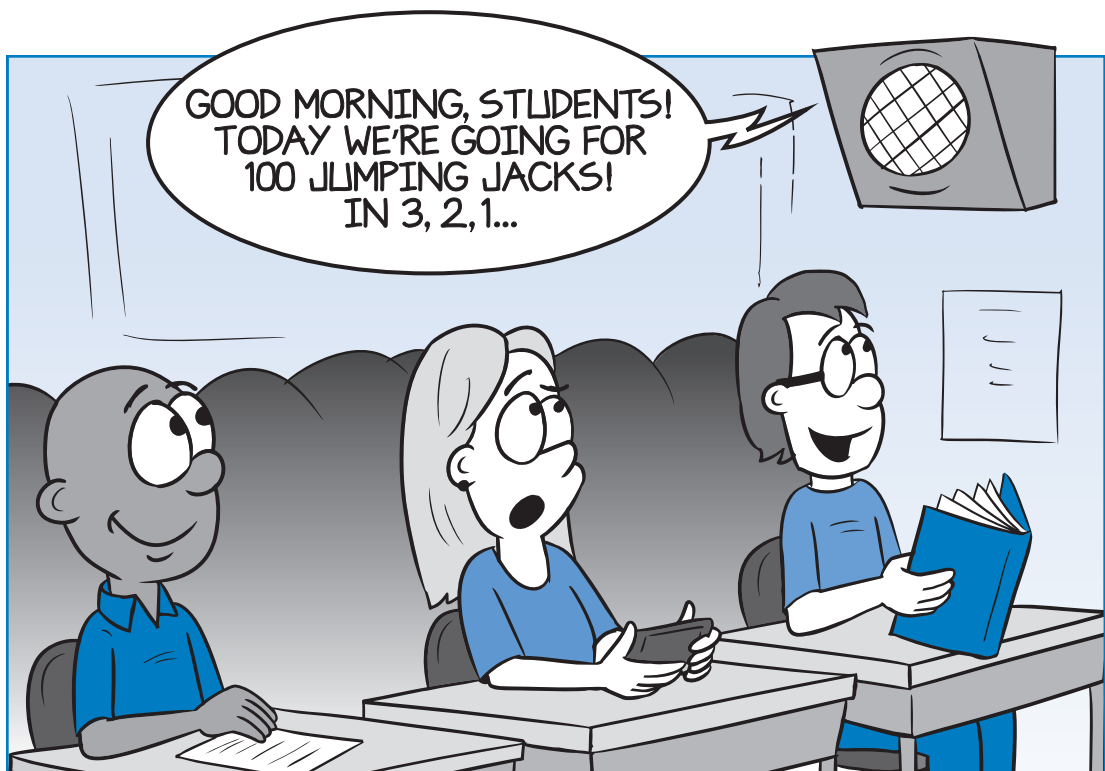


CHAPTER

10

Professional Practice and Practical Tips for the Application of Behavioral Strategies for the Physical Activity Practitioner

Carol Ewing Garber and Kimberly Samlut Perez



CONCEPT OVERVIEW

Physical activity behavior change may be influenced by the health and fitness professional's experience, competence, and personal characteristics (2,4). The health and fitness professional must take time to acquire and sharpen his or her counseling, communications, and professional skills and personal attributes in order to facilitate physical activity behavior change. This chapter will focus on the practical applications of professional skills, behaviors, and other factors that can facilitate or impede behavior change.

Health and fitness professionals work in many different settings that include—but are not limited to—fitness centers, community centers and nonprofits, worksites, and a variety of clinical settings. As a result, the scope of practice for the health and fitness practitioner is broad and there may be considerable variability in the professional standards of practice. The reader is referred to the *American College of Sports Medicine Guidelines* for more details about the scope of practice of various health and fitness professionals (1). However, there is foundational knowledge, skills, and professional behaviors shared among health and fitness professionals that apply across the broad array of settings and professional practice. This chapter will provide specific examples of behaviors, communication techniques, and program design guidelines that the practitioner can put into practice in nearly any setting.

