



LEVEL 1 COACHING COURSE

SESSION TWO

MANUAL AND WORKBOOK

This resource is designed to go alongside your online course. You can use it to take notes and work through any tasks that are required during the sessions.

This is your resource to keep.

You do not have to hand it in for assessment.

PRE-SESSION TASKS

Watch this video and list down the coaching methods you can identify

<https://youtu.be/T9vWR7EdQdM>

This Coaching Course assumes you are coaching over 18s only. However, the Alliance takes Safeguarding seriously, and so even if you don't coach children, we require you to have an awareness of safeguarding so that you can despatch your overarching duty of care should the need arise. Please visit the NSPCC's web site and familiarise yourself with the content of this page

<https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse>

This CPSU web page explains what to do if you have concerns about the welfare of a child.

<https://thecpsu.org.uk/help-advice/deal-with-a-concern/>

This page explains the Equality Act 2010 including Protected Characteristics

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

This short video (optional) looks at contextualised safeguarding in sport

<https://youtu.be/OWAoliBvKFQ>

This short video (optional) looks at safeguarding in martial arts

<https://youtu.be/RpNOT0sKxoU>

The Aikido Alliance UK's safeguarding policies and procedures can be found here:

https://www.aikidoalliance.co.uk/?page_id=44

THE COOL DOWN

After the main section of your class (around 10-15 minutes before the end) you should begin the cool down phase of the class.

What this looks like will depend to some extent on the content of your class.

The cool down is not just about the physical; it can also be part of a psychological winding down from the demands of the session.

The cool down phase is where you can train the Flexibility component of Physical Fitness.

Flexibility is developed through **developmental stretches** which are held for 30-60 seconds or more.

Flexibility is maintained through **maintenance stretches** which are held for 15 seconds.

THE SCIENCE BEHIND COOL DOWN STRETCHING

Please be aware that this section offers a somewhat simplistic overview and, as you are probably beginning to realise, there is debate as to the efficacy of stretching. But for now we will go with the premise that post class, cool down stretching could be beneficial and is unlikely to have adverse effects

Muscle Spindles are structures within the body of the muscle which detect the lengthening (stretching) of the muscle fibres. If a stretch is taken to extremes too quickly, these structures will send a signal to that same muscle and ask it to contract and thus prevent damage. So it's a self-preservation mechanism (and also the reason why ballistic or bouncing stretches are not recommended).

Stretch reflexes also help us stand upright. If you suddenly lean to the right side, the postural muscles on the left side of body are stretched. When the muscle spindles in those muscles sense that they're being lengthened, they automatically send the message to contract to correct your posture. This is usually something that we have no conscious awareness of – but it is a process that is happening all the time when we are upright and moving.

You can view a short video about the stretch reflex here

<https://www.youtube.com/watch?v=F871bBWS4oY>

Developmental Stretching

By holding a stretch in a controlled way, it is argued that we can “deactivate” the stretch reflex thus allowing a muscle to develop its stretch. You take the muscle to the point where you feel the stretch – you hold for a moment and then gradually increase it. Often breath patterns will be used alongside this developmental stretching.

Not all muscles need to be developmentally stretched. If you have full Range of Motion then you probably don’t need to develop flexibility around that particular joint.

Examples of muscles which commonly need developmental stretching are:

- Hamstrings
- Hip Flexors
- Adductors (inner thigh)

The imbalances or tightness in the above muscles can be linked to mobility/function and also lower back pain.

PNF stretching is another form of developmental stretching designed to improve flexibility.

PNF stands for **Proprioceptive Neuromuscular Facilitation**, and there are several ways to do this type of stretching. The most common is the CRC method (contract-relax-contrast) which is explained in this video

<https://www.youtube.com/watch?v=mml2IT42cXk>



You will see that this method can be relatively time consuming and, if done with a partner, must be done with care and empathy. It is also possible to simulate having a partner by using a strap to push against. Most aikido clubs have a bag of unwanted white belts and these are ideal for assisted stretching.

Maintenance stretches are not intended to develop the length of a muscle. They are used to take the muscle back to its “normal” length.

Some Cool Down Science

This journal extract (edited) gives a little background on emerging thoughts on cool down activities. Remember that much research is done in the context of high performing athletes rather than recreational participation. This research suggests that stretching will not reduce DOMS (delayed onset muscle soreness) but could increase range of motion (i.e. flexibility).

Stretching is usually performed to reduce muscle soreness and increase range of motion. Many practitioners also believe that stretching reduces the risk of injuries and improves performance. Contrary to common belief, however, static stretching performed either before or after exercise does not reduce muscle soreness. ...

Stretching can reduce muscle stiffness and increase the range of motion.... Finally, although static stretching may have some effects on strain injuries an increasing body of research suggests that it has little to no effect on the prevention of degenerative injuries. Therefore, although stretching is historically a widely practiced cool-down activity, it may not necessarily aid recovery from exercise.

Van Hooren, B., Peake, J.M. Do We Need a Cool-Down After Exercise? A Narrative Review of the Psychophysiological Effects and the Effects on Performance, Injuries and the Long-Term Adaptive Response. Sports Med 48, 1575–1595 (2018).
<https://doi.org/10.1007/s40279-018-0916-2>

TRAINING CONCEPTS AND PRINCIPLES

AEROBIC VERSUS ANAEROBIC

This was covered to some extent in Manual/Workbook 1

Your **aerobic threshold** is the point at which your body starts to use anaerobic (without oxygen) energy production to provide fuel to your muscles. Remember that the body's ability to use anaerobic pathways is limited and so the ability to sustain high intensity work is also limited.

Most aikido classwork will be predominantly aerobic, but bursts of anaerobic work will be required for some sustained high energy activities such as freestyle and breakfalls (especially traditional backdrops).



