**Students Name** –

**Course Type** - Cancer Rehabilitation

**Course Venue** – Online

**Course Date** -

**Lecturer’s Name** – Mr John Robinson and Dr Grant Ralston

**Word Count** -

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**Section 1-** Create a summary statement of your client explaining his/her medical diagnoses.

**Section 2 –** Detail what other information you may be interested in finding out either from your client and/or her specialist, giving a rationale for each. [You may create additional information, if you wish, to provide you with greater clarification for the case-study assessment.]

**Section 3 -** Which tests/assessments would you choose? Give a rationale for your choices **and** method of securing/storing/transmitting the information.

**Section 4 –** Design a prospective 12-week programme of exercise, which you deem to be safe, appropriate, and effective for your client.

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| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **RPE** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  |  |  |  |
| **Key:** | | | | | | | | |

**Section 5 -** Provide a detailed example of typical exercise session from your programme, assuming that she/he is feeling motivated for the session, based on the depth of information that you used for the practical assessment on your course.

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| **The client’s session goals** | | | | | |
| **Warm up component** | | | **Warm up duration** | | |
| **Overview of content, including mobility, pulse raising (CV machine as needed) and component length** | **Equipment and duration** | **Level/ speed/ intensity** | | **RPE/HR/Talk Test/Observation** | **Adaptations or alternatives to suit client** |
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| **Main component** | | | **Main component duration** | | |
| **Exercise** | **Duration of exercise** | **Level/ speed** | **Intensity/loading** | **RPE/HR/Talk Test/Observation** | **Adaptations or alternatives to suit client** |
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| **Body weight exercise (including any functional/motor skills exercises appropriate for the client)** | | | **Sets/reps/rest or duration of activity** | | |
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| **Cool down/flexibility** | | | | **Cool down duration** | |
| **Cool down (if a re-warm or pulse lowering phase is required, please detail in the space below)** | | | | | |
| **CV activity / post-workout stretches** | **Duration of exercise** | **Intensity/loading** | **RPE/HR/Talk Test/Observation** | | **Adaptations or alternatives to suit client** |
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| **Note: Post-workout stretches – indicate which stretches are maintenance (M) and which are developmental (D):** | | | | | |
| **Exercise Intensity Client Centred Calculations** | | | | | |
| **Maximum Heart Rate Calculation** | | | | | |
| **Heart Rate Reserve Calculation** | | | | | |
| **METs Calculation** | | | | | |

**Section 6 -** Justify your exercise programme regarding safety, appropriateness, and effectiveness (12 paragraphs, one week per paragraph)

**Section 7 –** Explain what considerations you would have when ensuring the referral location (i.e., gym, etc.) is suitable for your client; ensure you consider physiological and psychosocial components.

**Section 8 –** Create a detailed agreed programme for continued intervention/engagement with your client, this may be signposting or development of other services.

**Section 9 -** Develop an information/promotional leaflet or flyer about the benefits of a cancer rehabilitation exercise referral scheme. Design it so it aims at the patients and the medical professional from whom you wish to receive referrals

# **References**

# **Appendix**