

THESIS

STATE LICENSING OF FITNESS LEADERS  
IN COLORADO HEALTH CLUBS

Submitted by

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WE HEREBY RECOMMEND THAT THE THESIS PREPARED UNDER  
OUR SUPERVISION BY JOHN PATRICK LEGEL ENTITLED STATE  
LICENSING OF FITNESS LEADERS IN COLORADO HEALTH CLUBS  
BE ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE  
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## ABSTRACT OF THESIS

### STATE LICENSING OF FITNESS LEADERS IN COLORADO HEALTH CLUBS

The purpose of this study was to formulate a legal proposal for licensing of fitness leaders in Colorado health clubs.

The subproblems were: 1) to identify present qualifications and educational backgrounds of currently employed fitness supervisors and leaders in the Colorado health club industry, 2) to determine the trend of the law in cases of personal injury resulting from negligence of a health club employee, and 3) to determine the need for a state licensing procedure for fitness leaders in Colorado health clubs.

A survey questionnaire was developed and mailed to the managers of the 220 health clubs listed in the 1981 Colorado telephone directory. Percentages and frequency tabulations were used to analyze the results. One hundred nineteen questionnaires were returned, 115 of which contained data suitable for analysis. From the analysis the following conclusions were drawn.

1) The educational background of Colorado health club employees with respect to health and fitness related certifications is low.

2) The educational background of Colorado health club employees with respect to courses taken in one of the nine related areas is low.

3) Only 59 percent of health clubs have a full time employee trained in Cardiopulmonary Resuscitation.

4) Only 51 percent of health clubs have a full time employee trained in Advanced First Aid.

5) Fitness leaders receive the major portion of their related education at the university level, with high schools, junior colleges, and health clubs contributing in a minor way.

6) The rapid expansion of knowledge in the exercise field is not being adequately extended to the patrons of health clubs, because about half of the health clubs do not have an employee who has taken related coursework within the last four years.

7) There are no generally accepted standards as to what constitutes a minimum level of knowledge for a fitness leader in the Colorado health club industry.

8) A licensing procedure would be in the self interest of the health club industry. Health club owners could show that they took reasonable care in providing their patrons with knowledgeable personnel, by employing licensed fitness leaders and may thereby reduce their potential liability. Considering the trend of the courts to view liability waivers unfavorably, this becomes important.

9) The conclusions support the need for a state licensing procedure to set a minimum standard of knowledge for fitness leaders, to insure that current and reliable information is being given to the public.

From these conclusions the following recommendations are suggested.

1) The minimum standards should be based on the current state of the art as determined by leading authorities in the exercise field.

2) A practical way to achieve these standards would be to initiate a state licensing program that would test and license fitness leaders.

3) Cardiopulmonary Resuscitation should be required.

4) Advanced First Aid should be required.

5) Applicants for a license should be able to demonstrate a basic knowledge of the following topics.

- a) Exercise Physiology
  - b) Exercise Program Design
  - c) Human Anatomy and Kinesiology
  - d) Diet and Nutrition
  - e) Psychology of Motor Behavior, Sport and Exercise
  - f) Health Evaluation Methods
  - g) Activity Related Injury
  - h) Muscular Training
- 6) Licenses should be renewed every four years.

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## INTRODUCTION

In recent years the number of health clubs has grown steadily in response to the public's increasing interest in physical fitness and a healthier life style. Allied health personnel, including the physician, the nurse, and the physical therapist who work in crises health care, and the barber, cosmetologist, and masseuse, who work with the physical appearance of the public, are all required to have a state license to insure the public's well being.

The trend in individual health today is becoming more and more preventive in nature. The public, sensing an increased life span, a higher level of fitness, reduced medical costs, and psychological well being, is turning toward health clubs as a prime means of obtaining these real and perceived benefits.

The state has shown concern, and rightly so, for the public's health and safety in a post crises setting. In view of the changing trend in society towards a more preventive health environment, this concern by the state for the public's well being might need to be extended to include preventive health measures.

The health club industry has been trying to establish minimum standards for its exercise employees. The American Association of Fitness Directors in Business and Industry is working to establish minimum education and job qualifications for exercise personnel in corporate fitness programs.

