

**Submission  
No 180**

## **INQUIRY INTO NSW WORKERS COMPENSATION SCHEME**

**Organisation:** Exercise & Sports Science Australia (ESSA)

**Date received:** 17/05/2012

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17 May 2012

The Hon. Robert Borsak, MLC  
Parliament House  
Macquarie Street  
Sydney NSW 2000

Dear Minister Borsak,

Re: the ineligibility of accredited exercise physiologists (AEPs) to be recognised automatically as competent to provide functional capacity evaluation and workplace assessment services

As at 31 March 2012 WorkCover NSW ceased accepting applications from AEPs applying to be recognised as competent to conduct functional capacity evaluations (FCEs) and workplace assessments (WPAs). Exercise & Sports Science Australia (ESSA) was advised that this decision was made on the basis that WorkCover NSW no longer had the resources to process individual applications, applying to provide these services. Instead, WorkCover NSW advised ESSA that we would need to develop our own process (to be approved by WorkCover NSW) that ensured that AEPs were competent to provide these services, either through continuing education or university curriculum. Up until this ruling AEPs had been providing these services for several years. ESSA considers this to be an unjust, unfair, and unproductive decision for the reasons outlined below:

- The entry level knowledge and skills of an AEP in occupational rehabilitation we argue is comparable to both occupational therapists and physiotherapists who are currently both automatically recognised as being competent to provide FCEs and WPAs following graduation (Appendix 1 and 2). Given our close understanding of both the Australian Standards for Physiotherapy <http://www.physiocouncil.com.au/accreditation> and the Australian Competency Standards for New Graduate Occupational Therapists <http://www.otaus.com.au/about/entry-level-program-accreditation> we cannot determine how a decision has been made that these two qualifications provide a graduate that is more capable of delivering FCEs and WPAs than an AEP. Both sets of standards do not explicitly reflect the WorkCover NSW competencies, therefore, how has WorkCover NSW definitively determined that all physiotherapy and occupational therapy university courses comprehensively cover FCE and WPA curriculum?
- An AEP is eligible to provide FCEs and WPAs through the WorkCover authorities in all states and territories excepting South Australia. Furthermore, AEPs are able to provide the said services to government employees through Comcare and within the Military Compensation System.



- As has been well publicised, NSW Workcover is losing a significant amount of money on a daily basis. Having removed AEPs from an already limited pool of available allied health professionals to provide these services, will only result in upward pressure on fees charged by those health professionals providing the said services.
- The Head of Workers Compensation Authority has recognised a need to move towards harmonisation of occupational rehabilitation across state based workcover, in order to make it easier to work in the field across the states. A first step in this direction has seen the development and implementation of a national framework for workplace rehabilitation providers – an initiative that Comcare also adopted. The removal of AEPs to provide WPAs and FCEs in NSW is in direct opposition to this movement.
- It is an unacceptable restraint on trade to AEPs.

ESSA intends to position AEPs as leaders in the field of occupational rehabilitation nationally - AEPs have a unique knowledge and skill set that is highly suited to this working context which we plan to foster further. In fact, in previous correspondence provided by WorkCover NSW they stated 'The Board and Workcover recognise that exercise physiologists have valuable skills that can assist injured workers in preparing to return to work'.

**Recommendation**

Taken together, AEPs should be recognised through legislation as being competent to provide occupational rehabilitation services in New South Wales akin to physiotherapy and occupational therapy.

Yours faithfully,

Melanie Sharman  
Industry Development Manager

Anita Hobson-Powell  
ESSA Executive Officer

## A4.2 General criteria

The following section lists the **mandatory** criteria required for accreditation at the level of EP for both undergraduate and postgraduate courses. There are two types of criteria:

- *knowledge*, which refers to possessing and understanding information
- *application*, which refers to using new knowledge to develop skills and competencies for practice as a clinical exercise practitioner.

Academic units<sup>2</sup> are asked to note the **core** units of study<sup>2</sup> that cover each of the criteria listed below. Please ensure that the coverage of these criteria is clearly identifiable within each unit outline submitted. Furthermore, close attention will be paid to the way in which practical skills are assessed within each unit of study.

