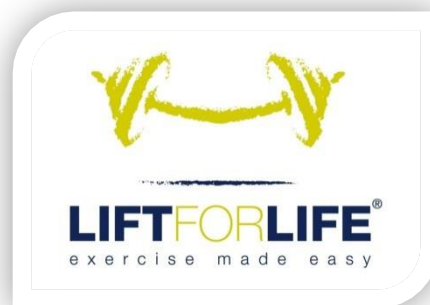


Re-accreditation for Lift for Life® Trainers

Lift for Life® Trainers are registered for 2 years after attending a 2-day training workshop and completing the required assessments. In order to maintain Lift for Life® accreditation after this two year period, all trainers are required to complete the following 3 tasks:

1. Complete one of the following workshops which focus on evidence based research and dealing with chronic conditions
 - Lungs in Action
 - Heartmoves Leader Training Theory;
 - Heartmoves For Stroke
 - Heartmoves for people with Multiple Sclerosis
 - Beat It: Physical Activity and Lifestyle Program
 - Mental Health First Aid Standard Course
 - Diploma of Fitness Chronic Conditions units
 - Other validated evidence based chronic disease programs accredited by Fitness Australia - for list of accredited CEC programs visit www.fitness.org.au/education. For confirmation of whether the other evidence based chronic programs are appropriate please contact the Training Coordinator.
2. Complete Diabetes and Exercise quiz below.
3. Maintain your current registration within your professional industry body i.e. Personal Trainers with Fitness Australia; Exercise Physiologists with Exercise Sports Science Australia; Physiotherapists with Australian Physiotherapy Association



On completion of the tasks please email, fax, or post (details below) a copy of your certificate of completion and a copy of your current registration with your relevant professional body to the Training Coordinator.

Submit to: Lift for Life® Training Coordinator
Fitness Australia
Level 3, 180 Albert Rd
South Melbourne VIC 3205
or email: liftforlife@fitness.org.au



Successful completion of these tasks will enable allocation of 2 CECs for Fitness Australia Exercise Professionals

To ensure you are up to date with Type 2 Diabetes, exercise and the associated safety guidelines, please read the following articles' and complete the multiple choice questions:

2012–2013 Diabetes Management in General Practice, Diabetes Australia

www.diabetesaustralia.com.au/Documents/DA/What%27s%20New/12.10.02%20Diabetes%20Management%20in%20General%20Practice.pdf

Dunstan, D. W., Daly, R. M., Owen, N., Jolley, D., de Courten, M., Shaw, J., & Zimmet, P. (2002). **High-Intensity Resistance Training Improves Glycemic Control in Older Patients With Type 2 Diabetes.** *Diabetes Care*, 25(10), 1729–1736. doi:10.2337/diacare.25.10.1729
<http://care.diabetesjournals.org/content/25/10/1729.long>

Dunstan, D. W., Daly, R. M., Owen, N., Jolley, D., Vulikh, E., Shaw, J., & Zimmet, P. (2005). **Home-based resistance training is not sufficient to maintain improved glycemic control following supervised training in older individuals with type 2 diabetes.** *Diabetes Care*, 28(1), 3–9.
<http://care.diabetesjournals.org/content/28/1/3.long>

Exercise and Type 2 Diabetes, American College of Sports Medicine and the American Diabetes Association: joint position statement

<http://care.diabetesjournals.org/content/33/12/2692.full.pdf+html>

Exercise prescription for patients with type 2 diabetes and pre-diabetes: A position statement from ESSA

http://www.essa.org.au/wp/wp-content/uploads/ESSA_Diabetes-Position-Statement.pdf

Diabetes and exercise fact sheet, Sports Medicine Australia

<http://sma.org.au/wp-content/uploads/2010/06/Diabetes-and-exercise-fact-sheet-FINAL2010.pdf>

Appendix

Trainers are required to achieve 100% (20/20) for this re-accreditation task

1. There are a large amount of undiagnosed people with type 2 diabetes within the community and the AUSDRISK tool helps identify the risk factors, what is an identified risk factor for diabetes?
 - (a) you have been told you have high blood sugar levels
 - (b) Indigenous people aged 35 and over
 - (c) on medication for high BP
 - (d) history of type 2 diabetes in the family
 - (e) all of the above
2. Type 2 Diabetes?
 - (a) was previously known as Non-Insulin Dependent Diabetes
 - (b) was previously known as Maturity Onset Diabetes
 - (c) can occur in children and adolescents
 - (d) all of the above
3. Target levels for diabetes management are to have?
 - (a) HbA1c \leq 7%
 - (b) Cholesterol $<$ 4.0 mmol/L
 - (c) Blood Pressure \leq 130/80 mm Hg
 - (d) all of the above

4. The role of the Diabetes Educator is to consolidate patient's knowledge and skills regarding [Watch youtube clip \(http://www.youtube.com/watch?v=SIJUnPXuwyE\)](http://www.youtube.com/watch?v=SIJUnPXuwyE) to get a better understanding of Diabetes Educators
 - (a) eating plans
 - (b) physical activity
 - (c) medication usage
 - (d) foot care
 - (e) all of the above

5. True or false: Blood glucose (BG) monitoring is recommended for those commencing medication (agents) that can cause hypoglycaemia?
 - (a) True, people with diabetes should be initially taking their BG levels 3-4 times a day
 - (b) True, once a day is adequate
 - (c) True, but only if feeling light headed
 - (d) False, the medication will keep everything in the normal range

