

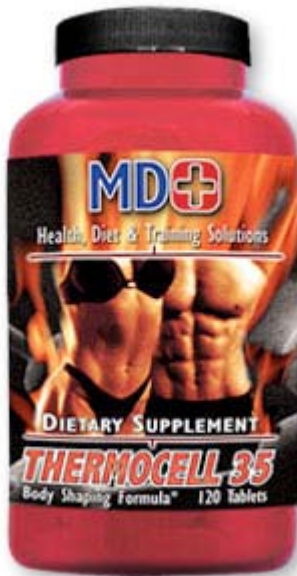
Apgar Fitness Clinician Score

Quality Control in Fitness Rx

Brian D. Johnston

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Introduction

In obstetrics, the Apgar score is a gold standard toward objective child delivery. Published in 1953, the score was developed by U.S. anesthesiologist Virginia Apgar (1909-1974), which allowed nurses to rate the condition of babies at birth. This was a major turning point in clinical birthing since before that time medical professionals merely guessed as to the health and mortality of neonates, and a doctor's success rate with deliveries was no better than if mothers stayed at home with a midwife.

In other words, the score helped to transform an intangible and subjective clinical concept (a baby's condition) into a number that could be collected and compared. And rather than allowing a seemingly unhealthy infant to be put aside and die if 'blue' or of poor physical response, the competitiveness of doctors drove them to save the less robust infants in order to achieve better scores.

Consequently, a baby may have a poor Apgar score one minute after birth, but it can be resuscitated and receive an excellent score at five minutes. The results of implementing this score eventually spawned neonatal intensive-care units, fetal heart monitors, and procedures to improve the science and success of child delivery.

The five areas of rating a neonate's health correspond to Apgar's name:

1. **A**ppearance (color)
2. **P**ulse (heart rate)
3. **G**rimace (reflex response to nasal catheter/tactile stimulation)
4. **A**ctivity (muscle tone)
5. **R**espiration (respiratory effort)

The Apgar score assigns 0 to 2 points for the 5 areas, one and five minutes after birth. A score of 7 to 10 at five minutes is considered normal (with 7 being at the low end of 'normal'); 4 to 6 intermediate; and 0-3 low. More specifically, a score of 8-10 indicates the neonate is making a smooth transition to life, whereas scores ≤ 7 at 5 minutes (particularly if sustained for 10 or more minutes) are linked to higher neonatal morbidity and mortality rates.

Sign	Score		
	0	1	2
Appearance	Blue, pale	Body pink; extremities blue	Completely pink*
Pulse	Absent	Slow (less than 100)	Greater than 100
Grimace	No response	Grimace	Cry
Activity	Limp	Some flexion of extremities	Active motion
Respiration	Absent	Slow, irregular	Good, crying

* Apparently, in the 1950s and earlier, consideration was not given to Negro babies.

Innovative Science

If one were to study the area of obstetrics, it would become apparent that methods in child delivery developed as a result of trial and error – on the fly. Medical professionals paid attention to results while trying to improve outcomes; they did not wait for research trials to tell them if what they were doing was right or wrong.

Fitness prescription, of putting theory into practice, is in the same predicament. Fitness science is so new, insofar as studying it formally within controlled environments (particularly the field of personal training), that far less is known about what is an ideal way to exercise from the university scientist's perspective when compared to the decades of practical experience garnered by training enthusiasts, coaches, and fitness professionals.

Thus, there is a need for each person, whether a trainer or trainee, to pay attention to individual responses of each body part and the system as a whole to determine what is and is not working; and when something is working, to what extent? And as important – can it be made better?!

Although some individuals are content with 'some' or 'any' results, never seeking to optimize or to make a bad situation good, or a good situation great, there are those who should strive for that zenith, even if it makes modest differences. Certainly fitness professionals fit this mold, since they are being paid to produce results, and so long as a new direction in prescription does not exceed the tolerance, motivation and interest of a client, striving to improve fitness outcomes should be considered standard.

One way to improve results, and what a fitness professional would do in practice, is to gather data on a subject, which includes regular assessment of training goals, needs, and limitations. Body composition testing is one such example. However, the fitness profession can take a cue from the medical fields and develop its own Apgar score to determine productivity of skills and services. Doing so definitely is reasonable since similar 10-point systems have been established with psychiatric patients, those residing in hospital wards, and operation procedures (e.g., surgical rating would include amount of blood lost, lowest heart rate and blood pressure, etc.).