The Association of Physical Fitness Centers is trying to standardize training procedures. The American College of Sports Medicine is currently developing a certification program for exercise employees dealing with the apparently healthy adult population. YMCA's have their own certification for fitness specialists. Thus, it is evident that many branches of the fitness industry view a certification process as desirable. The diversity of the industry, however, lends itself to a fragmentary approach to the problem.

The amount of new information from research in the areas of fitness, health, and nutrition in the past five years has been monumental, and fitness professionals must keep abreast of these new developments. The legal trend in this area is to hold the exercise employee and the employer liable for negligence, if an injury is caused by an unqualified employees guidance or advice.

It appears that a progressive move by the state of Colorado to initiate a licensing procedure for fitness leaders would greatly benefit the public interest. By providing proof that a certain level of competence exists in those health clubs that employ licensed fitness leaders. It would also be self serving to the health club industry by increasing public confidence and may help to reduce potential liability actions.

#### Statement of the Problem

The general problem was to formulate a legal proposal to initiate a licensing procedure for fitness leaders employed in Colorado health clubs. The sub-problems were:

1. Identify present qualifications and educational backgrounds of currently employed fitness leaders in the Colorado health club industry.

2. Determine the trend of the law in cases of personal injury resulting from the negligence of a health club employee.

3. Determine the need for state licensing of fitness leaders in Colorado health clubs.

### Purpose

The purpose of this study was to formulate a legal proposal for licensing of fitness leaders in Colorado health clubs.

### Need for the Study

A trend toward preventive medicine and a healthier life style is becoming evident in this country (1). Exercise is seen by many experts as being a main ingredient of this trend (2). Health clubs and programs for adults have been steadily rising in Colorado (3). The demand for reliable information about exercise and wellness concepts by the public has also risen. Fitness leaders need to communicate this information to participants of various exercise programs. A recent California survey, however, has shown the quality of exercise employees to be poor (4). Programs are being given through health clubs, YMCA's, Nautilus clubs, diet centers, community parks and recreation programs, and universities throughout the state. In addition, the health club industry is slowly working toward developing standards for their exercise employees. Also, many individuals in the health and fitness areas are seeking a means of certifying their competency. A state licensing procedure for leaders of these programs can insure a higher quality of exercise programs for the apparently healthy adult.

### Limitations

The data for this survey was collected from questionnaires mailed to the managers of the 220 health clubs listed in the 1981 Colorado telephone directory. The results of this study reflect only the current educational backgrounds of the 119 respondents. Licensing of fitness leaders in health clubs is a relatively recent need of the public, and no state currently has a licensing procedure. Extensive research was not available to study and the amount of related literature for review was severely limited. The total number of questionnaires which were returned could not be controlled by the researcher.

### Definition of Terms

Health Club. An establishment which provides as one of its primary purposes, services or facilities which are purported to assist patrons to improve their physical condition or appearance through exercise, weight control, or diet.

Fitness Leader. A person who designs programs or supervises a program that purports to assist patrons in improving their physical condition or appearance through exercise, weight control, or diet.

Licensing. The issuance of a signed document evidencing satisfactory completion of a state licensing examination or program of training.

## REVIEW OF LITERATURE

A review of literature has indicated that there has been little material written in the area of state licensing for fitness leaders in health clubs. Specifically, there is an absence of material written in the area of education and training of fitness employees.

Hage has reviewed the problem and concluded that although each facet of the industry claims that its own employees have acceptable levels of education, there is no agreement on what constitutes minimum qualifications or whether a certification procedure is necessary for exercise employees (4). Hage also states that "until uniform standards are adopted by, or forced upon, the industry, a fragmented approach will probably be the norm" (4).

The American College of Sports Medicine, a leader in the field of fitness, is currently developing a certification for fitness leaders to be implemented in late 1982 or early 1983 (5). A written test will be given and the areas of behavioral objectives include:

- a. Exercise Physiology
- b. Exercise Prescription
- c. Exercise Testing
- d. Exercise Leadership
- e. Pathophysiology
- f. Basic Electrocardiology
- g. Basic Pharmacology
- h. Functional Anatomy and Kinesiology

- i. Emergency Procedures
- j. Gerontology
- k. Muscular Training
- l. Nutrition/Weight Management
- m. Activity Related Injury
- n. Human Behavior/Psychology
- o. Health Appraisal Techniques
- p. Program Administration and Organization