COMMUNICATIONS

Verbal and Nonverbal Communications

The most successful professionals are aware of the importance of verbal and nonverbal communications in their interactions with their clients, colleagues, and potential clients. Encounters should begin with a friendly greeting accompanied with a smile, and eye-to-eye contact. Handshaking is customary in many settings, but some people prefer not to shake hands due to concerns about health, religion, or other reasons. Therefore, the health and fitness professional may want to allow the client to make the first move for a handshake, and take the cue from the client. When shaking hands, it is important to have a firm—but not too firm—handgrip, make direct eye contact, and say something like, “Nice to meet you, Mr. Jones.”

When conversing, the face and both shoulders should be squared toward the client (or colleague), at the same time making regular eye contact. If seated, sit at or below the level of the client with a forward posture, thus sending the message that the professional is entirely focused on the client. The voice should be in a modulated tone that is audible to the client. The voice should be neither too loud nor too soft, and words should be clearly annunciated at a moderate speed to facilitate hearing and understanding of the information conveyed. Nonverbal indicators of active attention such as head nodding, judicious note taking, and hand gestures can add to the quality of these encounters.

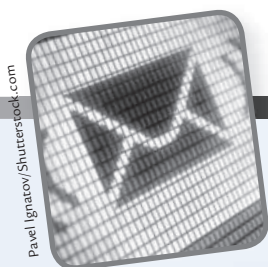
The health and fitness professional's job is to educate, motivate, and promote physical activity and health behavior change. Verbal communication skills are at the core of the practice. Whether on the telephone or in person, what is said and how it is verbalized will affect how the client learns, receives information, accepts feedback, and, ultimately, may influence their willingness to change behavior. The first rule for effective verbal communication is that the practitioner must be committed to communicating effectively, and make efforts to do so with each client and colleague.

Verbal communications are best when adjusted according to a client's needs, capacity, and level of understanding. It is always important to remember that individualization is key. Speaking clearly and audibly in a pleasant tone and avoiding excessive slang increases the quality of the interaction and enhances professional impression. Short silent pauses that can be used to gather thoughts are perfectly acceptable and allow the client time to think about what has been said or to speak. Words and statements that may be viewed as derogatory or harassing in any way need to be avoided at all times. For example, commenting on a person's clothing or physical appearance may be perceived as sexual harassment. Comments about an ethnic, racial, or religious group, sexual orientation, body habits, or disabling condition can be perceived as derogatory. It is helpful for all health and fitness professionals to undergo formal training in sexual harassment and cultural sensitivity to enhance their effectiveness in working with diverse populations, and to increase awareness about how communications may be perceived negatively.

Telephone and Electronic Communications

Following up after a session in the early phases of a training program (or at any time there may be major changes or concerns) can do a lot to facilitate the development of rapport with the client, to provide social support, and to promote behavior change. A telephone call made to the client 24–48 hours after the first session can be very helpful. This allows the health and fitness professional an opportunity to check in with a client to assess how they have responded to training, see if they are experiencing any problems related to the exercise session, and to ask for feedback. This can also be done via e-mail depending on the client's preferences. Many clients may prefer electronic communications. The use of e-mail, text messaging, video conferencing, Web sites, and social media can be effective for promoting physical activity behavior change (3). It may also be beneficial from both a time management and record keeping perspective, and to maintain and provide social support and an open line of communication with clients.

If e-mail is the preferred method indicated by a client, it is important to include a clearly identified subject line to distinguish the source of the e-mail. For example, the subject line may include your name and title, such as "From Susan C., Personal Trainer, follow-up on session." It is particularly important when contacting a first-time client that the subject line clearly identifies who the e-mail is from and its purpose. Also, the body of the e-mail should include a brief introduction and the reasons for your communication (see Case Scenario 10.1 for an example).