Generally, people cross their anaerobic threshold at 80% of Maximum Heart Rate (MHR).

You can train your body to cope better with anaerobic work so consider this if your gradings require sustained intense activity (from tori or uke)

Remember: your suggested MHR figure = 220 minus your age.

SPECIFICITY

Specificity is a principle which states that “adaptations elicited from training are directly dependent on the specific type of activity, volume, and intensity of the exercise performed.”

In a simplistic nutshell – if you want to get better at aikido you should train in aikido! Or at least include aikido related skills.

OVERLOAD

The overload principle is one of the key principles of fitness and training

You must increase the Frequency, Intensity, Type, or Time (duration) of a session in order to see adaptations.

Frequency: the number sessions attended per week

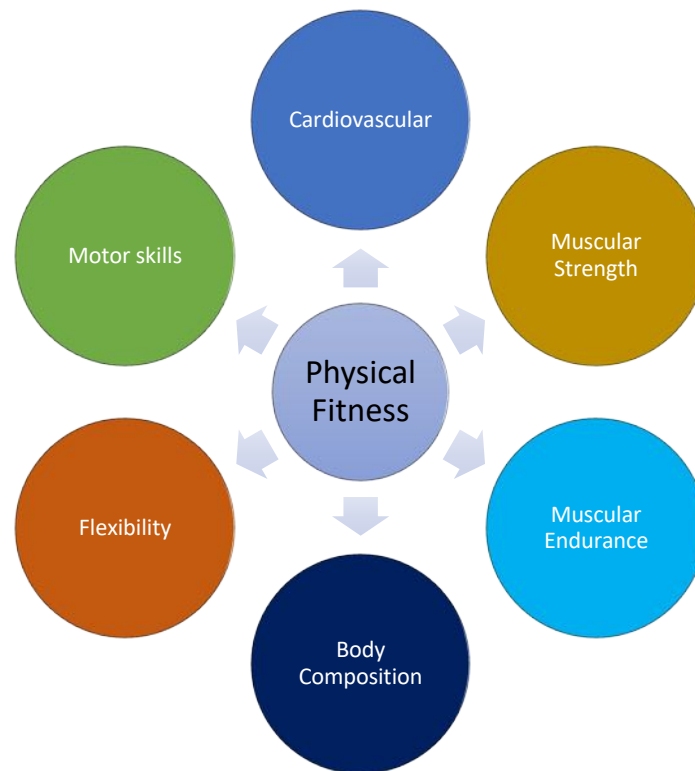
Intensity: how hard the student is working during a session.

Time. This could be the length of the whole class – or the length of individual components (e.g., freestyle).

Type. Type refers to the specific exercises and activities

It is the resulting adaptations that should lead to improvements in one or more of the components of Physical Fitness

The components of physical fitness include



The FITT model is most commonly applied to conventional fitness training. But the same concepts can be applied to aikido training. If the student continues with exactly the same programme week after week they are unlikely to progress i.e., they will “plateau”.

However, if you use the overload principle incorrectly and progress the student too quickly this will most likely have a detrimental effect (examples would be injury as the student attempts movements which are outside their skill level)

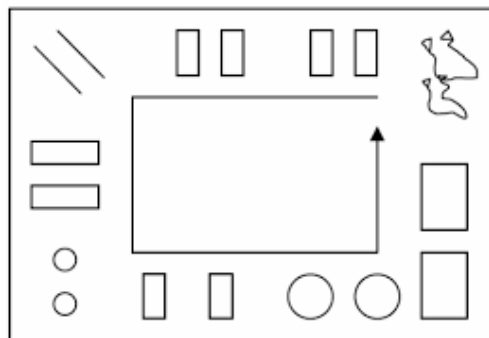
It is unlikely that regular (normal) sessions will involve significant overtraining (this would require a more sustained period of excessive training stress). If your senior gradings are demanding (there are some martial arts when a senior black belt grading can last a whole day or more) then you might encounter overtraining in the lead up to grading day.

Some signs of overtraining (i.e., overwork as opposed to overload) include:

- Increased resting heart rate.
- Increased blood pressure.
- Loss of appetite and weight loss.
- Difficulty sleeping.
- Emotional changes or mood swings.
- Fatigue.
- Chronic muscle soreness.
- Extended recovery times.



Thinking about the Principles of Fitness, could you create an Aikido Circuit Class designed to train some components of Fitness (which are specific to aikido)? Use the space below to jot down some ideas.



MOTOR (SKILL-RELATED) FITNESS

- *Agility* refers to the ability to change body position and/or direction quickly and with precision – moving in a controlled way. It is a combination of speed, balance, power and coordination.
- *Coordination* refers to the ability to perform complex tasks a series of movements smoothly and efficiently.
- *Power* is a combination of strength and speed. It is defined as the ability to contract muscles with speed and force in one explosive act.
- *Speed* can be defined as the ability to move the body, or body part, over a specific distance in the shortest time possible. Speed requires a quick supply of energy to muscles through the anaerobic energy systems.
- *Reaction time* refers to the time taken to respond to a given stimulus. Response time is the total amount of time between the given stimulus, the response to it and the completion of that response (response time = reaction time + movement time).
- *Balance* is the awareness and control of the body's position. Static balance – holding a position without movement. Dynamic balance – holding a position whilst moving. Balance is maintained through the eyes, ears and proprioceptive organs in joints all working together.

It is possible to improve these motor skills through regular training.

The BBC Bitesize website offers a short revision course with an end test where you can check your knowledge about training principles

<https://www.bbc.co.uk/bitesize/guides/z2b9q6f/revision/1>

In most aikido syllabi there will be enough progressive content to ensure that your students progress in some tangible way. And as they move higher their progression might be in terms of physical skills, agility, reaction time but also a broader understanding e.g. history, philosophy and so on.