With that in mind, the last two pages of this paper include such a scoring procedure that involves the rating of each workout, as well as an overview rating after every 6 workouts. It may not be necessary to implement this form indefinitely, but it certainly serves its purpose with new clients, during their initial six-months with a clinician. Thereafter, up to a point, a skilled clinician should be able to 'read' a client well enough to know what is and is not working. However, with long-term clients, and as clinicians become complacent in the day-to-day dealings with these people, it is easy to get side-tracked, bored and de-motivated to offer the best services possible – even clients get in a rut as to what they expect and the challenges they face at the gym. Consequently, this form should be implemented every six months, or as deemed necessary, with long-term clients.

The 10-Point System

The Apgar Fitness Clinician Scoring system comprises of two parts, each worth 10 points. Each aspect in each section is scored a 0, 1, or 2, with 0 being low, 1 being moderate or average, and 2 being high or excellent. The first part deals with a particular workout, with six such workouts presented on the form. The second part, at the bottom of the back page of the form, is a summary of the previous six workouts. This second part does not have to be utilized, since a skilled clinician can see patterns emerge from one workout to the next, although its purpose does serve well the ability to review a short history of what has transpired, which has potential value to those conducting case studies or those with a high volume of clientele who need a ‘refresher’ of what took place. Once a client understands the rating system and questions, it takes only seconds to complete at workout’s end.

Scoring

Similar to the Apgar score for neonate health and robustness, a score of 7 to 10 is considered excellent; 4 to 6 average; and 0-3 low. More specifically, a score of 7-10 indicates that the program and its constituent parts are serving the client well (particularly if 8 and greater), whereas a score below 7 should give pause for consideration, viz., are you doing everything possible – and if not, what are some possible solutions? As you read through the areas of investigation below, cross-reference them with the attached form at the end of this paper.

Areas of Investigation: Part I

Workout Enjoyment

Workout enjoyment is multi-faceted, but to assist a client’s perspective in understanding this area of concern, several aspects will be grouped under one umbrella. In general, what is of concern is the client’s likes and dislikes, of how well s/he connects mentally to the exercises chosen and to the method of performance. A client may like a particular exercise, but not how it is performed (e.g., Superslow, pre-exhaustion, working in Zone halves rather than thirds, etc.). And, of course, a client may not like an exercise, whereas a movement is necessary to prevent or correct an injury (consequently, clients need to be made aware of ‘necessary’ exercises and exercises included for reasons of variation and generality).

Motivation to Train and Sustain Program

A client’s likes and dislikes will have a direct influence on his or her motivation, both to train at the moment (for that particular workout) and to sustain it long-term. The clinician should rate this aspect, based on observing the individual’s performance and ability to maintain concentration on the task at hand. If uncertain, the question may be asked to the client to obtain a response rating (at least until the clinician is used to client responses and perceived motivation).

Quality of Physical Response

This aspect requires a client's feedback in regard to his or her perception of the training effect. As a simple explanation, there are times when an exercise, a combination of exercises and/or the manner in which we perform exercises seem to feel best, or at least of higher quality in the context of the workout. Other times, choices do not produce nearly the same effect. This aspect will have greater value and clarity as a client continues to train and can differentiate a good from a not-so-good workout – of when an exercise and its method of performance is in the 'zone' and when it is not. Sometimes this aspect cannot be controlled – is not the fault of the exercise or method of performance, but something internal within the client (poor night's sleep, erratic eating patterns, etc.) – thus, patterns of response, relative to both internal and environmental influences need to be factored in.

Lack of Aches, Pains or Body Discomfort

This area is self-explanatory, but suffice it to say that certain exercises, how they are performed, the degree of load, etc., can place undue strain on different body parts. The end result may be aches in the joints, strain in the low back, or an unusual degree of general discomfort felt throughout (e.g., deadlifts and barbell squats seem to have this effect with veteran trainees using heavy loads and after years of intense exercise). The goal may be to stimulate change in a client's body, but not at the expense of causing harm. Thus, how exercises are performed (e.g., heavy rest-pause training) or a choice of exercise (possibly influenced by the way it is performed) needs to be considered relative to the individual.