### A4.2.1 Scope of practice

#### *Knowledge*

<b>(a) Knowledge of the professional roles available to the accredited exercise physiologist (AEP) within the following two broad categories</b>	
<b>i Knowledge of chronic disease management (rehabilitation and secondary prevention)</b>	
Unit of study	
<b>ii Knowledge of functional conditioning, incorporating both work conditioning and conditioning for activities of daily living</b>	
Unit of study	
<b>(b) Understanding of the broad classifications of pathology in the context of the AEP</b>	
Unit of study	
<b>(c) Knowledge of the roles of other health practitioners in the context of clinical exercise practice</b>	
Unit of study	

#### *Application*

<b>(d) Articulation of the scope of professional roles available to the AEP</b>	
Unit of study	
<b>(e) Experience in referring to, and/or use of a referral letter from:</b>	
<b>i An allied health professional</b>	
Unit of study	
<b>ii A medical practitioner</b>	
Unit of study	

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**Academic unit:** the grouping of resources and infrastructure that contribute to the workings of a university course.

**Unit of study:** also commonly referred to as subject or study units.

## 4.2.2 Compensation schemes: legislation, systems, policies and procedures

### *Knowledge*

<b>(a) An understanding of national compensation schemes and legislation that includes clinical exercise practice</b>	
Unit of study	
<b>(b) Knowledge of workers compensation and compulsory third-party legislation and frameworks</b>	
Unit of study	

### *Application*

<b>(c) Capacity to deliver appropriate workers compensation and compulsory third-party services in the role of the:</b>	
<b>i AEP</b>	
Unit of study	
<b>ii Case manager</b>	
Unit of study	

## 4.2.3 Ethics

### *Knowledge*

<b>(a) Knowledge of ESSA code of professional conduct and ethical practice</b>	
Unit of study	

### *Application*

<b>(b) Categorise professional behaviour according to the ESSA ethics charter</b>	
Unit of study	

## 4.2.4 Pathophysiology

### *Knowledge*

<b>(a) Understanding of pathological and pathophysiological bases of the AEP target pathologies, including diagnostic procedures</b>	
Unit of study	
<b>(b) Understanding of the stages of disease, risk factors, complications and comorbidities that must be accounted for in exercise interventions</b>	
Unit of study	

#### 4.2.5 Medical and allied health management: effects on clinical status

##### *Knowledge*

**(a) Knowledge of the purpose, methods and typical clinical outcomes of common surgical, medical and allied health treatments for AEP target pathologies**

Unit of study	
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##### *Application*

**(b) Access and use information on the effects of common surgical medical and allied health treatments on the clinical status of clients with AEP target pathologies**

Unit of study	
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#### 4.2.6 Surgical, medical and allied health interventions: effects on exercise capacity

##### *Knowledge*

**(a) Knowledge of the typical effects of common surgical, medical and allied health treatments on exercise responses for clients with AEP target pathologies**

Unit of study	
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##### *Application*

**(b) Access and use information on the effects of common surgical, medical and allied health treatments on the expected acute and chronic exercise responses**

Unit of study	
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## 4.2.7 Medications: effects on exercise responses

### *Knowledge*

<b>(a) Knowledge of the mode of action and indications of medications commonly prescribed in AEP target pathologies</b>	
Unit of study	
<b>(b) Knowledge of the effects of the following commonly prescribed medication classes on acute and chronic exercise blockers:</b>	
<b>i Cardiovascular: beta blockers, alpha blockers, angiotensin converting enzyme inhibitors (ACEI), calcium channel blockers, anti-anginal agents, cardiac glycosides (eg digoxin), diuretics, statins, anti-arrhythmic agents, anti-thrombogenic agents.</b>	
Unit of study	
<b>ii Respiratory: relievers, symptom controllers, preventers and emergency medicine</b>	
Unit of study	
<b>iii Metabolic: hypoglycaemic agents, insulin: fast and slow acting, sugar to treat hypoglycaemia, agents to treat obesity. Include sulfonylureas, meglitinides, biguanides, thiazolidinediones, and alpha-glucosidase inhibitors.</b>	
Unit of study	
<b>iv Musculoskeletal: nonsteroidal anti-inflammatory drugs, corticosteroids and opioids</b>	
Unit of study	
<b>v Neurological/neuromuscular: antispasm medications, psychotropic, antidepressants</b>	
Unit of study	

### *Application*

<b>(c) Experience with details of clients' current medications, including:</b>	
<b>i Accessing information on the actions of prescribed medications (eg using MIMS)</b>	
Unit of study	
<b>ii Explaining to clients in plain language the purpose(s) of their prescribed medications</b>	
Unit of study	
<b>iii Explaining to clients the importance of compliance to prescribed medication regimes</b>	
Unit of study	
<b>iv Accessing and using information on medications with respect to the associated acute and chronic exercise responses</b>	
Unit of study	

