

Criteria for Exercise Education Programs

These expectations collectively outline how programs educate and train exercise professionals to apply their existing knowledge and skills.

The organization of these expectations into five domains is intended to aid interpretation. Each describes important components that, in combination with their existing expertise, help education programs and CE Courses develop their curriculum to teach the competencies for exercise professionals.

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

Criteria for Exercise Education Programs

- a. Programs are 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).
- b. Programs are 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.
- c. Programs are designed to provide basic education on the roles and scopes of practice of the interprofessional care team.
- d. Programs are 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).
- e. Programs are 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.

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

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- a. Programs are 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.
- b. Programs are designed to provide instruction on conducting physical assessments (e.g., aerobic fitness, muscular strength and endurance, movement assessment, including balance, agility, flexibility, and posture assessments) required for the exercise plan prior to participation.

- c. Programs are 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.

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

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- a. Programs are designed to provide training on development of exercise plans for people with Parkinson's that include modifications, adaptations, progressions, and regressions.
- b. Programs are designed to cover each domain of exercise specified by the Parkinson's Foundation Exercise Guidelines, if not directly through their program, then by understanding what additional domains could be recommended to people with Parkinson's.
- c. Programs are 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 incidence that occur during class.
- d. Programs are designed to teach participants how to cue, teach, and model exercises to facilitate safe and effective movement for people with Parkinson's.
- e. Programs are designed to teach participants how to break down movement sequences through modifications (i.e., progression and regression) in accordance with the Parkinson's Foundation Exercise Guidelines.

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

Criteria for Exercise Education Programs

- a. Programs are 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 Foundation Exercise Guidelines.
- b. Programs are 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.

- c. Programs are 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.
- d. Programs are 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.
- e. Programs are 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.
- f. Programs are 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).
- g. Programs are designed to teach participants to refer people with Parkinson's 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).

5 Interprofessional Communication and Program Development

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

These competencies have been released as a pre-print and are currently undergoing scientific peer review. Updates will be posted as the competencies and supporting manuscript are refined for publication.

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