Pavel Ignatov/Shutterstock.com

Case Scenario 10.1

INITIAL COMMUNICATIONS WITH THE CLIENT

Sam is a certified personal trainer at a local health club, making first contact with a potential new client, Mr. Jones, who has signed up for personal training services as part of his new membership. Sam has left several voicemail messages for Mr. Jones, but he has not received a call back. Sam notices in Mr. Jones membership application that he prefers receiving e-mail communications rather than phone calls. He also notes that Mr. Jones is a 62-year-old man who is a high-level executive at a major company, so he knows that Mr. Jones likely gets many e-mails each day and his may not be noticed. To increase the likelihood that Mr. Jones will read his e-mail, Sam starts his

continued

Case Scenario 10.1 *continued*

e-mail with a descriptive subject line. He then considers his e-mail content to ensure it is short and to the point, as is appropriate for e-mail communications. He also incorporates behavioral principles into his communications, drawing from the 5 A's counseling scheme and health behavior theories as discussed in previous chapters.

Sam writes his e-mail:

Subject Line: Your request for Personal Training Sessions at ExerClub

Dear Mr. Jones,

You have requested personal training at ExerClub. I would like to schedule a time to speak with you to gather some information so you can get started. Please let me know when it may be convenient for you to schedule a phone call. I have availability at many times during the day and evening and on weekends, so I can work around your schedule.

You can reach me on my cell phone, by e-mail, or by texting. I am looking forward to working with you to achieve your exercise goals.

Sincerely,

Sam Spencer, B.S. CPT

Personal Trainer, ExerClub

Cell (Voice and Text): 212-444-4444

E-mail: SSpencer@ExerClub.com

Mr. Jones responds to Sam's e-mail with a text asking him to call on Thursday at 8am. Sam replies by text:

Mr. Jones—Will call you Thurs. March 7 @ 8am @ 212-666-6666. Let me know if another number is better. Sam Spencer, ExerClub

Sam calls Mr. Jones at the appointed time:

Hello, Mr. Jones. This is Sam Spencer, the personal trainer at ExerClub. Is this time still okay to talk? Great! I am calling today to learn a little more about you so I can help you achieve your exercise goals. This will take about five minutes. Does this fit with your schedule today? Okay, great! Can you tell me a little about why you decided to start exercising?... I see... You have noticed you are often tired and you would like to increase your stamina. An exercise program can often help people feel more energetic. With most of my clients, we meet once or twice per week for 30–45 minutes to start, but we can meet more or less frequently depending on your preferences. I imagine you have a very busy schedule, so what do you think will work for you?... Twice per week sounds like a reasonable place to start—we can always revise this as needed.

To get started, we will need to schedule a visit to get more information about your health, exercise preferences, and to do some tests to evaluate your fitness so I can recommend a program that best fits your needs. After that, we can set up your training sessions. This first visit will take about 1 hour. Would you like to schedule that now?... Okay, how about Tues March 12 at 7am? Perfect! In the meantime, there are some information forms I can send you to fill out to save time during your visit. I can send them in the mail or by e-mail. Which do you prefer?... Okay, I will send them in the mail... Let me confirm your address... Thank you, Mr. Jones.

I look forward to meeting you on March 15 at 7am at ExerClub at Broadway and East 57th Street in Manhattan. I will send an electronic calendar request to your e-mail so you can easily put this into your calendar. I will also text or e-mail a reminder the day before. Do you have a preference? Okay, I will text you a reminder. Do you have any questions?... Thanks for your time, Mr. Jones... Goodbye.

It is important to remember that e-mails are generally not encrypted and are not secure. Employers and other individuals can access information sent via e-mail, text, or electronic chat, therefore these modes of communications are not appropriate for discussing or collecting personal and sensitive information. The practitioner and client must understand this limitation. The use of social networks, Web sites, chat rooms, videoconferencing, and blogs can be a valuable platform for exchanging information and ideas with clients or other professionals. These modes can be helpful in monitoring progress, problem solving, providing social support, and as a resource for general educational material about exercise and health topics, highlighting special events and resources for physical activity, program schedules, and the like.