Oldridge states that "the exercise leader is the pivotal person in a program of physical conditioning for preventive or rehabilitative purposes. The leader can devise a successful exercise program which instills motivation and provides maximum benefit for a wide range of physical conditions" (6). Stoeckel suggests that a good exercise leader have the ability to motivate people and possess a sound knowledge of the physiology, kinesiology and psychology of physical activity (7). An increasing number of elderly people are becoming interested in maintaining their physical fitness and the exercise leader needs to be informed of their specific needs and variables (8). Wanzel's research indicates leadership, motivation and organizational abilities of fitness leaders have a highly positive correlation with a successful exercise program (9). While there has been little written on actual licensing procedures, the related literature does indicate the type of knowledge a licensed fitness leader should possess.

Van Der Smitten has reviewed the legal literature and determined that it is essential that the exercise leader keep abreast of the latest developments in the field of exercise and emergency care and utilize it in programming. The standard of care required is that of a competent

professional and this professional expertise must be current. She also found that many persons leading fitness programs do not have adequate knowledge of the structure and physiological functions of the body, nor do they possess the motivational techniques and understanding of emotional considerations and the modification of activity in regard to the specific needs of individuals (10).

A review of the legal literature was made to determine the trend of the law in cases where the main issue would be negligence on the part of a health club employee which results in injury to a patron. Five points become important in determining a trend in this area. The first is that the courts recognize a health club to be a public facility. This is found in the case of *Duncan vs. World Wide Health Studios, Inc.* (11). "The defendant clearly holds out a general invitation to the public to patronize its facilities. Health club managers frankly admitted that their aim was to solicit business. Such health clubs do so by means of advertisements on radio, television, and in newspapers." The importance of this point is that the courts take a more sensitive position toward the public in cases involving a public facility as compared to cases involving private parties.

The second point is that the courts also recognize the duty owed to an invitee of a health club as being "one of ordinary and reasonable care, including protection from negligence and reasonable discoverable hazards created by a third party" (11). The importance of this point is that the third party mentioned could be considered a fitness leader employed by a health club. Protection from negligence and reasonably discoverable hazards created by a third party could easily be interpreted as a failure on the part of a fitness leader in obtaining a correct knowledge of fitness



principles and practices as determined by the leading authorities in the field. Negligence could either be physical in nature, where a patron is being improperly aided in the use of equipment, or verbal in nature, when a fitness leader gives incorrect information that results in an injury to a patron.

A third point noted in the case of "Medical Slenderizing, Inc. vs. the State of Texas," (12) is the reaffirmation of the general law that an employer may be held accountable for a wrongful act of his employee committed while acting in his employer's business and within the scope of his employment, even though employer had no knowledge thereof or had even expressly forbidden such conduct. The importance of this case should be obvious to the employer in that he can be held liable for the actions of his employees and that it is his responsibility to see that they have the proper training that is to be reasonably expected of a fitness leader.

The fourth point concerns health club contracts and liability waivers found therein, and is noted in the case of "Leidy vs. Deseret Enterprises, Inc. (13). The courts have become particularly sensitive to the public interest in considering contracts involving health and safety. Liability waivers for patrons are not favored by the courts. Health club contracts clearly concern health and safety, and the public has an interest in assuring that those claiming to be qualified in the area of health and exercise are in fact so qualified and accept responsibility for their actions.

The allegation in this case is that a business purporting to provide for the physical health of its members acted directly contrary to a doctor's orders specifying necessary post-operative treatment and that

serious injuries resulted. A similar allegation that could be inferred from this case is that a business purporting to provide for the physical health of its members acted contrary to a set of principles established by well known professional organizations in the field of exercise and health, resulting in injury to a patron. The fourth point illustrates the tendency of the courts to disfavor liability waivers, and demand that health clubs insure that their employees be qualified and accept responsibility for their actions.

The fifth point is illustrated by the structure and content of paragraph twenty-nine of the plaintiff's petition in the case of Ely vs. Northumberland General Insurance Company (14). The case involved a near drowning incident and the question was whether or not Ely was entitled to proceed to proceed further because of a liability waiver. The court found that the plaintiff was entitled to offer evidence to attempt to establish that defendant was guilty of the omissions alleged in paragraph twenty-nine of his petition and that the occurrence of these omissions constituted a failure on the part of the defendant "to exercise due diligence and care to see that none of its patrons of the pool are injured through his fault," and recommended further proceedings.