#### 4.2.8 Exercise interventions: effects on clinical outcomes

##### *Knowledge*

<b>(a) Knowledge of the evidence with regard to mode of exercise, intensity, duration, frequency, volume and progression for AEP target pathologies</b>	
Unit of study	

##### *Application*

<b>(b) Experience with the assessment of clinical outcomes following exercise interventions by:</b>	
<b>i Accessing clinical data (eg request data from medical practitioners)</b>	
Unit of study	
<b>ii Interpreting clinical data (eg blood tests) with reference to the clinical literature</b>	
Unit of study	
<b>iii Measuring the clinical outcomes (eg blood pressure)</b>	
Unit of study	
<b>(c) Use the data above to inform own practice</b>	
Unit of study	

#### 4.2.9 Risk factor stratification

##### *Knowledge*

<b>(a) Understanding of typical risk factors (eg biological, sociocultural, behavioural and environmental), alleviating factors and aggravating factors for AEP target pathologies and comorbidities</b>	
Unit of study	

##### *Application*

<b>(b) Selection and application of appropriate instruments to assess the risk of exercise participation for clients with AEP target pathologies, and comorbidities</b>	
Unit of study	



#### 4.2.10 Assessments of exercise capacity

##### *Application*

<b>(a) Experience with using appropriate (to the client and situation) exercise tests, including measurements and observations of aerobic power (predicted or direct <math>VO_{2max}</math> or <math>VO_{2peak}</math>), aerobic endurance, rest and exercise spirometry, muscle strength and endurance, ranges of motion, body composition, static and dynamic postures, core stability, balance, coordination, mobility, gait, movement patterns, functional capabilities, and activities of daily living</b>	
Unit of study	
<b>(b) Experience in determining safe (client-centered) exercise limits and effective ranges for exercise and physical activity</b>	
Unit of study	

#### 4.2.11 Functional capacity, functional conditioning and occupational rehabilitation

##### *Knowledge*

<b>(a) Understanding of the core principles of occupational rehabilitation</b>	
Unit of study	
<b>(b) Understanding of the ergonomic principles within workplace environments and how these apply functionally to the individual</b>	
Unit of study	
<b>(c) Understanding of the core principles of case management</b>	
Unit of study	
<b>(d) Knowledge of functional capacity evaluations (FCE) that are widely used and accepted in industry and professional practice</b>	
Unit of study	
<b>(e) Understanding of how to transfer FCEs into functional conditioning programs and strategies</b>	
Unit of study	
<b>(f) Knowledge of the tests for activities of daily living that are widely used and accepted in professional practice</b>	
Unit of study	
<b>(g) Basic understanding of the ergonomic principles within home environments</b>	
Unit of study	

### *Application*

<b>(h) Experience with:</b>	
<b>i Designing, processing and being responsible for developing and adhering to treatment plans</b>	
Unit of study	
<b>ii Running workplace ergonomic assessments/worksites visits to make functional modifications or recommend suitable duties relative to an individual's capacity and injuries/conditions</b>	
Unit of study	
<b>iii Providing concise, objective reports and return-to-work plans that meet the needs of all relevant parties (eg employee, employer, medical/allied health professionals and insurer and relevant legislative requirements)</b>	
Unit of study	
<b>iv Evaluating functional capacity (both for individuals with injuries/conditions or for pre-employment assessments)</b>	
Unit of study	
<b>v Transferring baseline functional capacity information into functional exercise programs and understanding functional body mechanics as it pertains to manual handling in the workplace environment and safe ergonomic principles</b>	
Unit of study	
<b>(i) Experience in generic functional capacity/conditioning services:</b>	
<b>vi Activities of daily living (ADLs)</b>	
Unit of study	
<b>vii Designed, delivered and evaluated exercise programs to improve activities of daily living capacities in people with AEP target pathologies</b>	
Unit of study	
<b>viii Ergonomic assessments within home environments</b>	
Unit of study	

### **4.2.12 Monitoring**

#### *Application*

<b>(a) The ability to monitor and interpret at rest, exercise and recovery:</b>	
<b>i Self-report scales (eg RPE and fatigue, visual analogue scales, dyspnoea scales, pain, physical activity)</b>	
Unit of study	
<b>ii Heart rate, rhythm and oxygen saturation (eg palpation, heart rate monitor, ECG, pulse oximetry)</b>	
Unit of study	
<b>iii Blood pressure</b>	
Unit of study	

