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Program rationale

A well-structured rehabilitation and conditioning programme must progressively restore function, strength, and performance while attempting to eliminate the risk of re-injury. The 12-week programme for Morgan Bevan follows a systematic, evidence-based structure that follows FITT (Frequency, Intensity, Time, Type). The programme aims to gain lower body strength, neuromuscular coordination, mobility and sport-specific movement, using progressive overload and complex movement. This essay will explain the rationale behind each training component and phase, supported by evidence.

Weeks 1 - 4: beginning and activation phase

In the warm-up, the low-intensity cycling and dynamic stretching help enhance joint mobility. Starting warm-ups incorporate ankle pumps, promoting circulation and reducing stiffness, a crucial component in post-injury rehabilitation (Behm., 2016). Dynamic stretching and movements are emphasised pre-exercise to avoid performance decline (Simic et al., 2013). Light cycling at 3 - 5 RPM for 10 to 15 minutes weekly builds baseline cardiovascular endurance without overloading the healing tissues. Aerobic exercise promotes recovery (Hoffman, 2014) while maintaining overall conditioning. The programme begins with bodyweight-based resistance training like squats, hamstring curls, and wall sits. This works well with reestablishing quadricep activation and joint control. Using wall sits ensures joint stability and functional recruitment patterns (Escamilla, 2001). The low intensity also allows for tissue healing and prevents strain. Planks, leg raises, and medicine ball crunches help develop good core strength, which is essential for pelvic and lower limb alignment (Hodges & Richardson, 1997). Balance boards and assisted single-leg stands are crucial for improving proprioception and balance. These activities are crucial post-injury as proprioceptive deficits can occur and elevate reinjury risk (Lephart et al., 1998).

Weeks 5 - 8 Progressive loading and movement

With increased intensity, the warm-up includes dynamic stretching, leg swings and cycling. This warm-up prepares the joints and muscles for a greater load. Neuromuscular stimulation before heavier work improves performance and reduces the risk of injury (McMillian et al., 2006). Volume and intensity increase as the cardiovascular training reaches 5 RPM, 20 minutes and up to 3 times a week, with the addition of treadmill walking. Weight-bearing cardiovascular endurance improves lower

limb endurance and fosters gait training (Bishop et al., 2008). With the addition of moderate-load resistance exercises such as the leg press, hamstring curls, and single-leg RDLs, bridges the gap between rehabilitation and conditioning. Progressive overload is a key factor in muscular hypertrophy and tendon resilience (Kraemer & Ratamess, 2004). Single-leg RDLs also help with hip stability. New additions to the core exercises involve weighted movements such as russian twists and plank pull-throughs; these help with rotational core strength and stabilisation. Increased core engagement can reduce lower limb load by improving trunk control (Zazulak et al., 2007). With the addition of agility ladders and single drills, they introduce sport-specific movement, which aids in neuromotor retraining. Force volume is still low, so this minimises force impact, yet complex movements are still emphasised (Myer et al., 2006).

Weeks 9 - 12 Performance and Return to Sport

At this stage of the warm-up, circuit-style bodyweight exercises have been included to support athletic movements and activate muscle groups dynamically. Circuits also work well with metabolic demand and readiness for performance (National Strength and Conditioning Association). Intensity increases further with treadmill jog-walk intervals and bike intervals at 5 - 7 RPM. This improves aerobic and anaerobic energy systems, preparing the client for return to sport. This exercise, with its increase in RPM, has similar demands to field sports (Bangsbo et al., 2006). In the final phase of resistance training, the programme incorporates heavier loads, unilateral strength exercises such as barbell RDLs, walking lunges and split squats. These are important for replicating sport-specific impacts and restoring muscular symmetry. Research supports unilateral training for improving limb imbalances post-injury (Baechle & Earle, 2008). An increase in time to 40 - 50 minutes and volume to 3 times a week reflects high work capacity and recovery. Swiss ball work and advanced kettlebell core drills provide deep core activation, unstable movements improve muscular coordination and spinal stability (Behm & Anderson, 2006). The final phase in functional training consists of explosive drills like plyometrics and multidirectional movements such as hops, bounds and return to sport drills. These activities are important for restoring sport-specific neuromuscular movements (Sheppard & Young, 2006).

Programme progression

This programme uses a model where training variables evolve to enhance adaptation and avoid overload. This reflects a progression model where rehabilitation and tissue healing are prioritised over performance enhancement (Issurin, 2010). Each FITT element is implemented across the phases. Frequency increases progressively to reflect improved tolerance. Intensity begins low and builds towards sport-specific demands. Time increases to accommodate more volume. Type goes from isolated and

controlled movements to compound, dynamic, and sport-based drills. By aligning different training variables with recovery status and tissue repairing (LaStayo et al., 2014), the programme safely restores function and minimises reinjury risk.