APPLYING PERIODISATION

Periodisation is the specific planning of training cycles and is perhaps most commonly used when preparing students for senior gradings.

There are three types of training cycles

- **Macrocycles.** This is a long period of training, lasting six months to a year. The macrocycle might tie in with key calendar dates (such as seminars or grading days). A macrocycle will include large, overarching goals such as being completely familiar with the entire syllabus.
- **Mesocycles.** These typically last up to a month and focus on specific smaller goals. In aikido this might be sharpening of reaction times, refining tai sabaki
- **Microcycles.** These last for 1 – 2 weeks and they drill down into the detail. These microcycles in aikido could be drilling into even finer detail – maybe focusing on zanshin or polishing techniques so they are good in left posture as they are in right posture.

SESSION PLANNING

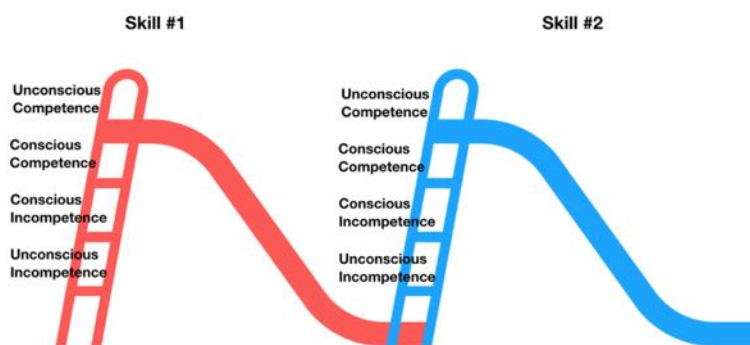
We have already looked at:

- How people learn (VARK)
- Stages of learning
- Coaching methods

This will allow you to create content for your main session which is relevant and achievable.

In any mixed class you are likely to have students on all levels of the staircase. Below.





Also remember that when you introduce a new skill, your students might engage in a game of snakes and ladders!

If you are lucky enough to run specialist classes (beginners only, senior grades only) then you can tailor your content for that specific group, and lesson plan accordingly. However, most aikido coaches will be running mixed ability sessions, and new members could turn up on any given evening.

Everyone in the class will expect a training session that meets their needs. So as the coach you will often need to deploy lots of skills and strategies to facilitate this.

PROGRESSIONS AND REGRESSIONS

Everything you plan should have a more advanced option and a less demanding option. Ideally you should also have alternatives to offer individuals or groups as well.

Using **Progressive Practice** (see Manual 1) can be useful in this regard, because with this coaching method you layer in more and more complexity. This means you can advise students to “stick with this option” at any point in the layered practice.

There are some aspects of aikido practice which must be delivered with clear options (usually regressive options are the key from a safety perspective):

Breakfalls/Ukemi: no one should be teaching kote gaeshi or full flying forward breakfalls¹ to beginners on session 1 (unless they already have some appropriate transferrable skills from another activity).

¹ I was going to insert Japanese terminology here but researching on aikiweb suggests this is an area of much debate!

Locks: we can all remember our early days in aikido and the mystery of e.g. nikkyo. Locks can be difficult to master for a beginner and if applied to them (incorrectly) on night one could mean they don't come back!

Complex Tai Sabaki: nothing is more demoralising than failing on night 1 and having to stand to the side and watch.

Injuries or other physical limitations: first, make sure that it is safe and appropriate for the person to train (through screening). Then you can adapt as required to eliminate problematic aspects of training.

In martial arts there can sometimes be a deep-rooted tradition of “well it never did me any harm” and considering a bruising and battering from those first few sessions as a “badge of honour”. All instructors should consider the concept of Duty of Care when planning session content and reflect on whether today's culture and expectations are different.

GROUP WORK

Group work can be a gift for a coach in terms of easily addressing differentiation i.e. putting similar ability students to enable training at specific levels. However, don't *keep* a mixed ability class split into higher/lower grades as this can cause beginners to feel excluded. When you integrate all abilities into the same activity you can use your knowledge of coaching methods to ensure everyone has an appropriate level of training.

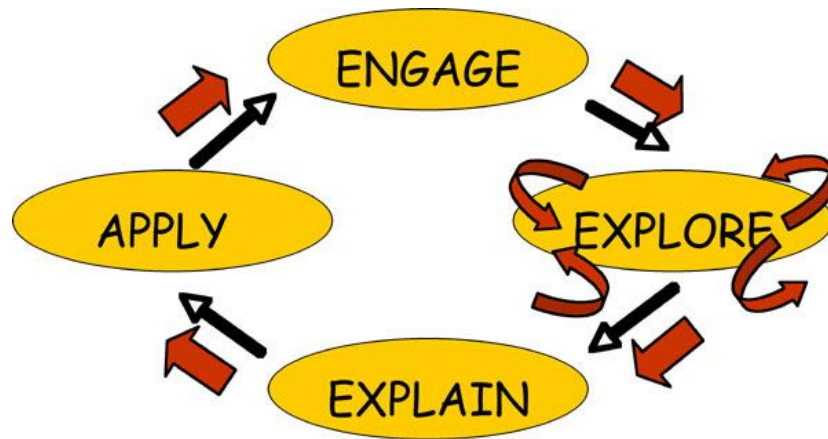
Corner techniques are a form of groupwork (fully inclusive or segregated by grade) , but where all grades are involved you need to monitor closely to ensure that everyone understand the “rules”

TEAM TEACHING

Although this can be a useful strategy – especially when splitting the class for group work – make sure you *plan* team teaching (preferably in advance). All those who are given formal coaching duties should be qualified to ensure that appropriate insurance is in place.