<b>iv Breathing (eg visual observations, spirometry)</b>	
Unit of study	
<b>v Balance and movement patterns (eg static and dynamic postures, coordination, mobility, gait)</b>	
Unit of study	

#### 4.2.13 Safety: precautions and contraindications

##### *Knowledge*

<b>(a) Knowledge of modes, intensities and volumes of exercise that may cause deterioration of clients (physical and/or cognitive) and/or adverse events</b>	
Unit of study	

##### *Application*

<b>(b) Identification of modes, intensities and volumes of exercise that are contraindicated for clients with AEP target pathologies. These should be for acute (eg thermoregulation) and chronic (eg adverse remodelling of the heart in heart failure with excess loads) effects of exercise</b>	
Unit of study	

#### 4.2.14 Safety: signs and symptoms

##### *Knowledge*

<b>(a) Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of AEP target pathologies</b>	
Unit of study	
<b>(b) Knowledge of when to modify, stop or not start an exercise, test, exercise session or program in the event of the appearance of new or recurring adverse observations or measurements or new or recurring signs or symptoms</b>	
Unit of study	

##### *Application*

<b>(c) Experience in monitoring signs and symptoms before, during and after exercise that may indicate important changes relating to an injury or disease status or progression</b>	
Unit of study	
<b>(d) Confidence in dealing with clients (either via reassurance and/or referral) for whom a test, exercise session or program is modified, stopped or not started due to the presence of signs, symptoms or adverse observations or measurements</b>	
Unit of study	

#### 4.2.15 Design of clinical exercise interventions

##### *Application*

<b>(a) Experience in designing, implementing, evaluating, modifying and advancing individual exercises or exercise programs, accounting for:</b>	
<b>i Presenting pathology and comorbidities (may be extracted from referral)</b>	
Unit of study	
<b>ii Current treatment(s), including medical, pharmacological and allied health</b>	
Unit of study	
<b>iii Risk factors, aggravating factors, alleviating factors</b>	
Unit of study	
<b>iv Interpersonal communication</b>	
Unit of study	
<b>v Goals, likes and dislikes, barriers (eg sociocultural, socioeconomic and sociopsychological factors)</b>	
Unit of study	
<b>vi Subjective and objective measurements or observations</b>	
Unit of study	
<b>vii Current exercise and functional capacities</b>	
Unit of study	
<b>(b) Exercise programs should account for mode, intensity, duration, frequency, volume and progression, and should reflect a concord between AEP and client</b>	
Unit of study	

#### 4.2.16 Exercise leadership

##### *Application*

<b>(a) Motivation and leadership of individuals and groups of clients with AEP target pathologies in exercise and physical activity programs; providing feedback to clients, including correcting poor or unsafe techniques</b>	
Unit of study	

## 4.2.17 Interpersonal communication and behaviour change

### *Knowledge*

<b>(a) Knowledge of basic lifestyle strategies, programs and resources, including government and community-based population-wide strategies</b>	
Unit of study	
<b>(b) Knowledge of nutrition at the level needed to provide basic lifestyle advice, with emphasis on AEP target pathologies</b>	
Unit of study	
<b>(c) Understanding of the psychology of living with chronic medical conditions, pain, anxiety, depression, bereavement</b>	
Unit of study	
<b>(d) Knowledge of the strategies to deal with clients who may be hostile, resistant, concompliant, anxious, depressed or psychotic</b>	
Unit of study	
<b>(e) Understanding of models of behaviour change</b>	
Unit of study	
<b>(f) Knowledge of factors that affect long-term exercise adherence and concordance, and sociocultural factors that must be considered when supporting clients in their endeavours towards self management of healthy lifestyle, exercise and physical activity</b>	
Unit of study	

### *Application*

<b>(g) Experience in interviewing clients to compile a relevant history beyond the referral and risk-factor documentation, including exercise and work histories, the client's perspectives on the cause(s) of disease/mechanisms of injury, comorbidities, barriers to participation, pain, goals, likes and dislikes, and opportunities</b>	
Unit of study	
<b>(h) Provision of assistance and guidance to clients and, where appropriate, referrers, to develop appropriate short, medium and long-term goals, appropriate to medical, physical and psychosocial, functional and environmental influences</b>	
Unit of study	
<b>(i) Experience in counselling and working with clients though behaviour change</b>	
Unit of study	
<b>(j) Provision of counselling and support for clients in their development of self-management strategies to promote independence</b>	
Unit of study	
<b>(k) Ability to explain, advise or provide information to help clients to understand AEP target pathologies, risk factors and the relationship with exercise</b>	
Unit of study	
<b>(l) Provision of basic education on AEP target pathologies or risk factors, and related benefits of exercise and healthy lifestyle</b>	
Unit of study	