This 12-week lower body rehabilitation programme was carefully structured using the FITT principles and supported by current evidence in sports medicine and rehabilitation science. Reaching progression in strength, cardiovascular endurance, core stability and functional movement was implemented to ensure recovery, adaptation, and readiness for return to sport. Each progression and training element helps minimise injury risk and restore performance. Prioritising the client's safe and effective return to sport.

Reflections

Reflecting on the 12-week programme designed for Morgan Bevan has highlighted how progression and injury risk control have applied to rehabilitation. Throughout this process, I encountered different types of challenges and learning experiences that have helped me with the development of rehabilitation-type programs. One of the biggest learning curves was adaptability. Even tho the programme was carefully designed with progressive overload in mind, there were a few occasions where I had to slightly modify some exercises due to the client's feedback regarding exercises that cause joint discomfort or heavy fatigue. In week 3, although Morgan felt like he was making good progress, the wall sits caused stiffness in his injured knee. I then substituted this with seated hamstring curls and reduced the time he would hold the position, prioritising comfort and avoiding joint issues. This aligns with evidence by Baker et al. (2016), which suggests that changing load or exercise is important for client tolerance to fluctuate during recovery.

As the programme progressed, I made adjustments to intensity and volume in line with progressive overload (Kraemer & Ratamess, 2014). Using RPM and client feedback helped me keep track of clients' fatigue and exertion. From weeks 5 to 8, I started to implement resistance-based training from the previous body weight training, adding machines like leg press and progressing to unilateral exercises like barbell RDL. This part of the programme's progression allowed Morgan to gradually build strength and neuromuscular control, which was essential for rehabilitation success (Reiman & Lorenz, 2011). The client's engagement and response varied across different training types. Morgan showed a high interest in gaining strength and functional-based work that was introduced in the later stages of the programme. Morgans didn't show as much interest in the early-stage cardiovascular sessions on the stationary bike. This feedback led me to add treadmill intervals sooner than planned, increasing both engagement and

intensity. This showed me the importance of client-centred programming, not just tailoring to physical needs but psychological needs too.

Morgan's rapid improvement in strength was unexpected, as his knee pain was of concern. By weeks 9 and 10, Morgan had doubled the weight he was lifting when it came to barbell RDL and leg press, it was visible that Morgan was recovering well from his workouts. This fast improvement led me to implement heavier split squats and plyometric explosive exercise earlier than the programme intended.

For my personal development, this experience improved my skills in communication and analysis. Frequent client check-ins helped me keep on top of my client's progress and build a solid report on his progress. Documenting progress and adjusting the programme taught me how to apply evidence-based reasoning in real time, researching the theory and applying it with practical outcomes. I also improved in explaining progression and the exercise, gaining a client's trust and understanding.

In conclusion, this programme challenged my planning and client interaction skills. While the early phases of the programme required starting from the very beginning, the outcomes were largely positive, and the client achieved solid physical and functional gains. This experience has deepened my appreciation for rehabilitation programming and has better prepared me for future roles in building rehabilitation programmes and helping clients reach their goals in getting stronger and returning to sport.

Word count - 1412

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Appendix A - lifestyle assessment and client profile

Lifestyle assessment and client profile

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Learner's name: Kristian Savickis

Date:

Client's name	Age	Gender
Morgan Bevan	25	Male
Description of lifestyle, to include: family, occupation, hobbies etc.		

I'm a 25-year-old male living an active and sports-centered lifestyle. I work as a delivery driver, which keeps me on the move throughout the day and gives me the flexibility to enjoy my personal interests outside of work. The role suits me well I like being on the road, staying physically active, and interacting with people along my route.

Sports are a huge part of my life. Football is my main passion whether I'm playing in weekend games with friends, watching the Premier League, or keeping up with the latest transfer news. I also enjoy following a range of other sports, from boxing to basketball, and I'm always up for a conversation about recent games or big sporting moments.

