

# Clinical Exercise Physiologist Evidence of Clinical Practice

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## GUIDANCE FOR REPORT – CLINICAL EXERCISE PHYSIOLOGISTS

Admission to the Register requires the satisfactory completion of a recognised Clinical Exercise Physiology training programme or equivalent, together with evidence of additional training and experience over a period of **six** years in total. You are required to fully complete this document, save in word format and upload to the form on-line.

N.B. All registered Clinical Exercise Physiologists are required to meet the Scope of Practice and Standards of Proficiency.

**Prior to completing this form, please ensure you have read the Application Guidance document provided on the CEP-UK website as this will help ensure you complete the correct information:**  
<https://www.clinicalexercise physiology.org.uk/application-resources>

### Element 1. Summary of hours and location of experience

Please identify the total number of hours and location of experiences of working with service users with health conditions where you have applied knowledge and skills and demonstrated competence. If you have no experience of working with a service user with the health condition, please indicate **zero or N/A**.

Health Condition	Number of hours experience in total (e.g., 4 hours/week for 2 years = ~384 hours) where your focus was condition specific (e.g. Phase 3 Cardiac Rehabilitation)	Experience involving a secondary condition or comorbidity (e.g. Respiratory Rehabilitation delivering including individuals with angina) <i>Please highlight.</i>	Locations/names of service providers where experience was gained and the dates to which this occurred (e.g., Named NHS Trust from Jun 17-Dec 19)
Cancer		Yes/ No	
Cardiovascular		Yes/ No	
Frailty		Yes/ No	
Kidney		Yes/ No	
Mental Health		Yes/ No	
Metabolic		Yes/ No	
Musculoskeletal		Yes/ No	
Neurological		Yes/ No	
Respiratory		Yes/ No	
<b>Total hours of experience</b>			

Information on how to complete this can be found at:  
<https://www.clinicalexercise physiology.org.uk/application-resources>

## Element 2. Summary of your work with specific conditions and roles/responsibilities

For each of the areas/conditions identify frequently diagnosed conditions in which the clients/patients were treated and what were your main roles as part of their care.

<b>Health Condition</b>	List specific conditions that you regularly work with on a day-to-day basis (e.g. for cardiovascular, post- MI, heart failure).	Identify your core roles and responsibilities as part of this care (e.g. lead, assistant exercise practitioner or other roles like researcher/health care assistant/technician).
Cancer		
Cardiovascular		
Frailty		
Kidney		
Mental Health		
Metabolic		
Musculoskeletal		
Neurological		
Respiratory		

### **Elements 3a-e. Summary of your knowledge, skills and experience related to the CEP scope of practice and standards of proficiency**

For those conditions you have outlined in element 2 above, describe how you have applied your knowledge and skills and demonstrated competence. Please outline for each condition in detail (100 words max). Please do not state as above. If you have no prior experience please insert **zero or N/A**. For help on how to complete the below sections, please see the Application Guidance document [www.clinicalexercisephysiology.org.uk](http://www.clinicalexercisephysiology.org.uk).

#### **a) Risk stratification and screening decision making**

*This section is relevant to CEP Scope of Practice - Criterion 5a, 5b & 5c.*

<b>Health Condition</b>	Outline your knowledge skills and experience in: 1. Assessing and stratifying exercise related risk using evidence-based tools. 2. Obtaining relevant health information and medical history 3. Strategies and measurements used to assess and manage health status 4. Methods used to record and report changing risk factors and adverse signs and symptoms.
Cancer	
Cardiovascular	
Frailty	
Kidney	
Mental Health	
Metabolic	
Musculoskeletal	
Neurological	
Respiratory	

**b) Assessment of health status and functional capacity**

Please outline for each condition in detail (100 words max). Please do not state as above. If you have no prior experience please insert **zero or N/A**.

*This section is relevant to CEP Scope of Practice - Criterion 5a, 5d & 5e.*

<b>Health Condition</b>	Outline your knowledge, skills and experience in: <ol style="list-style-type: none"><li>1. Performing appropriate assessments (e.g. functional capacity, patient reported outcomes)</li><li>2. Evaluating capacity to perform exercise</li><li>3. Reporting clinical status</li></ol>
Cancer	
Cardiovascular	
Frailty	
Kidney	
Mental Health	
Metabolic	
Musculoskeletal	
Neurological	
Respiratory	

**c) Design of Exercise Interventions.**

Please outline for each condition in detail (100 words max). Please do not state as above. If you have no prior experience please insert **zero or N/A**.

*This section is relevant to CEP Scope of Practice - Criterion 5a & 5f.*

<b>Health Condition</b>	Outline your knowledge, skills and experience in: <ol style="list-style-type: none"><li>1. Designing safe and effective exercise plans</li><li>2. Utilising optimal modes, frequencies, intensities, durations and volumes of exercise</li><li>3. Recognising the risks and benefits of different forms of exercise training</li><li>4. Designing appropriate regressions, adaptations and progressions</li></ol>
Cancer	
Cardiovascular	
Frailty	
Kidney	
Mental Health	
Metabolic	
Musculoskeletal	
Neurological	
Respiratory	

**d) Exercise delivery and leadership.**

Please outline for each condition in detail (100 words max). Please do not state as above. If you have no prior experience please insert **zero or N/A**.

*This section is relevant to CEP Scope of Practice - Criterion 5a, 5f & 5g.*

<b>Health Condition</b>	Outline your knowledge, skills and experience in: <ol style="list-style-type: none"><li>1. Delivering safe and effective exercise sessions, adapted for individual and exercise environment needs</li><li>2. Monitoring and identifying adverse signs and symptoms during exercise sessions and recovery</li></ol>
Cancer	
Cardiovascular	
Frailty	
Kidney	
Mental Health	
Metabolic	
Musculoskeletal	
Neurological	
Respiratory	



**e) Behavioural change and psychology support.**

Please do not state as above. If you have no prior experience please insert **zero or N/A**.

*This section is relevant to CEP Scope of Practice - Criterion 5a, 5h & 5i.*

<b>Health Condition</b>	Outline your knowledge, skills and experience in: <ol style="list-style-type: none"><li>1. Supporting learning to self-regulate physical activity behaviour and planning for long-term physical activity maintenance</li><li>2. Recognising barriers and motivators to exercise and factors that affect long-term exercise adherence and compliance</li><li>3. Utilising lifestyle strategies, programmes, and resources, including government and community-based population-wide strategies pertinent to supporting physical activity behaviour change</li></ol> <p><i>Please try to outline for which health conditions you have experience in applying this.</i></p>

For any queries, please email: [registration@ahcs.ac.uk](mailto:registration@ahcs.ac.uk)