



THE SCOPE OF PRACTICE FOR PERSONAL TRAINERS

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The personal trainer can play a vital role in the overall health and well-being in each of their clients. The purpose of this article is to define the role of the personal trainer. This article will also explore the extent of their scope and will identify when a referral to a healthcare provider would be appropriate. Out of the major, recognized certifying bodies, the American College of Sports Medicine (ACSM) and the National Strength and Conditioning Association (NSCA) are the only two organizations that have attempted to delineate the specific job description of the personal trainer.

According to the ACSM (1):

The ACSM Certified Personal Trainer (CPT) works with apparently healthy individuals and those with health challenges who are able to exercise independently to enhance quality of life, improve health-related physical fitness, performance, manage health risk, and promote lasting health behavior change. The CPT conducts basic pre-participation health screening assessments, submaximal aerobic exercise tests, and muscular strength/endurance, flexibility, and body composition tests. The CPT facilitates motivation and adherence as well as develops and administers programs designed to enhance muscular strength/endurance, flexibility, cardiorespiratory fitness, body composition, and/or any of the motor skill related components of physical fitness (i.e., balance, coordination, power, agility, speed, and reaction time).

Likewise, according to the NSCA (13):

Personal trainers are health/fitness professionals who, using an individualized approach, assess, motivate, educate, and train clients regarding their health and fitness needs. They design safe and effective exercise programs, provide the guidance to help clients achieve their personal health/fitness goals, and respond appropriately in emergency situations. Recognizing their own area of expertise, personal trainers refer clients to other healthcare professionals when appropriate.

Personal trainers should fulfill a specific role within the healthcare system and as a healthcare provider. Trainers should have a strong knowledge base in kinesiology, psychology, injury prevention, nutrition, and knowledge of simple medical screening tests. Because of this, they may share certain roles with other healthcare providers such as dietitians, physical therapists, doctors, and psychologists.

Before divulging into the scope of the practice, it is necessary for personal trainers to identify two major components of their profession; research and practical experience, more specifically the application of research to practice. In a review by English et al., the author defines evidence-based training for strength and conditioning professionals as a systematic approach to the training of athletes and clients based on the current best evidence from peer-reviewed and professional reasoning (6). Evidence-based practice is a five step systematic process. The five steps are to develop a question, find evidence, evaluate the evidence, integrate the evidence into practice, and reevaluate the evidence.

The question should be defined precisely; the authors provide the acronym “PICOT,” which stands for population, intervention, comparison, outcome, and time (6). The question that trainers ask should contain all of these components. For example, is a resistance training program (intervention) of pull-ups or chin-ups (comparison) a better biceps muscle builder (outcome) in healthy college-aged males (population) over the course of 12 weeks (time)?

Evidence can be obtained through a variety of sources. Some sources personal trainers should consider using include academic search engines as well as websites like the National Strength and Conditioning Association website (www.nscs.com). Professional experience can also be counted as anecdotal evidence although it is not as strong as a form of evidence as peer-reviewed studies. The ability to evaluate evidence and weigh it against other evidence is an important skill for the success of a personal trainer. The Journal of Bone and Joint Surgery introduced a system for ranking levels of evidence. The levels of evidence in order from lowest to highest are: expert opinion; case series (no control group); case-control study, retrospective cohort study, and systematic review of level-III studies; prospective cohort study, poor quality randomized controlled trial, systematic review of level II studies, and nonhomogeneous level I studies; and randomized controlled trial and systematic review of level I randomized controlled trials (19).

If the evidence presented is strong, then a training modality should be integrated into practice. For example, it has been proven that Olympic-style lifting improves explosive power (3,18). If a personal trainer is working with an athlete that requires explosive power, then they should consider integrating some Olympic-style weightlifting. If the evidence is weak or inconsistent, then perhaps time would be better spent on other training practices (6).

Being able to evaluate research means keeping an open mind, as the evidence-based personal trainer will change their practice when new and better evidence demands are presented. Once the personal training field as a whole understands how to evaluate evidence, the scope of practice may expand; however, for now, personal trainers should focus specifically on exercise screening and prescription. Personal trainers can also hold some ground in injury management, psychology, and nutrition. Given the appropriate educational background, personal trainers may also play a role in working with populations with specific medical impairments.