Nutrition Program Complacency and Tolerance

Although some clinicians may not address nutrition needs, and government restrictions exist in some geographic areas in this regard, knowing how a client eats and the influence it has on training and fitness goals is a requirement of clinical investigation. At the very least, knowing the nutrition regimen of a client and whether s/he is able to sustain and tolerate such a regimen is of importance. In some instances it is not an issue of complacency and tolerance, particularly if a client eats erratically and poorly. Consequently, this factor may not need to be scored if the clinician does not have some say or ability to influence client habits, or if the client does not attempt to eat properly relative to his or her goals, but which factor needs to be considered nonetheless and in some regard.

Areas of Investigation: Part II

Goal Achievement

Depending on how many workouts a person completes each week, with the included score sheet accounting for only 6 workouts, it may be difficult to rate this aspect properly or objectively. However, if a client were to average a maximum of 3 sessions per week, more than enough for any non-drug using individual, then the clinician should have some idea every two weeks whether a client is homing in on his or her goals – particularly since assessment of some kind, e.g., body weight, typically is taken every few weeks.

Overall Client Satisfaction

Either the clinician or client can rate this aspect. It is feasible for the clinician to rate it since the score can be based on client feedback over the past six workouts. However, it may be of greater importance if the client rates this aspect, since how s/he thought from one workout to the next may differ in the context of a six-workout span.

Lack of Injuries

This aspect expands upon the issue of 'lack of aches, pains, and discomfort,' which leads to or becomes a red flag for potential injuries. If a client is injury free, then 2 points are awarded, whereas the start of an injury would rate 1 point and a full-blown or chronic injury would score 0. An injury may not be the fault of the clinician or the training program in place, but the condition will need to be addressed nonetheless since it affects client progress, goal achievement, and fitness status.

Clinician Perception of Client

Is the client a strong candidate to achieve the goals established and to sustain the strategy and program design prescribed? A person may have a strong will, but not the genetics to achieve desired outcomes, or the opposite may exist (to give examples at the extreme ends of the spectrum). A poor or modest score may necessitate some fine-tuning or change within a program since what may be ideal for one person or past client, may not be ideal for another.

Clinician Complacency

This factor is of value in scoring only with the ethical clinician willing to rate it honestly. It goes without saying that any person can become bored with any job, and fitness instruction is no different. A person can get in a rut in regard to program design and strategy, with repetitive 'canned' programs being at the helm of decision-making. When this happens there can be an influence on client motivation, satisfaction, enjoyment and quality of muscle response. Clinicians need to be honest and ask him or her self: "Am I doing everything possible for this client... to meet his needs, limitations and goals?" This aspect has an influence on, and is influenced by the previous aspect of 'clinician perception of client.'

Supporting Arguments and Discussions

For detailed discussions and forms on performance evaluation and maintaining quality assurance in clinical practice, refer to Appendix C of Book VII, Volume 9 of the *Fitness Science Library*.

For detailed discussions on quality performance of fitness clinician skills, refer to the various chapters in Book I, Volume 4 of the *Fitness Science Library*.

© Apgar Fitness Clinician Score*

Client: _____

Scoring: 0 = low 1 = moderate 2 = high

Date: _____

Workout Enjoyment (client's mental connection to exercise choices and method of performance) _____

Motivation to Train and Sustain Program _____

Quality of Physical Response (client's perception of training effect) _____

Lack of Aches, Pains or Body Discomfort _____

Nutrition Program Complacency and Tolerance _____

NOTES: _____

Date: _____

Workout Enjoyment (client's mental connection to exercise choices and method of performance) _____

Motivation to Train and Sustain Program _____

Quality of Physical Response (client's perception of training effect) _____

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Nutrition Program Complacency and Tolerance _____

NOTES: _____

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Date: _____

Workout Enjoyment (client's mental connection to exercise choices and method of performance) _____

Motivation to Train and Sustain Program _____

Quality of Physical Response (client's perception of training effect) _____

Lack of Aches, Pains or Body Discomfort _____

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Motivation to Train and Sustain Program _____

Quality of Physical Response (client's perception of training effect) _____

Lack of Aches, Pains or Body Discomfort _____

Nutrition Program Complacency and Tolerance _____

NOTES: _____

Summary	
Date: _____	Notes:
Goal Achievement _____	
Overall Client Satisfaction _____	
Lack of Injuries _____	
Clinician Perception of Client _____	
Clinician Complacency _____	