It is part of normal class dynamics that higher grades will “teach” lower grades on an informal basis as part of normal aikido practice. However, it's vital that you keep an eye on this – not least because we have all seen/heard the “I do it this way” style of informal teaching.

As you progress in your coaching, always think back to the basic principles and methods of coaching. Plan your sessions – don't get complacent. It's better to change a planned session than to have no plan at all!



OBSERVATION AND ASSESSMENT OF SKILLS AND PERFORMANCE

We started to look at observation and correction in Manual 1.

Coaching is a progressive process and so you must be able to see faults, assess them (for importance) and then understand the mechanism for correcting them. This requires the coach to have a deep understanding of their syllabus and what makes a technique “work”.

You might be able to tell a student which hand to put where, or which foot to move when. But make sure you also know the WHY!

HOW ARE FAULTS CAUSED?

One of your primary roles as a coach is to eliminate major errors that affect some aspect of a technique or exercise. It is not productive to constantly point out minor errors, as this can affect motivation. Adult students can be left alone in the very early stages to explore movement patterns – and make safe mistakes.

One motivating strategy can be to focus on what the new student is getting right (rather than the myriad of things they are getting wrong).

According to research², technical mistakes can be broken down into five main areas

1. Typical and atypical
2. Local and chain
3. Unfixed and fixed
4. Competitive and non-competitive
5. Athlete-related, and coach-related

1. Typical and atypical

Typical mistakes are those that every new student is likely to make. As a coach you will eventually be well-prepared to deal with these.

Atypical mistakes are unexpected and can often be linked to the ability/limitations of the student (i.e. movements that they some reason find particularly challenging and, in some instances, impossible).

² Drabik 1996

2. Local and chain

A **local** mistake is something which is not correct, but it has no significant impact on the rest of the movement. A **chain** mistake will negatively affect all the remaining portions of the movement.

As a coach you should aim to eliminate chain mistakes (aka chain defects) as soon as possible.

3. Unfixed and fixed

Unfixed mistakes are those which have not yet become habits. These usually occur in the first stages of training and should be easy to rectify. Fixed mistakes are habitual; they are embedded movement patterns and can be difficult to remove.

4. Competitive and non-competitive

Competitive mistakes happen for reasons such as stress and perhaps the most common manifestation in aikido would be during a grading. We have all seen competent aikidoka do the strangest things during gradings! Non-competitive mistakes happen in the dojo under normal training conditions. If the student makes mistakes under these circumstances, they could be more likely to repeat them in the stressful situation of a grading

5. Student-related versus coach-related

If a student keeps making mistakes despite having been carefully taught the correct technique, it might be due to other factors which can include:

- Not paying attention to the techniques as instructed
- A lack of inherent ability
- Being too motivated or excited (e.g. the pressure and resulting adrenalin of a grading)
- Lack of confidence

Coach related mistakes include:

- Demonstrating incorrect technique
- Providing an improper explanation of the technique
- Using the wrong coaching method or style for the student to learn effectively
- Having a poorly planned or organised class

All the above suggest that the coach is not competent, lacks the skills to teach and has a low level of technical ability and knowledge.

SMART GOAL SETTING

Setting SMART goals e.g. in between gradings and for pre-grading preparation can be really helpful. The SMART process makes a goal clear and should ensure that the student can achieve it by the target date.



This process is also linked to your Scheme of Work which should be planned so that students achieve the expected level of ability by their chosen grading date

PROFESSIONAL BOUNDARIES

As a coach you are in a position of power and trust. You may find that students ask for your advice and share their problems with you.

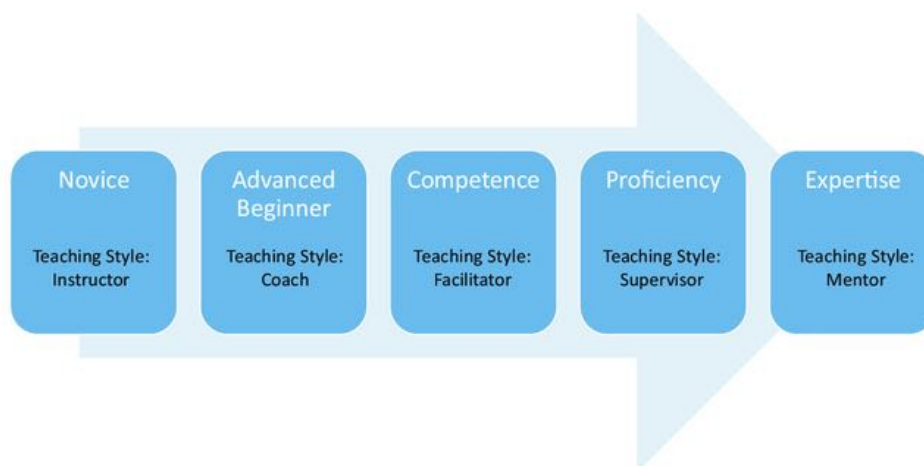
The UK Coaching Code of Practice states:

"Do not assume responsibility for any role for which you are not qualified or prepared."

As a coach you should restrict your advice and guidance to aikido practice and conduct on the mat.

DEVELOPING YOUR COACHING STYLE

As your knowledge and skills as a coach develop over time then your ability to adapt your coaching style should also develop.



Always remember that it can be “Different Strokes for Different Folks” and there will be times when a One Size Fits All won’t be suitable.

COACHING SPECIAL POPULATIONS

This is an area worthy of discussion and research away from this course – so that you can develop operating protocols for your club. As coaches we are not medical specialists, and we also want to promote inclusion wherever possible. In most instances, participating in activity will have associated physical and mental benefits.

However, this is not always the case. And there are medical conditions which could, arguably, fall outside the scope of practice of a Club Coach. Some of these are explored in this section.

