions consisted of CV fitness based drills, running on and off treadmill, and 1v1 scenario drills, all taking 30-40 mins. Did warmup for 10 mins.</p> <p>Session Progress: Kept same as last week as felt I needed another week to make sure I was okay with the level I am training at.</p> <p>Session Evaluation: Felt a lot easier than last week, I think that I am ready to push myself even further next week</p> <p>Session Adaptations: Increase amount of time for all sessions</p>	<p>Date: 29/05/2023</p> <p>Sessions consisted of CV fitness based drills, running on and off treadmill, and 1v1 scenario drills, all taking 50-60 mins. Did a warmup for 5 mins.</p> <p>Session Progress: Increased all time of sessions by around 20 minutes.</p> <p>Session Evaluation: Pushed to almost the maximum this week, but can go to another level next week</p> <p>Session Adaptations: Increase time again</p>

Week 5 DIARY LOG	Week 6 DIARY LOG
<p>Date:</p> <p>Session Progress: Sessions consisted of CV fitness based drills, running on and off treadmill, and 1v1 scenario drills, all taking 55-65 mins, did a warmup for 10 mins</p> <p>Session Evaluation: Felt like I needed an extra 5 mins of a warmup to get the most out of the session, an extra 5 mins on everything helped push me to my maximum.</p> <p>Session Adaptations: Have a longer and more intense warm up.</p>	<p>Date:</p> <p>Session Progress: Sessions consisted of CV fitness based drills, running on and off treadmill, and 1v1 scenario drills, all taking 55-65 mins, did a warmup for 15 mins</p> <p>Session Evaluation: The longer warm up once again really aided in me getting the maximum amount out of the session.</p> <p>Session Adaptations: Maybe increase training time by 5 mins again.</p>

2023 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☒ If you answered NO to all of the questions above, you are cleared for physical activity.
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- ☐ Start becoming much more physically active – start slowly and build up gradually.
- ☐ Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
- ☐ You may take part in a health and fitness appraisal.
- ☐ If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- ☐ If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE 15/04/23

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

☒ If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- ☒ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ☒ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ☒ Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

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FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This Includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐
- 3c. Do you have chronic heart failure? YES ☐ NO ☐
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

5. Do you have any Metabolic Conditions? This Includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

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6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** ☐ go to question 7

- 6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** ☐ go to question 8

- 7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐
- 7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐
- 7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** ☐ go to question 9

- 8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐
- 8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** ☐ go to question 10

- 9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐
- 9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c

If **NO** ☐ read the Page 4 recommendations

- 10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐
- 10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐
- 10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

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☒ If you answered **NO** to all of the **FOLLOW-UP** questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the **PARTICIPANT DECLARATION** below:

- ☐ It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- ☐ You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- ☐ As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- ☐ If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

☐ If you answered **YES** to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

☐ Delay becoming more active if:

- ☒ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ☒ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ☒ Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-S298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

Strand 1: Interpretation and Analysis of pre-PEP fitness tests and sporting/activity performance.

The candidate offers a useful, brief introduction. Five fitness test results, compared to normative data, were tabulated. They also explained how each component of fitness related to their chosen sport. Good performance data was offered in a table, collated over five matches, identifying tackles, ball carries and 1 v 1s. Both sets of data were interpreted and analysed, with weaknesses identified. All comments were performance related.

The work provided in this strand is good and is marked at Level 3: 10 marks

Strand 2: Evaluation and justification for method(s) of training, SMART targets and principles of training.

CVE was identified as the selected component of fitness to improve with some justification. The candidate did not state an overall aim of their PEP. Two SMART targets were established one fitness based and two performance targets. The candidate made some attempts at applying SMART.

Fartlek training was selected with limited justification. Principles of training were offered in a table. The explanation of the application of the principles was quite generic and did not include reference to training zones, HR data and initial starting intensities.

The work provided in this strand is some attempts and is marked at Level 2: 7 marks

Strand 3: Fitness test results are compared and interpreted.

The required PARQ is included. Within the appendix the candidate placed, centre devised training record forms. The Pearson Training Record form is good to use as it does ensure that all the required data is included. The candidate's forms suggest they completed three sessions per week for two weeks. However, there were evaluations/adaptations offered from six weeks. As such it is difficult to determine precisely what the candidate did. The sheets lacked specific data.

Pre, mid, and post-PEP 12-minute cooper run test results were tabulated and graphed then compared to normative data so that progress could be seen. The candidate also presented post-PEP performance data over five matches.

The candidate did not collate, or present HR data linked to Fartlek training within their sessions. There were attempts to compare and interpret Post-PEP results. The candidate linked this to football but no reasons for improvement were discussed.

The work provided in this strand is some attempts and is marked at Level 2: 6 marks

Strand 4: Evaluation of the application of the method(s) of training, SMART targets and principles of training with justified future recommendations.

The candidate made some attempts at evaluating the application of Fartlek training, SMART goals and principles of training. However, the comments made were generic with no specific data included. Had the candidate fully completed a training record form for each training session across the six weeks then they would have had ample data and adaptations to refer to, to fully evaluate their PEP.

There was no initial aim to evaluate. One recommendation to improve future training was mentioned but this lacked justification.

The work provided in this strand is some attempts and is marked at Level 2: 6 marks

Strand 5: Coherence and structure, use of appropriate terminology.

The PEP was well structured, it flowed and as such was easy to read. It was within the 1500-word count. All the required components were included. However, the work lacked detail and as such it sat within level 2, some attempts. It is worth noting that any work placed in the Appendix is not marked. Therefore, fully completed training record forms, one for each session completed should be placed in their PEP write up. These sheets do not count towards the word count. The principles of training were presented in a table, the PEP is better presented when

written in full prose.

The work provided in this strand is some attempts and is marked at Level 2: 7 marks

Centre mark: Level 2 – Moderated mark: Level 2

S1: 10

S2: 7

S3: 6

S4: 6

S5: 7

Total: $36/5 = 7.2$

Level 2 – 7 marks