**EXERCISE PHYSIOLOGY PRACTICUM**

**Practicum Supervisor Form and Logbook**

Note: A separate form must be completed for every placement/work site and supervisor.

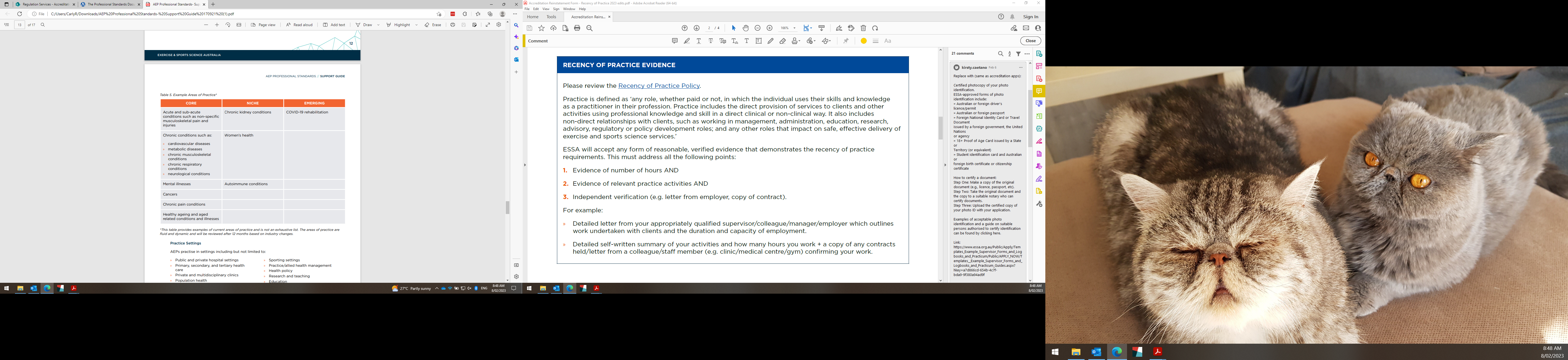
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| **Name of Student/Applicant:** | Bobby Jones | | |
| **Name of Placement/Work Site:** | Exercise Physiology Gym | | |
| **Total Hours at Placement/Work Site:** | 10.5 | **Core Hours Completed:** | 9.5 |
| **Niche Hours Completed:** | 1 | **Emerging Hours Completed:** | 0 |
| **Date Commenced:** | 02/03/2022 | **Date Completed:** | 18/03/2022 |

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| **Supervisor Declaration and Signature:** *(To be signed within one month of completing placement)* | |
| **Name:** | Jane Apple |
| **Relevant Qualification (Year of Completion):** | Bachelor of Exercise Science (2015), Master of Clinical EP (2020) (AEP since 2020) |
| **If you are not an ESSA accredited health professional, please provide a summary of experience relevant to the activities you have supervised:** | |
| *NA* | |
| ***I have read the information contained within this Supervisor Form and Logbook and certify that this is a true and accurate reflection of the student’s/applicant’s engagement at this placement/work site.*** | |
| **Signature:** | *(SIGNATURE BY PEN OR ELECTRONIC SIGNATURE)* |
| **Date:** | 20/03/2022 |