## 4.2.18 Communication

### *Knowledge*

<b>(a) Knowledge of the challenges and opportunities for delivering culturally appropriate exercise and healthy lifestyle programs for communities and individuals from culturally and linguistically diverse backgrounds (CALDB)</b>	
Unit of study	

### *Application*

<b>(b) Communication (verbal, written, electronic) using brief and concise language, and in appropriate syntax (subjective, objective, assessment, plan — SOAP, lay, medical) for other AEPs, medical practitioners, other health professionals, compensable authorities/agents (eg insurers), and clients</b>	
Unit of study	
<b>(c) The design and deliverance of culturally appropriate exercise and healthy lifestyle programs to CALDB communities and individuals. Communication must be sympathetic to sociocultural diversity (eg CALDB clients or colleagues, and diversity/minority groups). Know when to work with an interpreter</b>	
Unit of study	
<b>(d) Using SOAP notes, practice in clinical documentation, including the compilation of a client's file and clinical note taking</b>	
Unit of study	

## 4.2.19 Evidence-based practice

### *Knowledge*

<b>(a) Awareness of evidence bases of the effects of exercise for people living with, or at risk of, AEP target pathologies</b>	
Unit of study	
<b>(b) Understanding of evidence-based practice models of clinical decision making</b>	
Unit of study	

### *Application*

<b>(c) Experience in assessing, comprehending, critically analysing, collaring and disseminating the clinical exercise scientific literature</b>	
Unit of study	
<b>(d) Experience in making informed judgements of the claims made in the original research articles versus the strength of the evidence provided</b>	
Unit of study	

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## A4.3 Section B: Cardiopulmonary criteria

### A4.3.1 Assessments of exercise capacity in clients with cardiopulmonary conditions

#### *Application*

<b>(a) Understanding of safe exercise limits using thresholds that commonly arise when exercise testing people with cardiopulmonary conditions, including:</b>	
<b>i Angina</b>	
Unit of study	
<b>ii Claudication</b>	
Unit of study	
<b>iii Dyspnoea</b>	
Unit of study	
<b>iv Light headedness/syncope</b>	
Unit of study	

#### **A4.3.2 Assessments of lung function in clients with cardiopulmonary conditions**

##### ***Knowledge***

<b>(a) Basic knowledge of pulmonary rehabilitation</b>	
Unit of study	

##### ***Application***

<b>(b) Ability to recognise breathing limitations that impact on exercise capacity:</b>	
<b>i Obstructive airway patterns</b>	
Unit of study	
<b>ii FVC, FEF<sub>peaks</sub>, FEV1, predicted or measured MVV</b>	
Unit of study	
<b>iii V<sub>E</sub> at peak exercise</b>	
Unit of study	
<b>iv Breathing reserve</b>	
Unit of study	
<b>v Exercise-induced asthma</b>	
Unit of study	
<b>vi O<sub>2</sub> sat%</b>	
Unit of study	
<b>(c) The design of an exercise intervention for clients with chronic obstructive pulmonary disease</b>	
Unit of study	

#### **A4.3.3 Safety: signs and symptoms**

##### ***Knowledge***

<b>(a) Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of cardiopulmonary target pathologies</b>	
Unit of study	

### *Application*

<b>(b) Experience in recognising and taking appropriate action regarding:</b>	
<b>i Vasovagal episodes</b>	
Unit of study	
<b>ii Hypotension/hypertension related to exertion</b>	
Unit of study	
<b>iii Ischaemia (angina, claudication)</b>	
Unit of study	
<b>iv Depleted breathing reserve</b>	
Unit of study	
<b>v General or localised fatigue</b>	
Unit of study	
<b>vi Cardiopulmonary arrest</b>	
Unit of study	

### **A4.3.4 Electrocardiography**

#### *Knowledge*

<b>(a) Understanding of the:</b>	
<b>i Common aberrant rhythms and waveform morphologies</b>	
Unit of study	
<b>ii Pathological correlates of the aberrant rhythms and waveform morphologies</b>	
Unit of study	
<b>iii Red, amber and green flags in relation to aberrant rhythms and waveform morphologies</b>	
Unit of study	