EXERCISE ASSESSMENT AND PRESCRIPTION

Personal trainers provide resistance training exercise prescription which may improve cardiovascular function, reduce the risk of coronary heart disease and noninsulin dependent diabetes, prevent osteoporosis, reduce the risk of colon cancer, enhance weight loss while preserving muscle mass, improve dynamic stability, and maintain functional capacity and psychological well-being (17). The personal trainer should have an established screening protocol including a physical activity readiness questionnaire as well as a movement screen, which should be conducted before resistance training.

The Physical Activity Readiness Questionnaire (PAR-Q) is a screening test designed to determine an individual’s risks in participating in physical activity (7). The PAR-Q allows the personal trainer to identify clients with cardiovascular disease or risk factors for disease. If a client is identified as “at risk” they should be referred to a medical professional who will provide a medical evaluation before beginning an exercise program (11). While there are a variety of movement screens available to the personal trainer, they all provide similar outcomes and offer insight as to which exercises can be performed in a safe and non-painful way.

Personal trainers should be able to take the information from their screening process to create an exercise program for each client based on their current physical capabilities. Effective strength training programs include multi-joint movements which have been grouped in a variety of different ways. For example, Kritz et al. states that there are seven fundamental patterns: squat, lunge, upper body push, upper body pull, bend, twist, and single-leg patterns (9). If a trainer screens a client and discovers that they are new to exercise and possess limited hip mobility, the personal trainer may want to prescribe a kettlebell hinge exercise rather than a conventional deadlift for the bend category of movement. The inability to apply the screening results to an exercise program could lead to frustration and/or injury.

A personal trainer should also be competent in coaching and teaching a variety of exercises. Trainers should be able to coach a basic hinge and bodyweight squat to their clients. In that, the job of the personal trainer is to find the safest and most effective means of helping clients achieve their performance and/or physical goals (e.g., become stronger, bigger, leaner, and faster). The job of the personal trainer is to help their client achieve these goals while working around any aches, pains, or limitations.

THE PERSONAL TRAINER’S ROLE WITH INJURED CLIENTS

In regards to the specific job description of the physical therapist, according to the Maine Physical Therapy Practice Act (16):

The practice of physical therapy includes the evaluation, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction, and pain from injury, disease, and any other bodily condition; the administration, interpretation, and evaluation of tests and measurements of bodily functions and structures for the purpose of treatment planning; the planning, administration, evaluation, and modification of treatment and instruction; and the use of physical agents and procedures, activities, and devices for preventive and therapeutic purposes; and the provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction, and pain.

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Additionally, the Florida State Physical Therapy Practice Act describes what a physical therapy assessment entails (14):

Physical therapy assessment means observational, verbal, or manual determinations of the function of the musculoskeletal or neuromuscular system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, postural attitudes, biomechanical function, locomotion, or functional abilities, for the purpose of making recommendations for treatment.

Based on these above job descriptions provided by the certifying bodies in each profession, it is clear and obvious that the assessments of muscle imbalances, compensations, movement impairments, and other orthopedic issues and the attempt to correct these issues using specific exercise interventions, is the job of the physical therapist and/or orthopedic specialist, not of the personal trainer. Physical therapists and orthopedic specialists work specifically to fix what is broken or severely injured, whereas personal trainers and coaches work to enhance what is not broken.

Put simply, training consists of assessing what they currently have and using general exercise to improve on what they currently have while working around what is broken or severely injured. On the other hand, treatment, which is in the realm of the physical therapist and/or orthopedic specialist, is the diagnosing of what is broken and using specific corrective measures to fix it in order to bring the clients back to what they previously had. When it comes to performing the exercises provided in a way that best fits the client, there are two simple criteria:

1. Comfort: Movement is pain-free, feels natural, and works within the client's current physiology
2. Control: The client can demonstrate the movement technique and body positioning as provided in each exercise description (e.g., when squatting, the client displays good knee and spinal alignment throughout, along with smooth, deliberate movement)

It is important to keep in mind that “comfort” does not mean the sensation associated with muscle fatigue or “feeling the burn.” Discomfort refers to aches and pains that exist outside the gym or flare up when the client performs certain movements. To allow for comfort and control, personal trainers may have to modify (i.e., shorten) the range of motion or adjust the hand or foot placement of a particular exercise to best fit the client's current ability and anatomy.

THE PERSONAL TRAINER'S ROLE IN PSYCHOLOGY AND NUTRITION COUNSELING

The personal training profession has a solid base not just in exercise, but in nutrition as well (2). However, a personal trainer is not qualified like a Registered Dietitian (RD), who can write meal plans for clients. Nutrition is related to psychology in that most clients have a fair and very general understanding of what they need to do to improve their eating habits. The real question, and the one personal trainers can help with, is why do they not take the steps to become healthy? Personal trainers should be able

to disseminate information on nutrition, serve as counselors to behavior change, and act as a motivator for health change. This can all be done without writing a specific meal plan for a client.

