

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

20.02.04 PEER FITNESS TRAINING



Adopted: 12/20/16
Reviewed: 11/01/18
Revised: 00/00/00

Approved:

A handwritten signature in black ink, appearing to read "Tony Fisher".

Purpose: To outline the steps taken by the Peer Fitness Trainer (PFT) when fitness training services are requested. PFT's may be used as one-on-one or group trainers to assist with the design and implementation of personal fitness programs for individual fire fighters and duty crews.

References: Fire Service Joint Labor Management Wellness-Fitness Initiative

Procedure:

1. Requesting Peer Fitness Training:
 - a) Personnel (clients) who would like consultation with a PFT shall use the Peer Fitness Trainer Services Request Form.
 - i. Completed request forms are to be returned to the PFT.
 - b) The PFT shall respond to request for services within a reasonable amount of time
2. Peer Fitness Trainer Consultation:
 - a) The PFT will be responsible for ensuring that the client has received and completed the Physical Activity Readiness Questionnaire (PAR-Q) and the Exercise History and Attitude Questionnaire prior to the first meeting.
 - b) The first meeting shall be used to review completed forms and confirm that the client does not need medical clearance to proceed.
 - i. Clients found to need clearance will be required to submit proof of physician's clearance prior to taking part in physical training.
 - c) The first meeting will also serve to develop client's goals.
 - i. Goals shall follow the S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, and Time-bound) method.
 - d) Additional meetings may be necessary prior to implementation of the exercise program, dependent on the wants and needs of the client.
3. Program Design and Implementation:
 - a) The PFT shall design a program consistent with the client's goals.
 - b) Implementation responsibility is shared between the PFT and the client.
 - i. Initial instruction in exercises during the first attempt at the program is the responsibility of the PFT.
 - ii. Adherence to the program shall be the responsibility of the client.
4. Program Follow Up:
 - a) It is the responsibility of the PFT to maintain contact with the client throughout the program.

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- b) The PFT should provide motivation and continued instruction to ensure the program is effectively implemented and goals are attained.
- c) Formal follow-up should be scheduled 6 to 8 weeks from the beginning of the program to determine if goals should be re-established and/or the program altered.

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	Spokane County Fire District 8 Peer Fitness Trainer Services Request Form	
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Full Name: _____

Station Assignment: _____ Rank: _____

I would like PFT _____ to:

- Assist me with identifying my fitness and exercise goals
- Review my current exercise/workout program(s)
- Create a specific exercise/workout program(s)
- Create a program to prepare me for my annual physical
- Create a specific exercise/workout program(s) for crew
- Workout with me one-on-one
 - On shift
 - After shift
 - Other: _____

Member's Signature: _____

PFT's Signature: _____

Date: _____

Date: _____

When Completed Please Return to Shane Jenkins
Page 1 of 2

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Spokane County Fire District 8
Peer Fitness Trainer Services Request Form

Age: _____ Weight: _____ Height: _____
 Medication(s): Yes _____ No _____ Disability: Yes _____ No _____
 Request for:

Cardio	Power	Job Specific
Endurance	Weight Loss	Other: _____
Strength	Flexibility	_____

Current Workout: _____

Goals:

1. _____
2. _____
3. _____

Available Equipment: _____

Time Constraints: _____

DO NOT WRITE BELOW THIS LINE - PFT USE ONLY

Date Contacted: _____ Date of First Visit: _____

Current Visit		Follow-Up Visit	
Aerobic Capacity	High Mod Low	Aerobic Capacity	High Mod Low
Job Fitness Level	High Mod Low	Job Fitness Level	High Mod Low
Strength Level	High Mod Low	Strength Level	High Mod Low
Muscle Imbalance	Yes / No	Muscle Imbalance	Yes / No
Motivational Level	High Mod Low	Motivational Level	High Mod Low
Weight		Weight	
BP & Pulse	/ bpm	BP & Pulse	/ bpm

Notes: _____

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 Page 2 of 2

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Name: _____
Date: _____

General Instructions: Please fill out this form as completely as possible and bring to your first meeting with your Peer Fitness Trainer. If you have any questions, ask the PFT at your meeting.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?

Yes No If yes, please specify _____

3. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).
Circle the number that best applies.

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

4. How much time are you willing to devote to an exercise program?

_____ minutes day _____ days week

5. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes No If yes, specify the type of exercise(s) _____
_____ minutes day _____ days week

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Rate your perception of the exertion of your exercise program (circle the number).
(1) Light (2) Fairly Light (3) Somewhat hard (4) Hard (5) Very Hard

6. How long have you been exercising regularly? _____ months _____ years
7. What exercise equipment do you presently have? _____

8. What other exercise, sport, or recreational activities have you participated in?
In the past 6 months? _____
In the past 5 years? _____
9. What types of exercise interest you?

<input type="checkbox"/> Walking	<input type="checkbox"/> Jogging	<input type="checkbox"/> Stretching
<input type="checkbox"/> Cycling	<input type="checkbox"/> Traditional aerobics	<input type="checkbox"/> Strength training
<input type="checkbox"/> Stationary biking	<input type="checkbox"/> Elliptical striding	<input type="checkbox"/> Racquet sports
<input type="checkbox"/> Stair climbing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other aerobic _____
10. Rank your goals in undertaking exercise — What do you want exercise to do for you?

<u>Extremely Important</u>			<u>Somewhat Important</u>			<u>Not at all Important</u>			
1	2	3	4	5	6	7	8	9	10

 - a. _____ Improve cardiovascular fitness
 - b. _____ Increase strength
 - c. _____ Body-fat weight loss
 - d. _____ Increase energy level
 - e. _____ Reshape or tone my body
 - f. _____ Improve performance for a specific sport
 - g. _____ Improve flexibility
 - h. _____ Feel better
 - i. _____ Improve moods and ability to cope with stress
 - j. _____ Enjoyment
 - k. _____ Other
11. By how much would you like to change your current weight?
(-) _____ lbs. (-) _____ lbs.

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Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better, or
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informing User of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

ADDRESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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