TEACHING AND LEARNING

The practice context of the health and fitness professional involves the use of various behavioral and teaching strategies that are individualized to meet the client's learning style and personal preferences. To be effective, behavior change and learning theories should form the basis of the instructional methods and behavioral strategies employed. Effective teaching involves the combination of demonstration, visual observation, verbal explanations, and feedback (Figure 10.1). One of the most common forms of instruction involves the instructor demonstrating and explaining an exercise, followed by the client performing the exercise while the instructor observes and provides feedback. Table 10.1 provides some tips for teaching an exercise.

TABLE 10.1 Points Included in Teaching an Exercise

Introduce the exercise using a simple name.

Explain why the exercise is part of the program (*i.e.*, its benefits).

Compare the exercise to a familiar activity or an easy action verb.

Example: "The first exercise we are beginning with today is a stationary lunge. This exercise is great for strengthening the muscles of the hip and the knee. You can think of this exercise as being like the squats we did on Monday, but this time our legs are staggered in front of each other instead of being next to each other so that the forward leg is doing the majority of the work."

Cue the exercise using as few words as possible, while demonstrating it so the client is receiving both verbal and visual cues. The key to effective cueing (without over-cueing) is using concise action words that are easy to follow.

Demonstrate the exercise while making eye contact.

Highlight any moves that you want them to think about by using action verbs or metaphors—it is always more effective to tell them what to do as opposed to what not to do.

Example: While demonstrating the exercise, and using fingers to point to the areas that are being referred to, "As you can see, the forward foot is completely on the ground, hips are level, spine should remain tall reaching to the top of the head, and shoulders are squared toward the front. While maintaining a tall spine, begin by lowering the hips to the ground and then pushing back up. You can adjust your feet as necessary to make you feel more stable."

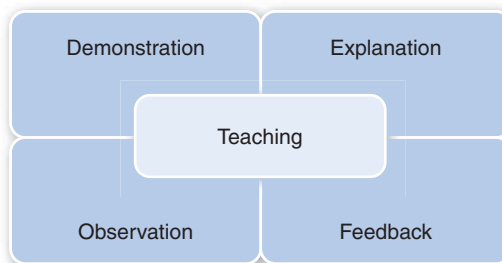


FIGURE 10.1. Components of teaching physical activities and exercise. (© Carol Ewing Garber, Ph.D., 2012. Used with permission.)

THE ENVIRONMENT

To facilitate physical activity behavior change, the physical environment in which counseling, testing, and training takes place should be pleasant, safe, and comfortable. This can be easily accomplished by maintaining a neat and clean facility that is free of clutter and physical hazards. For evaluation and counseling sessions, it is important that there is privacy and that the area is free from distractions. There may be a need for a noise canceling device to minimize the possibility of transfer of sensitive and personal information to others. Appropriate accommodations for persons with disability are made, to ensure accessibility of services to all.

STEP-BY-STEP: PREPARATION AND FOLLOW-UP FOR CLIENT SESSIONS

Being fully prepared for each encounter with a client—whether an intake, counseling, testing, or training session—is imperative, and will go a long way in facilitating the client's behavioral change and attainment of personal goals. With a busy schedule, it is often easy to underestimate the time needed for preparation, rely on previous experiences, or provide “cookie cutter” sessions for all clients, but this will not yield optimal results. Tailoring exercise counseling and training sessions based on the individual's characteristics is an effective strategy in facilitating physical activity behavior change (2). In addition, being unprepared can result in serious errors that could jeopardize client health or safety.

Thorough preparation for a session includes a review of the client's available records, such as current and past medical history and physical activity behavior and performance during previous training sessions. The review allows the health and fitness professional to thoughtfully consider how to approach the client, ensure that the session is tailored appropriately to the client's needs and readiness to change physical activity, and to maximize safety. Incorporating current information from credible sources is key for effective professional practice. However, being aware of recent news or magazine articles about exercise and being able to discuss these with the client can provide excellent opportunities for dialog and education.

Whenever possible, it is important to coordinate efforts with other health professionals such as the primary care physician, physical therapist, or dietician who may be working with the client. This helps ensure that all will be providing consistent advice and coordinated services, which will maximize the benefits to the client and reduce confusion that may interfere with behavior change. Each of these things can be done well before the client comes to his or her visit with the health and fitness professional, with prompt follow-up after the client's visit as needed.