SCREENING FOR RISK

We looked at the club application/membership form in Session 1. The form should contain a section where individuals can list any medical conditions which they feel could impact on their safe participation.

Of course, not everyone with a particular medical condition will fully understand the implications of participation. Others may be undiagnosed – and some people just lie! But a coach can only deal with what they know – or what they can determine through other screening methods such as observation.

Now, having asked for this information about medical conditions, you need to know what to do with it! Can the person take part? Do you need medical “clearance”?

This can be a real minefield. The Alliance is not offering medical advice. All this qualification seeks to do is inform coaches of risk assessment strategies that will support best practice and help coaches despatch their duty of care.

According to CIMSPA (the organisation which sets the standards for coaching in the UK)

2. Scope of the Coach

A Coach will improve a participant's experience of sport and physical activity by providing specialised support and guidance aligned to their individual needs.

- Coaches can, and do, have an inspirational effect on individuals, groups and communities.
- They lead the planning, preparation, delivery, continuous evaluation and review of a series of sport and/or physical activity sessions.
- They ensure the culture and environment is designed to meet a participant's welfare needs and allow them the opportunity to achieve their goals and meet their aspirations. The participant's development as a person is central to the Coach's activity. This means tailoring to the participant's needs and taking an inclusive approach.
- They work with participants, and a range of others such as other coaches, colleagues, volunteers, parents, teachers, youth workers and health professionals, to ensure the experience is the very best it can be.

Coaches that meet this standard will be able to work with a broad range of participants with different needs in different types of environment. They will have demonstrated the ability to work with a group of participants in an environment to suit their needs over a period of time sufficient enough to show improvement against an individual's needs and aspirations.

The following flowchart (next page) offers some guidance on making decisions about participation.

The ACSM (American College of Sports Medicine) is an accepted industry source of reputable advice and guidance.

It looks quite technical at first glance but if you read it, the pathways are quite clear.

EXERCISE PREPARTICIPATION HEALTH SCREENING RECOMMENDATIONS



THE BIG CHANGE:

Most people can exercise without visiting a doctor first.

Points to consider before starting to exercise or increasing exercise intensity:

- 1 Current activity level
- 2 Signs/symptoms of certain diseases
- 3 Planned exercise intensity

MEDICAL CLEARANCE

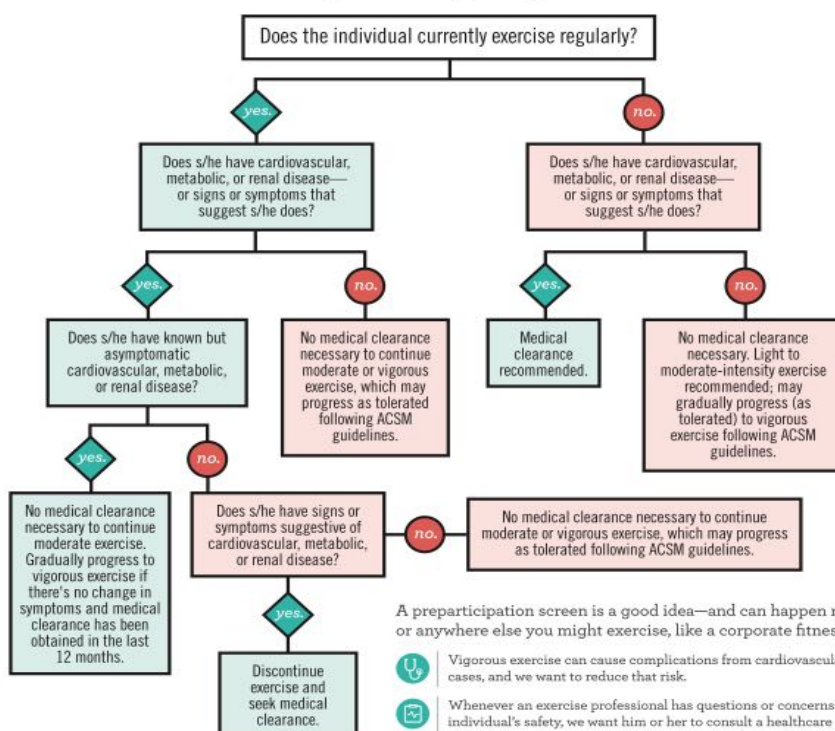
A doctor advises a patient that he or she may exercise based on medical history and current health.

MEDICAL EXAM/TEST

A doctor examines a patient for particular issues that may interfere with exercise.

PREPARTICIPATION HEALTH SCREENING

Updated for 2015 and beyond



A preparticipation screen is a good idea—and can happen right in the gym or anywhere else you might exercise, like a corporate fitness program.

Vigorous exercise can cause complications from cardiovascular disease in rare cases, and we want to reduce that risk.

Whenever an exercise professional has questions or concerns about an individual's safety, we want him or her to consult a healthcare provider.

The Liability Issue: HAS THAT CHANGED, TOO? In short, no.

If you're a fitness professional:

☒	Use reasonable care when training a client.	☒	The new exercise preparticipation health screening recommendations are not a replacement for sound clinical judgment. Refer clients to a healthcare provider for medical clearance before they start an exercise program on a case-by-case basis.
☒	As always, any individual assumes some risk with regard to fitness training under the guidance of a fitness professional, and waivers and releases can limit future liability.		