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| **DATE** | **No. HRS please indicate core (C), niche (N) or emerging (E)** | **CLIENT/S DESCRIPTION** | **DESCRIPTION OF SERVICES**  **EXERCISE PHYSIOLOGY PRACTICUM LOGBOOK** | | | | |
| 2/3/2022 | C 1.5 | **Exercise Delivery -** 52 yr obese male, smoker (30 pack-years) with coronary artery stent of circumflex artery, previous angioplasty of LAD, hypertension and Type 2 diabetes.  **Goal –** Weight loss, exercise intervention for the purpose of initially managing obesity | **Performed Initial Assessment –** I gathered relevant medical and exercise histories, medical and allied health treatments including medication management. Client had completed hospital based cardiac rehab course 1 year ago, and complied with home program well for 3 months before losing motivation. Discussed patient exercise capacities, goals, opportunities and barriers for exercise participation.  **Objective assessments:** I conducted the following tests resting HR and BP, 6MWT, 30s sit-to-stand, and 30s wall push-up test.  I gave patient National Physical Activity Guidelines for reading, and made a follow-up appointment for 1 wks time. | | | | |
| 3/3/2022 | C 4 | Cardiac Rehabilitation Phase II Clients  **Client #1:** 53yo male, angioplasty, ex smoker, knee arthritis, obese  **Client #2:** 67 yo female mitral valve replacement, hx of frozen shoulder  **Client #3:** 68yo male, 4x CABG, spinal stenosis, plated R forearm from # 25 yrs ago (decreased pronation/supination)  **Client #4:** 75 yo male, 2x stents, IHD, LBP | Phase II- cardiac patients attend gym for 45 min sessions 3xweek following a 1 hr education session. Exercises consists of gentle aerobic ex on equipment, followed by resistance program using body weight, hand weights, theraband. All patients are monitored pre, during & post ex with BP & ECG.  **Client 1:** Followed client through circuit style program. Monitored ECG & BP, used talk test & RPE to ensure intensity was appropriate. Client has been attending for 3 weeks, and performed with good technique. No changes to program required this session.  **Client 2:** Followed client through circuit style program. Client has never performed resistance training before so spent more time on technique and providing education on the benefits of regular resistance exercise- client was interested in affects on bone mineral density as her mother had osteoporosis.  **Client 3:** Followed client through circuit style program. Resistance training adapted to account for decreased shoulder pronation/supination - e.g. unable to perform full bicep curl, so program adapted to hammer curls. Only used recumbent bike due to back pain from spinal stenosis.  **Client 4:** Client was in final session of phase II, so program was modified to include more compound exercises in readiness for phase III. Focussed on cardio equipment today, trialling 2% incline for 2 mins on treadmill. RPE within acceptable ranges so changed program card to reflect. | | | | |
| 4/3/22 11/3/2217/3/22 | C 2.5 | 24 yo male, 2 yr hx of chronic LBP  **Goal -** reduce LBP  **F2F- 3x 0.5 hr individual training sessions (total 1.5)** | Client reported commencing 30 min cycling 5x week, with increased LBP at same time.  I assessed for supine bridge capacity- reduced 10 sec in 1 month.  I regressed program to Pilates style core activation exercises. Increased recommended hamstring stretches from 3x weekly to daily.  **Prep 0.5hrs -** prep for sessions, researching core stability exercises & progressions for non-specific LBP  **Admin 0.5hrs -** updating SOAP notes, writing report to GP | | | | |
| 17/3/22 | C 1.5 | 59 yo male 8/52 post laminectomy surgery  **Goal –** increase strength for ADL’s | **Initial assessment**  **Subjective assessment:** I gathered medical history, current pain levels and goals discussed.  **Objective assessments:** I assessed STS in 30 sec, glute bridges to failure, and gait assessment.  Discussed posture and adherence for home ex program. Adherence was identified as potentially being low. Identified home options for exercise e.g. client has stairs. I have recommended the client attend 4 sessions over the next 6 weeks to implement home program, monitor technique and adherence to program.  **Prep 0.5hrs –** I designed a home program for the client, ready for their next session.  **Admin 0.5hrs -** updating SOAP notes, writing report to GP | | | | |
| 18/3/22 | N 1 | 60yr old female with urinary incontinence  **Goal –** improve pelvic floor strength to reduce leaking with functional activities | I took the client through their exercise session that was prescribed by the exercise physiologist supervisor.  **WU:** 5mins walking on the treadmill  **Activation (Reformer): 2x12**  Bridge roll ups  Clam shells  Side lying hip abduction  **Strength: 3x10**  Lunge with rotation  Half kneeling row  Step up holding 5kg DB’s  Bird dog  Throughout the session I provided verbal cues to improve technique and to focus on breathing and tactile cues such as tapping the back to encourage muscle activation. | | | | |
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**Appendix:**

Example Areas of Practice\*



\*This table provides examples of current areas of practice and is not an exhaustive list. The areas of practice are fluid and dynamic and will be reviewed after 12 months based on industry changes.