

Instructions: This assessment checklist can be used by staff with a person we support to assess and promote physical activity in their daily lives.

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| Name: | | CIRTS ID: | |
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| Step 1: Keep physical activity safe | | | |
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| Think about | | | Action/Notes |
| 1 | The person has not exercised for a long while, or has health concerns, or is an older person. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes , the GP must be consulted <i>before</i> any physical activity is undertaken. |
| 2 | Does the person have difficulty moving around? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes , refer to an Allied Health Professional such as physiotherapist, exercise physiologist or occupational therapist for advice. |
| 3 | Does the person have an acute short term illness? E.g. chest infection. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes , the person is to refrain from exercise unless advised otherwise by a health professional. |
| 4 | Does the person have appropriate clothing and footwear for exercising? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No , appropriate clothing and footwear to be purchased with the person we support prior to commencing exercising. Consultation with an allied health professional or footwear store offering custom fit service is recommended in relation to purchase of appropriate footwear for the selected exercise, prior to the exercise being undertaken. |
| 5 | Does the person have their own water bottle to drink from during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No , water bottle to be purchased with the person prior to exercise. |

| Step 2: Assess the person's level of physical activity | | |
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| Think about | | Action/Notes |
| 6 | Has the person's daily physical activity been recorded for at least a week to determine how much the person is doing now? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No , record activity for at least one week. |
| 7 | Does the person have 30 minutes per day of moderate physical activity (noticeable increase in breathing and heart rate) on most days of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No , develop an NDIS LWB 5584 Physical Activity Plan . |

| Step 3: Identify suitable activities | | |
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| Think about | | Action/Notes |
| 8 | What physical activity does the person like to do, in what environments and with who? | List: |
| 9 | What motivates the person to be physically active? (E.g. friends participating with them, seeing results) | List: |
| 10 | What sort of physical activities has the person had the opportunity to experience, either daily life activities or those related to their interests? | List: |

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| 11 | <p>What are the barriers to achieving the person’s preferred physical activity, and how you might overcome these? Consider personal factors, cost, transport, supports available (including staff and other social supports and attitudes), access, etc.</p> <p>Note: Initially the person may feel uncomfortable for a number of reasons; it is important to talk this through during initial stages to ensure the person feels supported to continue.</p> | <p>List:</p> <p>Record agreed strategies:</p> |
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Step 4: Identify opportunities – Find a balance of home and community based activities

| | Think about | Action/Notes | Action/Notes |
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| 12 | <p>Is the person involved in daily tasks (both indoors and outdoors) or other physical activities in the home?</p> <p>Note: Consider how many tasks staff are completing for the person now without the person’s involvement; how could this change to the person doing more themselves?</p> | <p><input type="checkbox"/> Yes, please list:</p> | <p><input type="checkbox"/> No, Discuss with the person what tasks they could be involved in, or do more of themselves. Then list any agreed tasks and what the person will do with support and what the person will do themselves:</p> |

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| 13 | Can the person walk to work, day service, or to the bus or train station? | <input type="checkbox"/> Yes, please list: | <input type="checkbox"/> No, please explain why and consider if this could happen and how: |
| 14 | Is the person involved in daily tasks (both indoors and outdoors) or other physical activities at their work or day service? | <input type="checkbox"/> Yes, please list: | <input type="checkbox"/> No, please explain why and consider if this could happen and how: |

Step 5: Monitor and Review Progress

Tasks

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| 15 | Record and review the NDIS LWB 5584 Physical Activity Plan at least every 3 months or sooner, if requested by the person we support |
| 16 | Record ongoing progress with physical activity goals. |
| 17 | If there are barriers preventing the person engaging in one or more identified physical activities, discuss these with the person to identify strategies which may assist and support their engagement. |
| 18 | Modify goals, targets and activities with the person, based on their progress, interests and changing needs. |

Upload to CIRTS as follows: Plans & Assessments > New Assessment > Service Type = the service providing the support > Assessment name – [select from drop down] Functional Capacity Assessment> Physical Activity Assessment > relevant dates > SURNAME, First Name. YYYY.MM.DD