Trainers can implement an effective change protocol to be used to hasten behavior change. Chip and Dan Heath, the authors of the book “Switch: How to Change Things When Change is Hard,” identify two factors that can be modified to help people change (8). The authors talk about the environment which includes the person's network and the path to change, discussing how small changes are more lasting than big changes. For example, one longitudinal study showed that if a close, same-sex friend became obese, that person has a 71% risk of becoming obese as well (4). Changing environmental habits linked to eating can also help a client lose weight. Successful behavioral modification interventions have worked by limiting the place overweight people eat to one location, which may prevent binge eating or random snacking (15). The book also explains how to direct the client analytically and how to get them on board for long-term goals emotionally (8). Some initial questions a personal trainer may ask a client could include (8):

1. How ready are you to change on a scale of 1-10?
2. How important is it for you to change on a scale of 1-10?
3. How confident are you that you can change on a scale of 1-10?
4. Of your five closest friends, spouses, partners, and siblings, how many of them place a strong emphasis on healthy living?
5. Name the people that do and your relationship with them.
6. Are there any people that are close to you that you feel negatively affect your health goals? If so, who are these people and what is your relationship to them?

THE PERSONAL TRAINER'S ROLE IN MEDICAL CARE

Practicing medicine is not within the scope of practice for the personal trainer. However, there are certain conditions that could be easily screened by a personal trainer especially if a client does not spend much time with their physician or even go to their physician regularly. Personal trainers push a healthy all-around lifestyle, which includes diet, exercise, and even sleep. As the obesity epidemic continues, so do the comorbid conditions that accompany it, including osteoarthritis, diabetes, hypertension, and obstructive sleep apnea (OSA) (10). Even through physician visits are typically short, hypertension and diabetes can be easily and regularly screened.

Osteoarthritis is a very common complaint that a patient will see a doctor for due to pain. OSA, on the other hand, may be missed in a quick doctor visit. While a personal trainer cannot diagnose OSA, it would benefit the client if the personal trainer could recognize the signs of OSA, so that it might not go unnoticed. Personal trainers could ask questions from validated questionnaires to

know when to refer to a doctor. One such questionnaire, the STOP questionnaire, is an easy way to assess if a client is at risk of having OSA (5):

1. Snoring: Do you snore loudly? (louder than talking or heard through closed doors) Y/N
2. Tired: Do you often feel tired, fatigued, or sleepy during the day? Y/N
3. Observed: Has anyone observed you stop breathing during your sleep? Y/N
4. Pressure: Do you have or are being treated for high blood pressure? Y/N
5. Body mass index (BMI): Is your BMI greater than 35 kg/m²?
6. Age: Are you over the age of 50?
7. Neck circumference: Is your neck circumference greater than 40 cm?
8. Gender: Is your gender male?

High risk for OSA = 3 or more questions answered “yes”
 Low risk for OSA = less than 3 questions answered “yes”

Figure 1 provides some basic examples of scenarios that a personal trainer may encounter to help decipher whether it is within the scope of practice or not. It is important for all personal trainers to be familiar with local bylaws on scope of practice, as they may be different depending on where the personal trainer lives. Personal trainers play a vital role in the general health and well-being of their clients, but it is important for the personal trainer to clearly understand the extent of their influence to avoid legal implications and potential injuries to their clients.

FIGURE 1. BASIC EXAMPLES OF A PERSONAL TRAINER’S SCOPE OF PRACTICE (11,12)

	INJURED CLIENTS	NUTRITION AND PSYCHOLOGY	MEDICINE
Within the Scope of Practice	Chronic low back pain and local	Facilitation of habit change	Practicing medicine is not within the scope of practice; however, trainers may have knowledge of screens to use to make appropriate referrals
	Pain comes and goes	Dissemination of nutrition knowledge	
	Minor acute pain	Motivational interviewing and abetment of change talk	
When a Referral is Necessary	Unmanageable pain with movement	Eating disorder	PAR-Q indicates potential cardiovascular disease
	Unable to complete activities of daily living	Metabolic disease	Positive screen for OSA or other conditions
	Radiating low back pain	Client has been following healthy habit changes but is not losing weight	

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