Description of present exercise and physical activity levels (apply FITT where appropriate)

Description of past exercise and physical activity levels (apply FITT where appropriate)

I currently engage in regular physical activity primarily focused around football and general fitness. I play football with my local team about 2 times a week, typically participating in games and training sessions, I have recently had issues with pain in my knee which is ether forcing me to stop playing or not playing as much

Clients activity likes and dislikes

Likes:		Dislikes:	
Football Basketball Weights Bike		Running Struggling to maintain rehab prefer doing weights which is slowing my rehab down	
Client PAR-Q /PAR-Q + completed and informed consent explained: YES		Did the client answer YES to any PAR-Q/par-q + questions? NO	
Analysis of PAR-Q/PAR-Q + response(s) and actions if applicable			
Results from tests (physical measurements/assessments (as appropriate to client and goals) – examples only given – not prescriptive – appropriate to client needs and goals)			
Test	Results		
Blood pressure	120/80		

Anthropometrics (tick method): height and weight BMI waist circumference waist to hip ratio	Height – 6 foot 4 inches Weight – 80kg
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Body composition (tick method): callipers bio-electrical impedance	
Cardiovascular fitness (tick method): Astrand bike test Rockport walking test step test Cooper 12 min walk/run other machine based time tests (please specify)	

Range of movement (tick method): sit and reach test visual assessment other (please specify)	
Muscular fitness (tick method): abdominal curl/sit-up test press-up test estimation of 8-12 rep max other (please specify)	
Balance tests: (specify below)	
Results analysis – list any considerations for the programme based on the above	

Functional ability – list any areas of functional fitness (relevant to client lifestyle and goals) that need applying to the programme

Balance work
Single leg strength

Posture and alignment – list any postural/alignment issues your client might have and how these will be addressed in the programme (refer to postural analysis record)

Client's needs

The client wants to get stronger and reduce his knee pain after exercise, improve balance and get back to playing football

Client's readiness to participate (list the client's general feelings towards starting a programme of exercise and any possible obstacles)

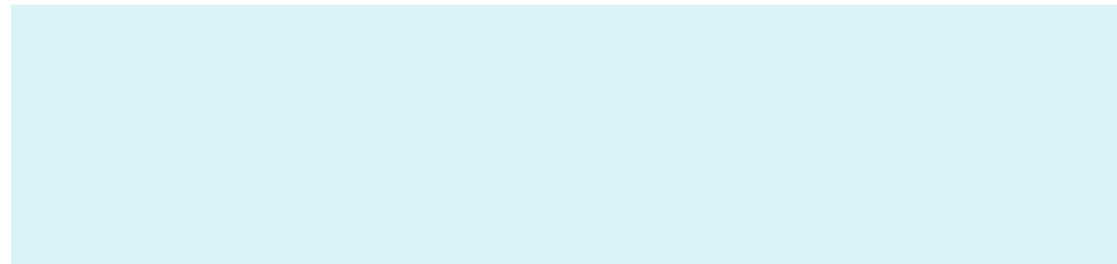
Client is excited to get started as this has been an ongoing issue for them, they are motivated to get back to playing football and they feel that the programme is perfect for them to reach that goal.

SMART goals: Indicate below if another party other than the personal trainer and client is required for goal setting (please give a reason for their involvement)

Short-term (3 months)	Agreed review dates:	

Medium-term (6 months)	Agreed review dates:	

Long-term (12 months)	Agreed review dates:	
Barriers to achieving goals		
The only barrier is that every time the client goes to the gym, they don't do rehab and jump straight into lifting weights		
Strategies to overcome these barriers		
To help the client understand the importance of rehab and recovery and how doing so will help them reach the results that they want		
Identify any everyday activities the client incorporates into their lifestyle that could compliment a gym programme and assist them in achieving goals		



Postural analysis record

Learner's name:

Date:

Client name:

Date

Postural assessment notes and screening (can include a copy of postural assessment records or photographs detailing client's posture)

Area of the body	Observation (static/dynamic)	Comments/recommendations
Head / neck (cervical spine)		

Shoulders, scapulae and thoracic spine		
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Pelvis and lumbar spine		
Knees, feet and ankles		

Note: learners to identify week numbers eg. Weeks 1-3 etc.

Client's name: Morgan Bevan

Learner's name: Kristians Savickis

	Weeks <u>1 - 4</u> Overview of changes (comment on frequency, intensity, time and type – FITT for each component)	Weeks <u>5 – 8</u> Overview of changes (comment on frequency, intensity, time and type – FITT)	Weeks <u>9 - 12</u> Overview of changes (comment on frequency, intensity, time and type – FITT)
Warm up	Frequency: Every session Intensity: Low Time: 5 – 10 minutes Type: Bike, ankle pumps, Dynamic stretching	Frequency: Every session Intensity: Low to moderate Time: 10 minutes Type: Bike, dynamic stretching, leg swings	Frequency: Every session Intensity: Moderate Time: 10 – 15 minutes Type: Bike, bodyweight leg focused circuit