STEP-BY-STEP: EXERCISE PROGRAMMING AND TESTING

Components of a Physical Activity Counseling Session

A physical activity counseling session is best conducted with open-ended questions designed to engage the client and health and fitness professional in an open dialogue. This fosters a highly interactive environment for developing the individualized physical activity program. The open-ended approach encourages the client to reveal true feelings, concerns, and relevant information because it helps to develop a “safe space” where the client feels comfortable and may be more willing to share personal information. There are many theoretical frameworks that can be applied to the counseling session, and the health and fitness professional is advised to develop one that fits the environment, time constraints, and clientele. However, there are elements that are commonly incorporated into every counseling session, depending on the theoretical model being applied. These include:

1. Clearly stating the purpose of the session
2. Assessment of the client's readiness to change behavior
3. Providing specific recommendations or advice to the client based on their responses, health status, sociodemographic considerations, environment, and physical activity goals
4. Summarizing the plans developed and ensuring client understanding
5. Setting up a time line and mode for following up (see Figure 10.2)

The most information is often obtained from the client by asking open-ended questions, but there is a place for polar (*i.e.*, “yes or no” questions) and objective questions, which are more specific in the responses expected. Table 10.2 presents a framework for asking effective questions.

Try to learn as much as you can from the client. This is an opportunity to create an open dialogue, set the framework for future meetings, and assist in developing an individualized program. In asking effective open-ended questions during the counseling session, the practitioner is using the client-centered skill of motivational interviewing. Motivational interviewing allows for two major achievements: one for the practitioner and the other for the client. For the practitioner, allowing the client to speak freely about their barriers, concerns, fears, likes, dislikes, etc., will provide much insight into the client's preferences, personality, and relapse risks, and it will facilitate the development of an individualized program. In other words, the health and fitness professional can utilize that information to develop an effective program that the client will enjoy and to which they may be able to adhere. The major achievement for the client is that they can make personal discoveries about their lifestyle, which further allows the client to develop tools and strategies to successfully manage a physical activity program. This interactive process also promotes a sense of shared teamwork and support to achieve the client's goals. Remember, this does not happen after one session; this give-and-take discussion is an ongoing process. It takes

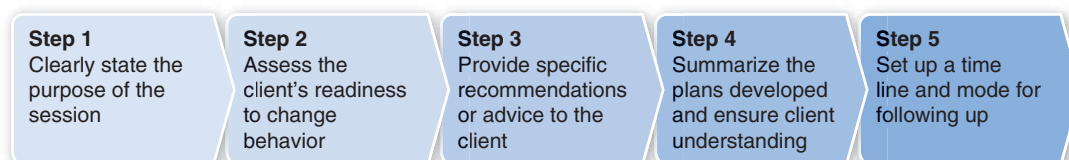


FIGURE 10.2. Typical elements of a counseling session. (© Carol Ewing Garber, Ph.D., 2012. Used with permission.)

TABLE 10.2 Generating Effective Questions

Polar Question	Objective Question	Open-Ended Question
Do you enjoy exercising?	When you exercise would you say you prefer high-intensity activities or moderate-intensity activities?	What are some of the high-intensity activities you enjoy doing?
Do you smoke or have you quit smoking within the last year?	Around what time last year did you quit smoking?	That is great that you have not smoked in over 10 months. What changes have you noticed since you stopped?
Are you interested in gaining or losing weight?	What would you describe your ideal weight to be? In other words, what weight do you think will make you feel comfortable?	What factors do you feel may have contributed to your weight gain?

© Kimberly S. Perez, 2011. Used with permission.
Note: Questions asked during the initial interview are often done as a follow-up to preparticipation paperwork that has previously been administered, thus using polar questions may be repetitious and unnecessary. Notice that open-ended questions often begin with a paraphrase of the response to the previous objective question.

work, time, and patience to make lifestyle and behavior changes. Plans and approaches often need to be modified due to changing circumstances, experiences, and attitudes.

