

Criteria for Exercise Education Curriculum Competency Framework for Exercise Professionals

These expectations collectively outline how programs and courses educate and train exercise professionals to apply their existing knowledge and skills, and how the professionals will design and deliver exercise leadership to people with Parkinson's.

The organization of these expectations into five criteria is intended to aid interpretation. Each describes important components that, in combination with their existing expertise, help program/course participants achieve the competencies for exercise professionals.

** Exercise professionals are expected to maintain a valid CPR certification while training and leading exercise classes for people living with Parkinson's.

1. Parkinson's Disease: Foundational Information on the Diagnosis, Treatment, and the Role of Exercise

Criteria for Exercise Education Curriculum

- The curriculum is designed to provide basic education on Parkinson's, including topics such as the following: what defines Parkinson's (differential diagnoses, related neurological diseases, comorbidities), how it is diagnosed, demographics of the Parkinson's population (e.g., age, gender, race), stages of the disease, disease progression, and symptoms (including motor and non-motor).
- The curriculum is designed to provide basic education on the treatment for people with Parkinson's disease, which includes medical management, surgical interventions, rehabilitation therapies, psychosocial support, and exercise.
- The curriculum is designed to provide basic education on the roles and scopes of practice of the interprofessional care team.
- The curriculum is designed to provide education on the evidence-based benefits of exercise for people with Parkinson's (health, neurological, physical, social, emotional) and potential barriers (risk of injury, other complications).
- The curriculum is designed to provide education about developing engaging interpersonal relationships with people with Parkinson's and their care partners, including the psychosocial dynamics of these interactions.

- Participants will have the ability to apply their basic understanding of Parkinson's to discuss
 the range of symptoms and treatments with a person with Parkinson's and their care
 partners.
- Participants will understand the impact of a Parkinson's diagnosis and treatment on quality
 of life and the potential for exercise to enhance a range of health and quality of life
 outcomes for people with Parkinson's.
- Participants will have an awareness of basic effects and complications of common treatments used for Parkinson's and co-morbid conditions that impact a person with Parkinson's disease, such as their physiological response to, or ability to participate in, exercise.
- Participants will understand how Parkinson's disease, as well as other co-morbidities, can increase an individual's risk of injury and other complications from exercise.



2. Screening for People with Parkinson's Disease to Participate in Exercise

Criteria for Exercise Education Curriculum

- The curriculum is designed to provide education on Parkinson's-specific health-risk screening and documentation (e.g., health history, fitness goals, medical release, current/past activity, exercise restrictions/contraindications, liability waiver/release) for different exercise options prior to exercise participation.
- The curriculum is designed to provide instruction on conducting physical assessments (e.g., aerobic fitness, muscular strength and endurance, balance, agility, flexibility, and posture) required for the exercise plan prior to participation.
- The curriculum is designed to provide guidance on identifying exercise options for people with Parkinson's, considering their abilities (e.g., motor, non-motor), safety and health risks, practical feasibility (e.g., location, economics, stage of the disease), and personal goals.

- Participants will be able to select health-risk screening and physical assessments as appropriate for the exercise plan.
- Participants will be able to evaluate the screening results to determine if a person with Parkinson's is presumed reasonably safe to participate in the exercise program prior to conducting any physical assessments (relevant to the program).
- Participants will be able to identify and/or create appropriate exercise options/plans for people with Parkinson's, considering their abilities (e.g., motor, non-motor), safety and health risks, practical feasibility (e.g., location, economics, stage of the disease), and personal goals.



3. Group/Individual Exercise Design for People with Parkinson's Disease

Criteria for Exercise Education Curriculum

- The curriculum is designed to provide training on development of exercise plans for people with Parkinson's that include modifications, adaptations, progressions, and regressions.
- The curriculum is designed to cover each domain of exercise specified by the *Parkinson's Exercise Guidelines*, if not directly through their program, then by understanding what additional domains could be recommended to people with Parkinson's.
- The curriculum is designed to teach participants about creating and maintaining a safe environment for exercise (e.g., facility/home/outdoor fall or trip hazards) by considering Parkinson's-specific safety risks and how to respond to medical and safety incidents that occur during class.
- The curriculum is designed to teach participants how to cue, teach, and model exercises to facilitate safe and effective movement for people with Parkinson's.
- The curriculum is designed to teach participants how to break down movement sequences through modifications (i.e., progression and regression) in accordance with the *Parkinson's Exercise Guidelines*.