Cardiovascular training	Frequency: 2x a week Intensity: low 3 – 5 RPM Time: 10 – 15 minutes Type: Bike	Frequency: 2-3x a week Intensity: Moderate 5 RPM Time: 20 minutes Type: Bike, Walking on treadmill	Frequency: 3x a week Intensity: Moderate to high 5 – 7 RPM Time: 30 minutes Type: Treadmill walk/jog intervals, bike intervals
Resistance Training	Frequency: 2 -3x a week Intensity: Low, bodyweight Time: 20-30 minutes Type: Straight leg raises, body weight squats, hamstring curls, wall sits	Frequency: 3x a week Intensity: Moderate 5-6 RPM Time: 30-40 minutes Type: Bodyweight squats, Leg press machine, hamstring curls, single leg RDL, box step-ups	Frequency: 3x a week Intensity: Moderate to high 5 – 7 RPM Time: 40-50 minutes Type: Single leg press, single leg extension, barbell RDL, walking lunges, split squats

Core stability training	Frequency: 2-3 a week	Frequency: 3x a week	Frequency: 3x a week
	Intensity: Low	Intensity: Moderate 5 RPM	Intensity: Moderate to high
	Time: 10-15 minutes	Time: 15-20 minutes	Time: 20 minutes
	Type: Planks, leg raises, med ball crunches	Type: Planks with movement, weighted Russian twists, kettlebell plank pull through	Type: Swiss ball work, med ball leg raise, kettlebell plank pull-throughs
Other 'functional'	Frequency: 1x a week	Frequency: 2x a week	Frequency: 2-3x a week
	Intensity: Low	Intensity: Moderate	Intensity: Moderate to high
	Time: 10-15 minutes	Time: 15 minutes	Time: 20 minutes
	Type: Balance board, single leg assisted stands, very light sled push	Type: Single leg balance, light agility ladder drills, Balance board	Type: Hops, lateral bounds, ladder drills, return to sport drills

	Any Other information To restore the range of motion and retrain the quadriceps activation	Explain the reasons for the changes To start rebuilding strength and joint stability, adding progressive weight bearing	Explain the reasons for the changes Return to sport-specific activities, strengthen under load and improve stabilisation, adding heavier progressive overload
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Appendix C - 3 x individual session plans for three of the sessions you delivered to the client

Individual session plans (detailed sessions)

Session plan (x3 detailed sessions)

Client's name: Morgan Bevan

Assessor's name:

Date:

Environment and resources: Gym

Goal stage this session relates to:

Warm up

Overview of content (including mobility, pulse raising and pre-stretch – where appropriate)	Equipment and duration	Level/speed		Adaptation(s) or alternatives
Bike	Stationary bike	Low speed	3	Spin bike
Dynamic stretching			3	Foam roller

Cardiovascular training 1

Equipment and approach	Programme timings	Level/speed		Adaptation(s) or alternatives
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Stationary bike – 10 minutes of very low resistance and low speed cycling	10 – 15 minutes	Level – 1 – 2 Speed – 2 – 3	3	Spin bike if no bike is available then treadmill
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Resistance training

Exercise/machine	Resistance (kg/body weight)		Set	Time	Adaptation(s) or alternatives
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Straight leg raises	Body weight		4 Re st 60 sec on ds	B ef or e lif ti n g y o ur le gs , sq u ee ze y o ur th igh m us cl es to st a bi li ze m o v e m e nt	Bicycle kicks
Body weight squats	Body weight		4 Re st 60 sec	Si m pl e sq u at	Body weight squat onto bench

			on ds	w it h g o o d fo r m a n d b al a n ce	
Hamstring curls	10kg		4 Re st 60 sec on ds	U si n g th e h a m st ri n g c ur l m ac hi n e	Low resistance RDL
Wall sits	Bodyw eight		6 Re st 60 sec on ds	U si n g a w al l,	Glute bridge

				slowly reach the sitting position and hold on	
Single leg RDL	4kg kettlebell		4 Rest 60 seconds	Lowering the kettlebell from body	Good mornings

				y H ig ht al l th e w a y d o w n to th e to es	
Leg press	20 kg		4 Re st 60 sec on ds	U si n g th e le g pr es s m ac hi n e	Squats
Box step ups	Bodyw eight		3 60 sec on ds	St e p pi n g u p a n d	Using a small plyometric box

				d o w n o n t o th e pl y o m et ri c b o x	
Walking lunges	4 kg		3 60 sec on ds	U si n g 4 k g d u m b b el ls , m o vi n g fo r w ar d w hi le	Body weight lunge

				p er fo r m in g lu n g e in o p e n sp ac e	
Split squat	Bodyw eight		3 60 sec on ds	U si n g a b e n c h or s m al l b o x, pl ac e o n e fo ot o n	

				the be n c h a n d p er fo r m	
Single leg press	10 kg		3 60 sec on ds	U si n g th e le g pr es s m ac hi n e, pl ac e o n e fo ot o n th e pr es s pl	Kettlebell squat

				at fo r m a n d pr es s	
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Cardiovascular training 2 - incorporating pulse lowering (if required)