The Irwin and Morgan risk stratification tool is something used in clinical and community exercise settings to determine whether it is appropriate for someone to take part in physical activity. Again – there are some scientific terms in the table – but there is enough accessible information for it to be useful to a layperson (e.g. aikido instructor)

Those who fall into the medium risk category would usually require medical clearance before participating. No one should be participating if they are in the High Risk category

Irwin and Morgan Risk Stratification Tool

The Irwin and Morgan Risk Stratification Tool Takes the form of a simple traffic light system, the categories of risk are demonstrated below:

Low Risk	
Overweight	No complications
High Normal Blood Pressure	(130-139/85-89) not medication controlled
Deconditioned	Due to age or inactive lifestyle
Type 2 Diabetes	Diet Controlled
Older People aged >65	No more than 2 CHD risk factors and not at risk of falls
Antenatal	No symptoms of pre-eclampsia/no history of miscarriage
Postnatal	Provided 6/52 check complete and no complications
Osteoarthritis	Mild where physical activity will provide symptomatic relief
Mild bone density changes	BMD>1SD and <2.5 SD below young adult mean
Exercise induced asthma	Without other symptoms
Smoker	One other CHD risk factor and no known impairment or respiratory function
Stress/mild anxiety Seropositive HIV	Asymptomatic

Medium Risk	
Hypertension Stage 1	(140-159/90-99) Medication controlled
Type 1 Diabetes	With adequate instructions regarding modification of insulin dosage depending on timing of exercise and warning signs
Type 2 Diabetes	Medication Controlled
Physical disabilities	No other risk factors
Moderate OA/RA	With intermittent mobility problems
Clinical diagnosis Osteoporosis	BMD- 2.5 at spine, hip or forearm or _>4 on Fracture index, with no history of previous low trauma fracture
Surgery – Pre and Post	General or Orthopaedic, Not Cardiac
Intermittent claudication	No symptoms of cardiac dysfunction
Stroke/TIA	> 1 year ago. Stable CV symptoms. Mobile no assistance required

Medium Risk	
Asthma	Mild (ventilator limitation does not refrain submaximal exercise)
COPD	Without ventilator limitation but would benefit from optimisation of respiratory
Neurological Conditions	System mechanics and corrections of physical deconditioning E.G. YOUNG ONSET Parkinsons Disease (stable); Multiple Sclerosis
Early symptomatic HIV	Moderately diminished CD4 cells, intermittent or persistent signs and symptoms e.g. fatigue, weight loss
Chronic Fatigue Syndrome	Significantly deconditioned due to longstanding symptoms
Depression	Mild to moderate
Fibromagia	Associated impaired functional ability, poor physical fitness, social isolation, neuroendocrine and automatic system regulation in disorders
High Risk	
Older people >65 years at risk of falls. Frail older people with osteoporosis and history of fracture	REFER DIRECT TO FALLS SERVICE (BMD) >-2.5 at spine, hip or forearm in the presence of one or more documented low trauma or fragility fractures). REFER DIRECT TO FALLS SERVICE
Unstable and uncontrolled cardiac disease	
Claudication with cardiac dysfunction	
Orthostatic hypotension	Fall SBP - 20mg/Hg within 3 mins of standing
Stroke / TIA	Recent (>3 months ago)
Severe Osteoarthritis/Rheumatoid arthritis	With associated mobility
Type 1 or Type 2 Diabetes (Advanced)	With associated mobility
Moderate to severe arthritis	With accompanying autonomic neuropathy, advanced retinopathy
COPD/emphysema	With true ventilator limitation
AIDS	With accompanying neuromuscular complications severe depletion of CD4 cells, malignancy or opportunistic infection
Psychiatric illness/cognitive	AMT score<8

The PARQ+ form (as referred to in Manual 1) give a lot of information about readiness to exercise. The Alliance is not suggesting that this level of screening is mandatory at club level.

Below is an image of just part of the form.

2022 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐ ?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

<http://eparmedx.com/wp-content/uploads/2022/01/ParQPlus2022.pdf>

PRE AND POST NATAL PARTICIPANTS

The American College of Obstetricians and Gynaecologists is another internationally recognised source of reliable information about exercise during pregnancy.

More information can be found here:

<https://www.acog.org/womens-health/faqs/exercise-during-pregnancy>

NHS advice can be found here: <https://www.nhs.uk/pregnancy/keeping-well/exercise/>

Summary points include:

Warning Signs to Discontinue Exercise While Pregnant

- Vaginal bleeding
- Abdominal pain
- Regular painful contractions
- Amniotic fluid leakage
- Dyspnea before exertion
- Dizziness
- Headache
- Chest pain
- Muscle weakness affecting balance
- Calf pain or swelling

Dyspnea/Dyspnoea

Shortness of breath —often described as an intense tightening in the chest, air hunger, difficulty breathing, breathlessness or a feeling of suffocation

- **Contact activities with high risk of abdominal trauma or imbalance should be avoided.**
- **Supine work (i.e. lying on your back) is contraindicated – most notably after the first trimester.**
- **Post-natal checks should be completed before starting or resuming aikido training (usually 6 weeks for a natural, uncomplicated birth and 12 weeks for a Caesarean delivery)**
- **Hydration and temperature control are important as is exercise intensity. Using the Talk Test is a good way of measuring this. A woman who can comfortably hold a conversation during activity is likely to be working at a moderate level.**
- **A hormone called relaxin is present for up to 12 months after birth. This hormone increases joint ROM/flexibility and for this reason flexibility training should be avoided. Movements should be well within normal ROM (range of motion)**

Other factors to consider might be: is the person asking to *start* aikido whilst pregnant – or are they an experienced aikidoka from your club.

OLDER ADULTS

The term “older adult” has historically been used with those over the age of 50. However, it is now more common to apply this term to those 65 and over. Fit and healthy older adults who go through a screening process without any risk factors being flagged are often considered to be OK to participate as normal.

The physiological changes that happen simply as a result of the ageing process can require some adaptation with regard to training regimes. Older adults can take longer to warm up. Balance and flexibility can be more limited (and therefore can benefit from the challenge of training).