Review of Health Status

As recommended by ACSM, a thorough review of health status is important as part of the initial intake of the client, with updates being part of regular visits. The reader is referred to Chapter 2 and the *American College of Sports Medicine Guidelines* for more information and tools for this purpose (1). Health information is important not only for client safety, but also to tailor the physical activity program to accommodate limitations imposed by an acute or chronic health condition.

REVIEW OF PHYSICAL ACTIVITY AND EXERCISE BEHAVIOR

Understanding the client's current and past physical activity behavior is crucial when formulating a new or revised program of exercise, as noted in Chapter 2. There are many available physical activity questionnaires or tools such as pedometers that can be used to assess and monitor physical activity and exercise behavior. From a behavioral standpoint, learning about the individual's perceptions and attitudes about previous, current, and future experiences is key to facilitating physical activity behavior change. Also of importance is the understanding of other cognitive, social, environmental, and psychological factors that can affect exercise preferences and behavior, such as self-efficacy, cultural norms, and neighborhood environment. While somewhat time consuming, a thorough understanding of these individual, social, and environmental factors will help the health and fitness professional develop an exercise program that is uniquely tailored to the individual, and increase the likelihood of adoption and adherence to exercise and physical activity. Table 10.3 presents tips for conducting a screening and initial counseling session.

TABLE 10.3 Tips for the Physical Activity Intake/Screening Session

Greet the client. Call the person “Mr./Ms. _____.” Then ask the client by what name they want to be called. This shows respect for the client and also helps confirm that you are speaking with the correct person.

Introduce yourself.

Example: “I am John, the Exercise Physiologist at the Excel Fitness Center.”

Introduce the purpose of today’s visit.

Example: “I am a certified personal trainer, and today I want to learn more about you so I can provide the best program for you.”

Try to make the client feel comfortable. Sit at the same level or lower than the client—never stand or sit towering over the person.

Sit in a way that welcomes conversation. Make eye contact, lean forward, look interested in the client.

Speak clearly and slowly, and look at the client to see if they understand. Consider that the client may have a hearing or language difference that they are reluctant to reveal to you.

Use open-ended questions to start out.

Examples:

“How are you feeling today?”

“Can you tell me why you are here today?”

“Have you done any exercise before?”

Clarify and get more information. Clarify any answers that you don’t understand or may be conflicting with other statements/information the client has given you. Ask for more detail about something that might be important (*i.e.*, chest discomfort).

Use reflective responses that repeat what the client said.

Example: “You mentioned that you have some pain in your right knee. Can you tell me more about that? What does it feel like? When does it hurt?”

Validate concerns that the client mentions.

Examples:

“It is intimidating to come to a fitness center for the first time.”

“You seem worried that you will have trouble exercising because you aren’t athletic.”

Ask the client what they think the problem is concerning their health or fitness.

Examples:

“What do you think about your exercise habits right now?”

“What is your major health issue?”

Respond appropriately if the client avoids talking about something or seems anxious or uncomfortable about something.

Examples:

“Many people are worried about going to the gym because they are worried about their appearance.”

“Many people are afraid to go to the gym because they might not know what to do. Has this happened to you?”

Sum up your take of what the client has told you.

Example: “Mr. Jones, I want to make sure that I understand correctly what you have told me... [repeat what they have said in your own words].”

continued

TABLE 10.3 Tips for the Physical Activity Intake/Screening Session (*Continued*)

Ask specific questions about the client's current and past health—relevant to your client's needs and fitness setting. Complete details on health screening are found in reference (1) (American College of Sports Medicine, 2013).

Example: "Now Mr./Ms. Jones, I need to ask you a few questions about your health, because your health can affect the types of exercise you can do safely."

The information to be gathered generally includes:

- History of current illness
- Past medical history
- Current medications (name, dose, purpose)—include over-the-counter medications and vitamins
- Allergies
- Risk factors for cardiovascular disease
- Alcohol or drug use
- Symptoms of angina pectoris, claudication, shortness of breath
- Any discomfort/pain related to exertion
- Sleep habits
- Psychosocial (*e.g.*, living situation, occupational status, education)

Ask directly if you want to know something. Clients often expect you to uncover problems and won't necessarily volunteer information.

