LETTER

The New Zealand Register of Exercise Professionals (NZ REPs)

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The New Zealand Register of Exercise Professionals (NZ REPs) is an independent registration body with over 2400 registered exercise professionals in New Zealand, representing over 60% of the sector nationally. Registration for exercise professionals is now in place internationally in over 30 countries, providing an independent verification process that exercise professionals and facilities meet the standards required to provide safe and effective exercise advice and serves a range of stakeholders including the public, allied health professionals, and employers.

A new New Zealand industry standard pre-exercise screening form and guide has been developed by NZ REPs and released to industry at the start of this year.

There are four key sections to the pre-screen.

• The first section is for structured exercise participation risk stratification and is based on internationally accepted, evidence-based models (for example, the American College of Sports Medicine’s pre-participation screening\(^1\)). The section covers standard risk stratification criteria such as known existing cardiovascular, pulmonary and metabolic conditions. It also allows for exercise professionals that choose to conduct some simple screening tests in an appropriate setting. The options include blood glucose and lipid profile using point-of-care devices or from laboratory results.

The pre-exercise screening guide accompanying the form itself is very clear on the scope of practice. It states clearly that the tests are not diagnostic and any results beyond accepted normative values should prompt referral to a GP. Our hope is that such screening may help to identify individuals otherwise unaware of impending metabolic dysregulation. There are also many individuals engaging the services of NZ REPs who have existing diagnoses from their GP and have either been referred to exercise in general, via “Green Prescription”, or are independently seeking to commence remedial exercise. Accordingly, the guide also includes a template ‘Health Professional Referral Letter’ to expedite a closer working relationship between allied health professionals and the exercise industry by facilitating a clearer, mutual understanding of key exercise indications and contraindications.

• The second section captures conditions not included within standard risk stratification criteria but clearly of importance for consideration in the exercise prescription process. Musculoskeletal conditions, diagnosed medical conditions other than those identified in the previous risk stratification section, and medications prescribed are included. At the very least, identification of important conditions and medications will encourage closer enquiry and consultation with allied health professionals such as the referring GP on important exercise related implications.

• The third section is a template on which to capture key exercise prescription information to inform subsequent prescription. Aspects such as exercise participation history, goals and availability for attendance all inform more effective and efficient bespoke exercise prescription.

• The final section is titled ‘Monitoring Progression’ and serves as a repository for exercise assessment responses and results including aerobic capacity, body composition, strength, and movement competency. The assessment-prescription connect is an important aspect for
exercise professionals to consider in order to underpin exercise prescription choices and objectively quantify progression towards stated targets.

Exercise is medicine,2–4 and we hope that the NZ REPs pre-exercise screening process will encourage medical practitioners with an inclination to indicate the benefits of exercise for their patients. Where GPs acknowledge the plethora of evidence on the potency of exercise, such a mutual understanding will surely enhance patient outcomes through more detailed and informed exercise prescription to complement medical advice. Resistance training, for example, is widely acknowledged for its preventative and remedial value,3 but is arguably a modality that requires some specific expertise in progressive structured, somewhat supervised4 prescription for safe, effective outcomes.

With the expertise and experience of medical practitioners and the understanding of prescribing and monitoring exercise programmes incorporating specific understanding of fundamental pathophysiology, indications and contraindications directly from a GP referral, we believe such outcomes will be enhanced.

A link to the guide may be found at www.reps.org.nz/prescreenguide

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References