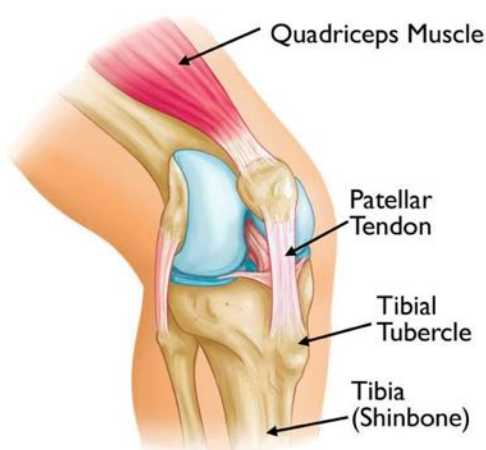
Osteoporosis is a condition where the bones become more fragile (usually associated with the ageing process and the menopause). It is often undiagnosed until the person suffers a broken bone. Impact and strength training are important to keep strong and healthy bones.

No one with diagnosed osteoporosis should be accepted for aikido training without the approval of a medical/health professional who understands the aikido training regime.

CHILDREN AND YOUNG PEOPLE

This course is aimed at those wishing to coach adult participants.

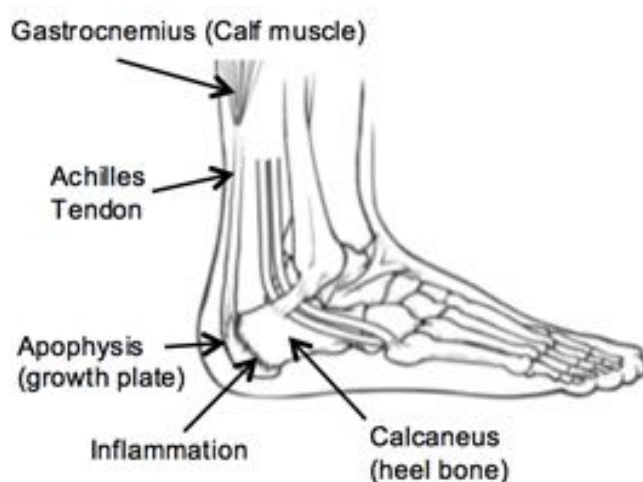
However, for information purposes here are some key points to be aware of regarding the development of children.



Osgood-Schlatter disease is a relatively common cause of knee pain in growing adolescents. It is an inflammation of the area just below the knee where the tendon from the kneecap attaches to the shinbone. It most often occurs during growth spurts, where bones, muscles, tendons, and other structures are changing rapidly. Because physical activity puts additional stress on bones and muscles, children who participate in running and jumping activities and sports are at an increased risk for this condition.

In most cases, simple measures like rest, ice, over-the-counter medication, and stretching and strengthening exercises will relieve pain and allow a return to daily activities.

Sever's disease is a painful condition of the heel that occurs in growing children. It happens when the tendon that attaches to the back of the heel pulls on the growth plate of the bone of the heel (the calcaneus). The repeated stress on the growth plate causes pain and inflammation at that site.



It most commonly occurs in physically active children between the ages of 8 and 14 years of age. This pain is often worsened by physical activity or when Achilles tendons are tight.

Pain can also be worse during a “growth spurt,” when the bones grow faster than the tendons. This increases the pull of the tendon on the heel.

Sever's disease is not thought to be a condition which will usually cause long term damage or arthritis and often resolves once the growth plates close.

Growth Plates

Severs Disease is associated with Growth Plates

Growth plates are the areas of new bone growth in children and teens. They're made up of cartilage and are usually near the ends of long bones. The growth plate is therefore weaker than solid bone. This makes it more likely to get injured.

As kids grow, the growth plates harden into solid bone. A growth plate that has completely hardened into solid bone is a closed growth plate. After a growth plate closes, the bones are no longer growing.

Growth plates usually close near the end of puberty. For girls, this usually is when they are 13–15; for boys, it's when they are 15–17.

Although relatively rare, damage to growth plates can cause permanent problems. One of the factors associated with damage to growth plates is Overuse/Repetitive Stress Injuries and this is one of the reasons why against the joint locks are eliminated from junior syllabus techniques.

Other factors to consider when working with children are growth spurts. These can result in coordination problems. Hormonal changes can disrupt behaviour and confidence.

DISABILITY

Inclusion is the key factor here. Wherever possible a coach should be enabling safe participation.

Disability is one of the protected characteristics under the Equality Act 2010.

The way in which you adapt your sessions and coaching style will clearly depend on the disability (and disabilities range from the obvious to the hidden; from minor to major).

Clearly the best thing to do is to ask the person what adaptations they need or want. If it is safe to implement those adaptations and you feel it is within your scope of knowledge, then record your adaptations on your lesson plan.

You might need to discuss adaptations to syllabus techniques with someone more senior in your Association. For example:

- Would you allow a standing version of a suwari technique for someone who was unable to kneel down?
- Can you print syllabus material onto coloured paper for someone who is dyslexic?
- What strategies could you implement for someone partially sighted or hard of hearing

Also see the Coaching Resources page on the Aikido Alliance website for more curated resources.

RISK ASSESSMENT

Risk assessment goes beyond just assessing the dojo space. You should also risk assess the aikido activities (along with any specific considerations such as beginners doing aikido).

You can download a FREE risk assessment template from the HSE



<https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm>

METHODS OF RISK ASSESSMENT

Risk assessments should be done regularly – or when something changes. They should be written (so that there is a record of the process having been undertaken). You might also want to consider how you will make the process dynamic and accessible to all concerned.



One option is to upload your risk assessment as a spreadsheet or document to e.g. Google Drive and then invite relevant people to access and update it as required.