## Application

<b>(b) Experience in:</b>	
<b>i Setting up, monitoring and recording 12-lead electrocardiograms at rest, exercise and recovery (especially heart rate and rhythm)</b>	
Unit of study	
<b>ii Basic recognition of common aberrant rhythms and traces (see list below)</b>	
Unit of study	
<b>iii Confidence in rapidly responding to adverse ECG findings: red, amber and green flags in ECG</b>	
Unit of study	
<b>(c) Experience in basic recognition of the following aberrant rhythms and waveforms, and an ability to outline the course of action (continue with exercise = green flag;; continue only after medical approval = amber flag; discontinue and refer = red flag):</b>	
<b>i Ectopy: atrial, junctional and ventricular</b>	
Unit of study	
<b>ii Atrial fibrillation</b>	
Unit of study	
<b>iii Atrial flutter</b>	
Unit of study	
<b>iv Sinus block/arrest</b>	
Unit of study	
<b>v Electrolyte disturbances</b>	
Unit of study	
<b>vi Digitalis toxicity</b>	
Unit of study	
<b>vii Atrioventricular blocks (1°, 2°, 3°)</b>	
Unit of study	
<b>viii Bundle branch blocks</b>	
Unit of study	
<b>ix Axis deviations</b>	
Unit of study	
<b>x Real versus pseudo ST depression in exercise</b>	
Unit of study	
<b>xi Pre-excitation syndrome</b>	
Unit of study	
<b>xii Ventricular tachycardias</b>	
Unit of study	
<b>xiii Ventricular fibrillation and cardiac arrest</b>	
Unit of study	
<b>xiv Symptomatic brady-arrhythmias (eg vasovagal episodes)</b>	

Unit of study	
<b>xv</b>	<b>Symptomatic tachy-arrhythmias</b>
Unit of study	

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## A4.4 Section C: Metabolic criteria

### A4.4.1 Blood tests

#### *Knowledge*

<b>(a) Understand the purpose and methods of the following tests:</b>	
<b>i Glucose tolerance test</b>	
Unit of study	
<b>ii Random blood glucose</b>	
Unit of study	
<b>iii Fasting blood glucose</b>	
Unit of study	
<b>iv Glycosaturated heamoglobin (HbA1c)</b>	
Unit of study	
<b>v Total cholesterol, HDL<sub>chol</sub>, LDL<sub>chol</sub>, triglycerides</b>	
Unit of study	

#### *Application*

<b>(b) Experience in interpreting the following tests:</b>	
<b>i Glucose tolerance test (GTT)</b>	
Unit of study	
<b>ii Random blood glucose (RBG)</b>	
Unit of study	
<b>iii Fasting blood glucose (FBG)</b>	
Unit of study	
<b>iv Glycosaturated heamoglobin (HbA1c)</b>	
Unit of study	
<b>v Total cholesterol, HDL<sub>chol</sub>, LDL<sub>chol</sub>, triglycerides</b>	
Unit of study	

#### A4.4.2 Safety: signs and symptoms

##### *Knowledge*

<b>(a) Knowledge of adverse signs and symptoms that may arise during exercise or recovery for metabolic target pathologies</b>	
Unit of study	

##### *Application*

<b>(b) Specifically, understand the issues surrounding glucose control before, during and following exercise in people with diabetes</b>	
Unit of study	
<b>(c) Experience in recognising and taking appropriate action regarding:</b>	
<b>i Hypoglycaemia</b>	
Unit of study	
<b>ii Hyperglycaemia</b>	
Unit of study	
<b>iii For both hypoglycaemia and hyperglycaemia, suitable advice for clients regarding glucose testing and control before, during and after exercise</b>	
Unit of study	
<b>iv Hypotension or hypertension related to exertion</b>	
Unit of study	
<b>v Ischaemia (angina, claudication)</b>	
Unit of study	
<b>vi Depleted breathing reserve</b>	
Unit of study	
<b>vii General or localised fatigue</b>	
Unit of study	

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## **A4.5 Section D: Musculoskeletal criteria**