Equi pme nt and appr oach	Prog ram me timi ngs	Level/ speed	RPE /HR	Adapt ation(s) or altern atives
Bike intervals	25-30 minutes	Speed – 4 – 5 Level – 3 – 5	5 - 7	Walk to jog intervals on treadmill

Core stability training (as appropriate to client)

Core exercise(s)	Position	Length of hold :rest	Adapta tion(s) or
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			alternatives
Kettlebell plank pull through	Plank	Length – 45 Rest 15	Plank

Other 'functional' training (as appropriate to client)

Exercises (can be bodyweight)	Position	Length of hold :rest / Sets: rest	Adaptation(s) or alternatives
Agility ladder	Footwork through the ladder	Length – 30 seconds Rest 30 - seconds Sets - 4	Balance board

Flexibility/mobility (as appropriate to client)

Muscle(s) stretched	Position	Type/ length of hold (static/dynamic/PNF)	Adaptation(s) or alternatives
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Student Number: 2304591 Module Code: BMSS4005

Seated hamstring stretch	Sit on the ground with both legs extended Infront of you, then reach for your toes while keeping your back straight	Hold stretch for 20 – 30bseconds Static	If you can't reach your toes, use a band to wrap around your feet and gently pull
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Appendix D - Feedback and reflection on 3 delivered sessions

Learner's name: Kristian Savickis

To be completed after each of the 3 implemented sessions.

	Session 1:		Session 2:		Session 3:	
		2/0 3/2 5		09/0 3/25		16/03/ 25
After my sessions, I received the following feedback from the client:						
Session 1						

The very first session I had Morgan warming up with some stretching and then dynamic movements and stretches. This was his first time doing a leg session since he got hurt. His feedback was very positive as he felt comfortable with the leg exercises and didn't feel any discomfort throughout the session.

Session 2

In the second session Morgan was comfortable with adding a small amount of weights to his session. He had completed the first session again on his own in the week and felt stronger on his Knee. Morgan was happy with his progress as he completed another session this time with resistance and felt no discomfort.

Session 3

Morgan has had good consistency with the sessions we have done together, while also keeping on top of his sessions alone, we discussed that it was time to move onto slightly heavier weights and more complex movements. His feedback was very positive, he talked about how he feels much stronger compared to the first session and is happy with his progress in resistance.

My sessions met the client's needs in the following ways:

(comment on the effectiveness of your exercises, relationship with the client, how you communicate style motivated the client and how well the programme matched the client's needs and goals)

Session 1

The exercises worked very well for the client as he hasn't done rehab or attempted a leg session in a while, the body weight leg exercises helped him adjust going back into adding resistance to his rehab. The client is a regular member at the gym I work in, we always have conversations in the gym when I'm on shift and then communicate over WhatsApp when I'm not working. This session fully met the clients need and it motivated the client to attempt sessions on his own.

Session 2

In the second session, we implanted weights this was perfect as Morgan was ready to take that step. The following exercises, walking lunge and leg press helped Morgan adjust to slightly more resistance and heavier movement for his legs. Morgan achieved his goal and felt like he was getting stronger. Communication remained the same with Morgan.

Session 3

In this session Morgan's use of resistance increased, and he attempted more complex movements such as split squats. This was effective as he was gaining strength in his legs, which gave him confidence to attempt complex movements and is a step forward in returning to sport. The Client's goal to regain strength in his legs was met.

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skills**

Session
1

A few exercise's weren't very hard, so when the client had done this session for second and third time it was much easier. I will research more exercise's and how I can develop current exercises to make progressi on from previous sessions, and make it less tedious.

Session
2

This session had the perfect balance of resistance and movement to prepare the client for gaining strength and mobility in his knee, again I would like to further develop my knowledge on rehab exercise's and have more variety when repeating sessions.

Session
3

The
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ve
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well in
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session,
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cardio
sessions
all we
used was
the bike,
so I
would
like to
impleme
nt more
cardio
options.

I (the client) agree with the above changes to personal training sessions and agree that they are appropriate to my needs.

Client's signature: K.Savickis

Date: 25/03/25

Learner's signature: M.Bevan

Date: 25/03/25