This has been particularly relevant during the Covid pandemic where guidance seemed to be changing almost daily.

Google will keep a history of your risk assessment so you can prove that it is a working document that is updated. And if someone changes something by mistake you can always roll back to the correct version. So in a sense it's a risk-free way to undertake, store and share a risk assessment.

If you have multiple venues you can obviously have separate risk assessment documents – or one spreadsheet with tabs for each venue.

If you use the HSE template the column headings will guide you through what to do when assessing and mitigating risks.

Or you can use two other common methods:

Low – Medium – High (LMH) method

Identify the Hazard and decide 1. What is the worst possible outcome and 2. How likely is it to happen. Using this method will result in a hazard that is Low x Medium or High x High

IMPACT	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium
		Low	Medium	High
		LIKELIHOOD		

You can then decide what happens with hazards that are Medium and High; do you need to cancel the activity or can you mitigate the risk in some way to bring it down to an acceptable level of risk?

The 5x5 Method

This method produces a number: something quantifiable to work with. Some people prefer this. As with the LMH Method, identify the Hazard and decide:

1. What is the worst possible outcome 1 = Minor 5 = Catastrophic and
2. How likely is it to happen 1 = Rare and 5 = Almost Certain

		Severity				
		Negligible	Minor	Moderate	Major	Catastrophic
Likelihood	Almost certain	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5

You should strive to make all risks Green. Those which are Amber can be monitored.

If you cannot reduce (mitigate) a risk that is Red then ask yourself: “should the activity go ahead?”.

Some Clubs set an upper limit of 12 – anything above that then you must

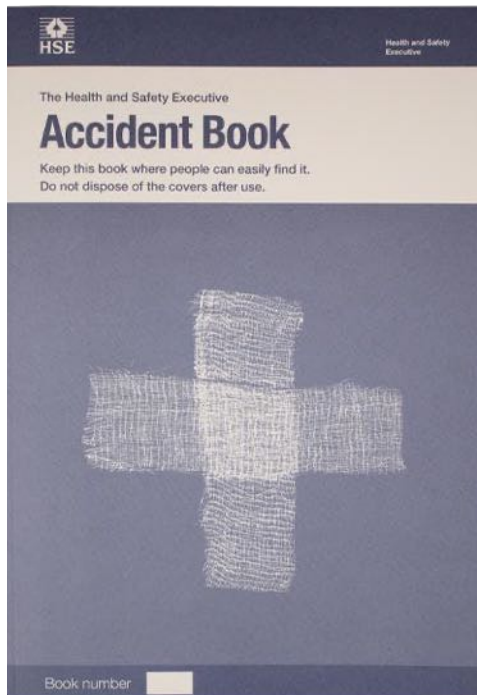
either mitigate or cancel the activity.

If you hire a venue then the venue should have a risk assessment in place. You can ask for this to be shared with you. But you should also conduct your own risk assessment as well.

In the unlikely event of an incident or serious accident it is quite likely that, as part of an investigation or insurance claim, you could be asked to produce your risk assessment.

ACCIDENT BOOK

You might be required to use the venue's accident book. You should request a copy of any pages that you complete and/or complete a club accident report as well.



You should ideally use an HSE compliant accident book and complete this as per the guidelines.

Some accidents of a serious nature might need to be reported to RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

You can get more details here.

<https://www.hse.gov.uk/pubns/indg453.htm>

NOTIFICATION GUIDELINES

You can download a copy of the Aikido Alliances Incident Notification document here:

https://www.aikidoalliance.co.uk/?page_id=52

Please contact the Alliance's Insurance Liaison Officer if you need any guidance on reporting accidents and incidents.

HEALTH AND SAFETY STATEMENT

Each Club should, as best practice, have a Health and Safety Statement – you can grab a fillable PDF from the Alliance website: <https://www.aikidoalliance.co.uk/wp-content/uploads/2021/08/policy-statement-template.pdf>

SCHEMES OF WORK AND LESSON PLANS

A scheme of work (SOW) is an overview or a longer-term plan for what you aim to teach over a particular period of time. It's a road map for where you want to go and the steps you will need to take in order to get there.

Examples might be a 6-week beginners' course or a SOW to cover the period between gradings (commonly 12/13 weeks).

There are benefits to putting together a scheme of work, not least of which is making sure you don't accidentally leave out something which is crucial to the success of the "programme" you are planning (and of course to the success of your students).

Creating a SOW can also reduce your workload going forward. You can frontload your planning and create a Beginners' SOW. Once it's done it is there for anyone to use.

AIMS AND OBJECTIVES

The aim is a broad statement of intent of what you want your students to achieve: for example, to enable students to cover all syllabus material required for purple belt.

The objectives are how your students will achieve the aim over the stated time period, for example, perform basic ukemi, perform XXX technique right side only, perform XXX strikes plus apply and receive nikkyo safely.

When writing objectives for practical activities, it's best not to use words such as know, learn or understand because how will you know they know? It's much better to use words describe things that the student has to do to prove their understanding.

Objectives should be SMART to enable you to deliver and assess progress and achievement.

Specific – the objectives are clearly defined to meet the required aim

Measurable – they can be achieved at the right level for each student.

Achievable – they can be met by all students – you might have to use progressions or regressions in your lesson plans and possibly alter the T for Timebound for some students.

Relevant – e.g. they relate to the syllabus or grading requirements

Time bound – the agreed target date (usually a grading date)

For your assessment you will create a 12-week Scheme of Work and a detailed lesson plan which you will use for your practical teaching video.

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Change log

V2	October 2022	Removed broken links – added link to H&S Policy statement for clubs – updated PAR-Q to the 2022 version - added ACOG and NHS links

**This Manual should be read in conjunction with Manual 1,
the course slides and handouts.**



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