Ask the client if there is anything that they are concerned about.

Example: "Is there anything we have not discussed that you would like to talk about?"

Ask the client if they have any questions.

End by summarizing the session, thanking the client, and letting the client know what to expect next.

© Carol Ewing Garber, Ph.D., 2010. Used with permission.

Constantly repeat yourself while working with clients; one never knows whether the information relayed is being understood or if the client is attending to your message. For example, a client may not remember an instruction to keep their forward knee above their foot while performing a static lunge, or that a stretch should be held for 10–30 seconds.

A professional and nonjudgmental approach is helpful when inquiring about current and past exercise behavior. This helps maintain open lines of communication, allows for more frank dialogue between the professional and the client, and increases the likelihood that the client will feel comfortable in truthfully revealing their behavior and feelings about their exercise experiences, and—most importantly for continued exercise—they will continue to keep their appointments and return e-mails and phone calls. This openness will help the health and fitness professional and the client work through problems and barriers that are encountered by the client in their quest to be a regular exerciser. It is helpful for the health and fitness professional to be accepting that not all people like to exercise, and that many find exercise to be difficult or unpleasant and have concerns about their abilities to be physically active.

When obtaining a physical activity history, first explain what is meant by physical activity and exercise, as the client may lack a clear and comprehensive understanding. An inventory of all physical activity behavior, including activities of daily living, occupational and transportation physical activities, and exercise, is helpful because it gives information that will assist in fitness assessments and exercise prescription, but it may also offer clues as to an approach to take in developing a program. For example, if someone says they "hate to exercise" but "love to dance," consider suggesting a program that involves dance-like activities. In addition to learning about what and where exercise is being done—or has been done in the past—ask specifically about the client's exercise likes and dislikes.

Understanding these likes and dislikes will help in developing a program that is pleasant and enjoyable as possible for the client, improving the likelihood of exercise adoption and adherence. Knowledge about previous injuries and physical activity limitations is also helpful from both the health and behavioral perspective. For example, if someone had a previous knee injury, exercises that may aggravate the injury and cause pain can be avoided. On the other hand, exercising painful arthritic joints may be beneficial, so the client will need to be instructed about when and how to exercise through pain and when pain signals to them “stop exercising.” Educate clients to be aware of the need to push themselves, while at the same time recognizing their limits. Since painful or unpleasant exercise reduces enjoyment, it will also be important to identify markers of improvement so the client can monitor the benefits of exercise, even if there may be some discomfort associated with it.

The social, occupational, and cultural environment of the client is also important from a behavior change perspective. Asking questions about occupation, living situation, and community are helpful in tailoring the program to the individual, and increasing the likelihood of their being able to start and maintain a regular program of physical activity. For example, the busy executive may have significant time limitations or limitations imposed by frequent travel, while the parents of young children may have to obtain childcare so they can exercise. Some religious and cultural groups may prohibit co-ed exercise situations, or may mandate dress that may make some types of exercise difficult. Some cultural groups may not be supportive of exercise or certain types of exercise, and this can vary by gender. Perceived neighborhood safety, community exercise resources, and climate are also considerations. Addressing these barriers to exercise can help ensure the development of an exercise program that the individual is able to do on a regular basis.

The development of an exercise program should be highly interactive, with active involvement of the client in the process to ensure buy-in and commitment and a program that best meets their needs and preferences. Before implementing the program, re-check with the client to see that it seems reasonable to them and it is consistent with their wishes. As part of the process, plan for potential barriers that may arise and address the probability of regression (missing sessions, not adhering to the program), and emphasize that the plan is a guide that can be adjusted as needed.