### **A4.5.1 Assessments of exercise capacity in clients with musculoskeletal conditions**

#### ***Knowledge***

<b>(a) Understanding of applied movement analysis</b>	
Unit of study	

#### ***Application***

<b>(b) Experience in performing a movement and work task analysis in a clinically relevant time period</b>	
Unit of study	
<b>(c) Ability to adapt techniques based on the observations and measurements made above</b>	
Unit of study	

### **A4.5.2 Exercise interventions**

#### ***Knowledge***

<b>(a) Understanding of the loading characteristics of tissue (eg bone, ligament, tendon, nerve, muscle), with and without pathology</b>	
Unit of study	

#### ***Application***

<b>(b) Experience in progressively varying tissue loading characteristics in response to a specific pathology, physical status or work demand task (including the ability to perform this experience in a clinically relevant time period) as relevant to stage of recovery.</b>	
Unit of study	

### **A4.5.3 Safety: precautions and contraindications**

#### ***Knowledge***

<b>(a) Understanding of tissue mechanics to create a safe exercise environment</b>	
Unit of study	

### *Application*

<b>(b) Experience in developing loading strategies for tissue with and without specific pathology, in a clinically relevant time period</b>	
Unit of study	
<b>(c) Experience in recognising and taking appropriate action for:</b>	
<b>i Acute musculoskeletal pain and injuries</b>	
Unit of study	
<b>ii Medical emergencies, such as cauda equina syndrome</b>	
Unit of study	

#### **A4.5.4 Safety: signs and symptoms**

### *Knowledge*

<b>(a) Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of musculoskeletal target pathologies</b>	
Unit of study	

### *Application*

<b>(b) The capacity to recognise (during exercise and recovery) and take appropriate action regarding:</b>	
<b>i New or worsening pain</b>	
Unit of study	
<b>ii New or worsening neurological deficit</b>	
Unit of study	
<b>iii Failure to achieve expected gains in exercise capacity</b>	
Unit of study	

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## A4.6 Section E: Neurological or neuromuscular criteria

### A4.6.1 Assessing exercise capacity in clients with neurological or neuromuscular conditions

#### *Application*

<b>(a) Familiarity with using and interpreting various subjective and objective measures from the generic list as relevant to this category or when clinically appropriate</b>	
Unit of study	

### A4.6.2 Safety: precautions and contraindications

#### *Application*

<b>(a) An ability to create an environment (including equipment modification) that is safe for a person with neurological pathology to exercise</b>	
Unit of study	

### A4.6.3 Safety: signs and symptoms

#### *Knowledge*

<b>(a) Knowledge of adverse signs and symptoms that may arise during exercise or recovery for the list of neurological or neuromuscular target pathologies</b>	
Unit of study	

#### *Application*

<b>(b) Confidence to recognise and take appropriate action regarding common signs and symptoms associated with neurological or neuromuscular target pathologies (eg autonomic dysreflexia, hypotension, elevated core temperature)</b>	
Unit of study	

### A4.6.4 Communication

#### *Knowledge*

<b>(a) Awareness of communication and other cognitive, emotional and social processes that could be affected by neurological or neuromuscular target pathologies</b>	
Unit of study	

#### *Application*

<b>(b) Experience in modifying communication strategies to improve effectiveness</b>	
Unit of study	

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(Section 4 continued over page)

## A4.7 Section F: Other conditions

### Mental health

#### A4.7.1 Communication

##### *Knowledge*

<b>(a) Awareness of communication and other cognitive, emotional and social pressures that could be affected by mental health disorders</b>	
Unit of study	

##### *Application*

<b>(b) Ability to modify communication strategies to improve effectiveness</b>	
Unit of study	

### Cancers

#### A4.7.2 Medical and allied health management

##### *Knowledge*

<b>(a) Awareness of the issues concerning exercise:</b>	
<b>i Following chemotherapy, radiotherapy, surgery and other treatments</b>	
Unit of study	
<b>ii Before blood tests</b>	
Unit of study	
<b>iii After prolonged bed rest</b>	
Unit of study	
<b>iv In conjunction with medications used to treat cancer patients</b>	
Unit of study	

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# ONE LIFE ONE BODY

Be the BEST you CAN BE!

## AEP Scope of Practice

### Framework for Accredited Exercise Physiologists

Accredited with Exercise & Sports Science Australia (ESSA)

Release Date: 18 June 2010

Review Date : 11 January 2012

Next Review Date: 01 June 2012

### 1.0 The Role of an Accredited Exercise Physiologist (AEP)

Accredited exercise physiologists specialise in clinical exercise interventions for persons at high-risk of developing, or with existing chronic and complex medical conditions and injuries. These interventions are provided by exercise delivery including health and physical activity education, advice and support; and lifestyle modification with a strong focus on achieving behavioural change.