6. Hypoglycaemic agents or medications?
 - (a) substitute for healthy eating and activity
 - (b) include metformin, sulphonylureas, thiazolidinediones
 - (c) can cause weight gain and/or diarrhoea
 - (d) both (b) & (c)
 - (e) all of the above

7. The importance of appropriate foot care and comfortable, well-fitting footwear during physical activity needs to be stressed amongst people with diabetes, especially if there is?
 - (a) neuropathy
 - (b) vascular disease
 - (c) abnormal foot structure
 - (d) previous foot ulcer
 - (e) all of the above

8. Poor glycaemic control leads to accelerated _____ resulting in elevated morbidity and mortality.
 - (a) cardiovascular disease
 - (b) renal disease
 - (c) ophthalmic diseases
 - (d) all of the above

9. Which level of blood glucose level would raise most concern before exercising?
 - (a) 3.1 mmol/L
 - (b) 5.3 mmol/L
 - (c) 6.8 mmol/L
 - (d) 8.4 mmol/L

10. If one of your clients with diabetes was cold, clammy and feels a little faint, how would you react?
 - (a) Call 000
 - (b) They are suffering from hyperglycaemia, rest and drink water
 - (c) Stop exercise and encourage them to have source of high GI food (oral glucose or sucrose) and test BGL.
 - (d) Work them harder to get the blood pumping around the body

11. True or false: Moderate-High intensity resistance training has been found to improve glycaemic control?
- True, all people with diabetes should be engaged in moderate-high intensity training
 - True, however trainers need to be considerate of relative and absolute contraindications
 - False, all diabetics should be doing low intensity high reps only as they are at an increased risk of CVD
 - False, no research has been identified to prove this.
12. Insulin pumps are becoming more popular within the type 1 diabetes community. Which of the following is correct about insulin pumps?
- Insulin pumps infuse continuous (basal) subcutaneous insulin and extra boluses as needed
 - Pumps offer the flexibility of having different basal insulin doses at different times of the day
 - Subsidised insulin pump consumables are available to Registrants of the National Diabetes Services Scheme who meet additional criteria.
 - All of the above
13. Structured interventions combining physical activity and modest weight loss have been shown to lower risk of type 2 diabetes by up to ____ in high-risk populations.
- 30%
 - 44%
 - 58%
 - 80%
14. Fill in the gaps, within American College of Sports Medicine (ACSM) evidence and American Diabetes Association (ADA) clinical practice recommendation statement, it encourages in addition to aerobic training, persons with type 2 diabetes should undertake _____ to _____ training at least ___ - ___ days/week.
- moderate, vigorous, resistance, 2,3
 - low, moderate, resistance, 2,3
 - moderate, vigorous, circuit, 4,5
 - low, moderate, circuit, 2,3
15. Fill in the gaps, within ACSM evidence and the ADA clinical practice recommendation statement, it mentions physical activity can result in acute improvements in systemic insulin action lasting from ___ to ___ hours.
- 2 to 24
 - 2 to 72
 - 0 to 48
 - 1 to 96
16. Cited in the Position Statement from ESSA (Exercise prescription for patients with type 2 diabetes and pre-diabetes) was David Dunstan et al (2002) journal article *Effects of a short-term circuit weight training program on glycaemic control in NIDDM*. Fill in the gaps according to his research. _____ intensity exercise is _____ in poorly controlled hypertensive IGT and T2DM patients (and those with proliferative retinopathy or unstable cardiovascular disease), but it is well tolerated even in older T2DM patients who have controlled blood pressure and other chronic conditions.
- Vigorous, contraindicated
 - Low, emphasised
 - Low, contraindicated
 - High, emphasised

17. There's evidence promoting physical activity for those with type 2 diabetes as it
- (a) increase glucose uptake
 - (b) reduces comorbidities
 - (c) reduces LDL cholesterol with no change in HDL cholesterol or triglycerides
 - (d) improves self-efficacy
 - (e) all of the above
18. The position statement from Exercise and Sports Science Australia recommends which of the following activities for individuals with or at risk of Type 2 Diabetes
- (a) 5 sessions of a minimum of 30 mins
 - (b) 150 mins of moderate to high intensity throughout week
 - (c) A minimum of 210 moderate intensity or 125 min of vigorous intensity exercise each week using a combination of both aerobic and resistance training.
 - (d) 210 low intensity or 125 min of moderate to high intensity exercise each week using a combination of both aerobic and resistance training.
19. A regular Lift for Life participant who has T2D tells you that they have an appointment to attend, so they will need to leave the class "a bit early" which means they will miss the cool down component. How should you react?
- (a) Inform the client that 'cool down' is an important safety component of everyone's session and that you will need to modify their program accordingly to miss a few of the final strength training components and have an active recovery
 - (b) Tell the client that is no problem just leave quietly
 - (c) Tell them to miss the session and go for a run at 80% MHR instead
 - (d) Inform them of multiple sessions that they should attend on the next day
20. What are the key messages to managing Type 2 Diabetes
- (a) Healthy eating
 - (b) Cease smoking
 - (c) Minimise alcohol intake
 - (d) Aerobic exercises
 - (e) Appropriate resistance training
 - (f) Regular podiatry visits
 - (g) Routine GP check-ups
 - (h) Adequate hydration levels
 - (i) All of the above

In the event Trainers do not achieve 100% after 3rd attempt the trainer must have a discussion with the Training Coordinator in order to be reaccredited.