Counseling for Follow-up Testing and Referrals

If problems arise, it may be necessary to consider referrals to health care professionals for further evaluation or treatment before starting or resuming exercise. While the need for medical clearance or medical treatment can present a barrier for starting or changing an exercise program, this should be done as indicated according to *American College of Sports Medicine Guidelines* (1). The health and fitness professional can provide an easy-to-use form that clearly and concisely outlines the health concern and the specific questions that the health and fitness professional wants to be addressed. This can help the physician or other health professional to quickly and easily respond during the office visit. It is important to avoid unduly alarming the client when a potential health issue is uncovered, but at the same time the seriousness of the situation should be made clear. For example, if during the visit, the client's blood pressure is elevated on multiple measurements, mention this matter-of-factly to the client, without minimizing the import of the problem—e.g., “Ms. Smith, your blood pressure seems a bit high today. Have you ever been told your blood pressure is high before? It may just be that you are in an unfamiliar situation, which can raise your blood pressure, but I think it would be a good idea to follow up with your doctor, just to be sure. I can fax this information to your doctor and you can follow up with a phone call, or, if you prefer, I can write down your blood pressure readings and you can make an appointment with your doctor.”

When conducting fitness tests, make sure to explain fully to the client what the tests are and why they are being done. This is part of the consent process, which should go well

beyond providing the client with a piece of paper and asking them to sign it. Rather, a full verbal explanation of the tests, risks, benefits, and alternatives to testing should be given, followed by an opportunity for the client to ask and have answers provided to all questions. It is important to ensure that the client understands that they may decline to take any of the tests, or to stop testing at any time. If any of the tests are mandatory according to the fitness center policy, this should be clearly communicated as well.

The Exercise Training Session

During the exercise training session, the focus is on teaching exercise skills and techniques and monitoring the client during exercise. What is unique about the health and fitness professional's role is the power to influence and heighten the sense of accomplishment by teaching and providing feedback. Verbal and nonverbal communication techniques are employed during exercise training sessions to motivate and encourage the client. During the initial phases of an exercise program, what motivates a person to return may be the hope of experiencing benefits and a sense of accomplishment from completing the exercises. Later on, the client may notice physical and mental changes such as better fitting clothing and feeling more energetic, and these provide further positive reinforcements. The health and fitness professional can assist the client in becoming more aware of their body and being able to notice subtle changes more readily. Incorporating self-monitoring data collection methods to demonstrate accomplishment or improvement such as logs, accumulation of distances or time, pedometer counts and other self-monitoring devices, and apps or online tools can also be helpful and effective monitoring methods that can facilitate physical activity behavior change (2).

TAKE-HOME MESSAGE

The health and fitness professional can do much to promote and facilitate physical activity behavior change in a client. Professional appearance, behavior, and communications of the health and fitness professional are keys to success, as is maintaining high standards of professional practice that is current and up to date. Employing teaching and health behavior change techniques based on theoretical constructs enhances client behavior change and physical activity adoption and adherence. Ethical considerations such as confidentiality and adhering to professional ethical standards are inherent in the practice of the health and fitness professional. In addition, cultural sensitivity, avoiding potentially derogatory speech and behaviors, and respectful and appropriate touching are also integral to the practice of the health and fitness professional.

REFERENCES

1. American College of Sports Medicine. *ACSM's guidelines for exercise testing and prescription*. 9th ed. Philadelphia (PA): Lippincott Williams & Wilkins; 2014.
2. Garber CE, Blissmer B, Deschenes MR, et al. Quantity and quality of exercise for developing and maintaining cardiorespiratory, musculoskeletal, and neuromotor fitness in apparently healthy adults: Guidance for prescribing exercise. *Med Sci Sports Exerc*. 2011;43(7):1334–59.
3. Marcus BH, Williams DM, Dubbert PM, et al. Physical activity intervention studies: What we know and what we need to know: A scientific statement from the American Heart Association Council on nutrition, physical activity, and metabolism (Subcommittee on Physical Activity); Council on Cardiovascular Disease in the Young; and the Interdisciplinary Working Group on Quality of Care and Outcomes Research. *Circulation*. 2006;114(24):2739–52.
4. Seguin RA, Economos CD, Palombo R, Hyatt R, Kuder J, Nelson ME. Strength training and older women: A cross-sectional study examining factors related to exercise adherence. *J Aging Phys Act*. 2010; 18(2):201–18.