AEPs are recognised allied health professionals displaying a diverse range of knowledge and skills, working across a variety of areas in the health and exercise and sports science fields. As a specialist in this field, AEPs work in areas such as public and private hospitals, primary healthcare within private or multidisciplinary clinics, population health, workplace health, workplace rehabilitation and aged care.

The aims of AEP interventions are to prevent or manage chronic disease or injury, and assist in restoring one's optimal physical function, health or wellness.

### 2.0 Scope of AEP Practice

Professional practice is influenced by many factors including the context in which practice occurs, individual needs, the practice environment, as well as local and industry policies. The scope of practice that ESSA accepts as reasonable for AEPs to be involved in, is listed in table 1.1 (opposite).

AEPs may also advance their practice through continuing education and experience, or undertake training in specialty fields of practice.

- 2.1 Screening and risk stratifying to ensure the safety and appropriateness of exercise and physical activity interventions;
- 2.2 Assessing a person's 'movement' capacity in people of all ages and levels of health, well-being or fitness;
- 2.3 Development of safe, effective individualised exercise interventions;
- 2.4 Provision of health education, advice and support to enhance health and well-being;
- 2.5 Provision of exercise intervention and advice for those at risk of developing a chronic condition or injury
- 2.6 Provision of clinical exercise prescription, for those with existing chronic and complex medical conditions;
- 2.7 Provision of rehabilitation and advice for patients following the acute stage of injury, surgical intervention, or during recovery to restore functional capacity and well-being; and
- 2.8 The above tasks may occur at any level of primary, secondary or tertiary health care, and may include employment or volunteer work at an individual, community or population health level through various employers or industries.

Table 1.1

### 3.0 Core Rules, Regulations & Boundaries

AEPs are trained in the assessment and identification of functional, or adverse signs or symptoms to movement. They are trained in the stratification of identified risks; and may complete additional study or certification to provide an extended scope of practice. The training and provision of these services would be external to ESSA and clinical exercise physiology.

It is generally accepted that an AEP with basic training will not:

- a) provide invasive services (except for point of care testing);
- b) provide diagnostic tests or procedures;
- c) perform joint manipulation, massage or ultrasound therapies; or
- d) prescribe pharmaceutical medicines.

#### 4.0 Code of Professional Conduct & Ethical Practice

AEPs must practice in accordance with the association's national codes of Professional Conduct & Ethical Practice. They must also respect and honor standards established through legislation and common law.

#### 5.0 Level of Training

AEPs undertake university studies in the area of clinical exercise physiology and are required to meet an extensive accreditation process that includes practicum experience in a range of settings and environments. It is a requirement that applicants submit an evidence-based practice application to ESSA for assessment of requisite knowledge and application of abilities and skills to gain national accreditation.

#### 6.0 Continued Practice

To ensure the currency of knowledge and experience, AEPs are required to maintain their skills and knowledge by participating in annual continuing professional development. AEPs are required to stay abreast of recent research, maintain currency in Cardiopulmonary Resuscitation and Senior First Aid, and

contribute to a range of professional accountability activities including teaching, mentoring, and contributing to the industry as a whole.

AEPs are also required to maintain association financial status and professional insurance, renewable on a yearly basis. Continued practice is governed by ESSA's national reaccreditation, continuing education, and professional accountability requirements.

#### Endword

The scope of practice cannot be defined as a simple list of tasks or procedures.

Exercise & Sports Science Australia (ESSA) have chosen to use a broad, principle-based scope of practice to define the purpose, values and boundaries of an accredited exercise physiologist. By adopting this approach ESSA aims to harness individual competencies, embrace innovative practices and remain sensitive to changes within the health and social care environments<sup>1</sup>. This approach ensures the Scope of Accredited Exercise Physiology practice continues to be relevant in an ever-changing health system and ensures that every Australian can benefit from the services provided by accredited exercise physiologists.

#### References

1. Changes in Healthcare Professions' Scope of Practice: Legislative Considerations. 2006 [cited 12 February 2010]; Available from: [www.ncsbn.org/ScopeofPractice.pdf](http://www.ncsbn.org/ScopeofPractice.pdf)
2. Chronic Disease Management (CDM) Medicare Items. 2009 [cited 6 March 2010]: Available from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement>



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