- Participants will be able to design exercise plans by:
 - Selecting and ordering exercises with disease-specific considerations (e.g., extended warm-up, range of motion, attention to heart rate, recovery time).
 - Incorporating the domains of fitness in accordance with the *Parkinson's Exercise Guidelines*.
 - Considering other Parkinson's-related factors (e.g., cognitive/emotional, functional skills, ADLs) and challenges (e.g., stooped posture, balance/weight-shifting, axial rotation, transitions/multi-directional stepping, gait, rigidity, non-motor symptoms).
- Participants will be able to select appropriate equipment based on the exercise plan and implement safety protocols as needed given Parkinson's-specific safety risks.
- Participants will understand how to modify class design, considering instructor/client ratios and accommodations for disease progression (e.g., participation of care partners), including the accommodation of several ability levels within the same class.
- Participants will be able to respond to medical and safety incidents occurring during class, including distinguishing between emergency and non-emergency situations.

4. Exercise Leadership for People with Parkinson's Disease: Human Behavior and Counseling

Criteria for Exercise Education Curriculum

- The curriculum is designed to prepare participants to continuously monitor diverse ability levels to optimize performance and safety, which may include modeling, verbal and visual cueing, and modifications (e.g., progression and regression) in accordance with the *Parkinson's Exercise Guidelines*.
- The curriculum is designed to teach participants how to encourage people with Parkinson's to exercise with optimal movement and at appropriate intensity (physical and cognitive), considering any deconditioning, injuries, or comorbidities.
- The curriculum is designed to teach participants how to monitor for safety issues based on Parkinson's-specific risk factors (e.g., functional mobility deficits, freezing of gait, orthostatic hypotension, "Off" time, dyskinesias, Deep Brain Stimulation [DBS], cognitive impairment, mental health) that can lead to falls or other adverse events.
- The curriculum is designed to teach participants behavior change strategies (e.g., goal setting, motivation, sense of membership, sense of community, social support) to facilitate engagement and program adherence.
- The curriculum is designed to teach participants that they will experience challenges (e.g., disease progression and loss, teaching to a wide variety of ability levels) and rewards (e.g., building self-efficacy/self-confidence, developing resilience, self-advocacy, improved quality of life and mobility) when working with people with Parkinson's.
- The curriculum is designed to teach participants about factors impacting their legal risk as an exercise professional and ways to minimize their risk (e.g., liability insurance, waivers, staying within scope of practice, record keeping, confidentiality).
- The curriculum is designed to teach participants to refer to members of the interprofessional care team and evidence-based resources to answer questions that are outside the participant's scope of practice (e.g., medical questions or treatments, surgical management, onset of pain, falling, freezing of gait, nutrition, sleep, constipation).

- Participants will be able to demonstrate exercise activities, including teaching, cueing, and modeling exercises, modifying exercises through progressions and regressions while monitoring and adjusting for potential safety risks.
- Participants will be able to adapt exercise instruction as necessary for individual or class sessions (e.g., speak louder, demonstrate several modifications of the same exercise, use expanded cueing and modeling techniques).
- Participants will be able to identify teachable moments and take that opportunity to provide appropriate information and education.
- Participants will be able to apply strategies that promote behavior change (e.g., goal setting, motivation, sense of membership, sense of community, social support) to facilitate engagement and program adherence.
- Participants will be able to recognize when changes in the health status (motor or non-motor symptoms, injuries, surgeries) of a person with Parkinson's warrant a referral to another member of the interprofessional care team or to a more appropriate exercise or movement option.
- Participants will be able to mitigate legal risk and apply their understanding of responsibilities as an exercise professional (e.g., liability insurance, waivers, staying within scope of practice, incident reporting, when medical clearance is required or needs to be revisited).



5. Interprofessional Communication and Program Development

Criteria for Exercise Education Curriculum

- The curriculum will encourage participants to build relationships and collaborate with other health and wellness providers in the community.
- The curriculum will support participants in understanding how to leverage existing community resources to help establish or support Parkinson's-specific community-based classes.
- The curriculum will design and implement continuous improvement processes.

Competencies for Exercise Professionals

- Participants will understand how to build and maintain an interprofessional care network of
 individuals who work with people with Parkinson's and understand the scope of practice of
 each type of professional.
- Participants will encourage people with Parkinson's to visit their physical therapist on a regular basis for initial and re-evaluation.
- Participants will encourage people with Parkinson's to seek appropriate care from physicians and other members of the interprofessional care team as appropriate, given their Parkinson's-specific motor and non-motor symptoms and general health concerns.
- Participants will understand how to incorporate care partners and other assistants into the exercise plan to increase success and safety.

To learn more, visit Parkinson.org/Accreditation