The importance of this case lies in the precise wording of paragraph twenty-nine in which the plaintiff attempts to base a breach of duty of the health club to provide its patrons with a reasonably safe environment. All of the following items may form the basis of what a health club may be required to provide as its "duty to exercise due diligence and care to prevent injury to its members."

1. Failure to provide a lifeguard for the swimming pool.
2. Failure to determine what physical impairments or other problems that plaintiff might have.
3. Failure to specifically determine plaintiff's swimming ability.
4. Failure to develop and provide to plaintiff a detailed exercise program outlining a reasonably safe and prudent use of the facilities.
5. Failure to provide sufficient supervisory personnel to insure proper use of the equipment and the safety of the patrons of the facility.
6. Failure to provide reasonably qualified and experienced personnel to supervise the facilities and to develop reasonably safe and efficient exercise programs.
7. Failure to employ and have readily available, personnel trained in first aid procedures in the event of an occurrence such as above.
8. Failure to provide adequate safety procedures to protect the patron of the establishment.
9. Failure to provide proper and adequate first aid facilities sufficient to give first aid assistance to one who is injured.

### Summary

The trend of the law concerning health clubs and their employees is:

1. To recognize health clubs as public facilities.
2. To recognize the duty owed to a patron as being one of ordinary and reasonable care, including protection from negligence and reasonably discoverable hazards created by a third party.
3. To hold an employer liable for wrongful acts of his employee while acting in his employer's business and within the scope of his employment.

4. To view unfavorably, liability waivers for patrons of health clubs.

5. To expect health club employees to be reasonably qualified and accept responsibility for their actions.

6. A review of the statutes of each state revealed that no state has a licensing procedure at this time.

## PROCEDURES

A cover letter and questionnaire were mailed to 220 health clubs in Colorado. The four types of health clubs included in the survey were Nautilus clubs, YMCA's, diet and weight loss facilities, and general health clubs. The survey instrument was designed to assess the current educational background of fitness leaders in Colorado health clubs. The questionnaire was addressed to the managers of the clubs and requested information about their employees' educational background.

The procedure consisted of the initial mailing of the cover letter and questionnaire. A follow-up postcard was sent to all health clubs ten days later, requesting those who had not returned the questionnaire to please do so, and thanking each club for its cooperation. Two weeks later, a reminder letter and another questionnaire were sent to all non-respondents. A self-addressed and stamped envelope was included in both the initial and reminder letters.

Two hundred twenty questionnaires were mailed and 119 were returned. Since a large population was surveyed, frequency tabulations and percentages were the only statistical measures used. A profile on all health clubs was constructed from the data, as well as individual profiles for Nautilus clubs, YMCA's, diet and weight loss centers, and health clubs in general.

Four areas of interest were surveyed. Question three requested information on thirteen different certifications common to the health and fitness field. Question four was designed to assess the educational

background in nine areas recommended by leading authorities in the field. Question five requested the type of institution at which this education was received. Question six requested additional topics that managers would like potential employees to have in their background. A search of the American Legal Review system was made and related cases were used to construct a legal brief which indicates the trend of the law toward negligence of unqualified health club employees. The statutes of all states were reviewed to determine if any state has a licensing procedure for fitness leaders in health clubs.

## ANALYSIS OF DATA

Two hundred twenty health clubs in Colorado were surveyed. One hundred nineteen (54 percent) of the 220 clubs returned the questionnaire. Four responses were unusable because they did not fit the definition of health club. A mortality rate of 2 percent was noted because four clubs moved or went out of business.

The data was collected from a census of a large population. The returned questionnaires were analyzed with the use of frequency tabulations and percentages; thus, the employee educational profiles reflect only those health clubs that responded.

Five separate profiles were constructed from the data. One was an overall profile of all health clubs. The other four profiles were for Nautilus clubs, YMCA's, diet and weight loss centers, and health clubs in general. The profiles were divided into two sections. The first section indicated the number of health clubs who have employees on their staff with one of the thirteen certifications commonly found in the health and fitness field. A distinction is made between full time and part time employees. Section two indicated whether any health club staff member had taken educational courses in nine related areas within the last four years. Respondents were also asked to indicate whether these courses were taken at a high school, junior college, university or a health club sponsored program.

The response rate varied with the specific type of health club.

1. Sixteen of eighteen YMCA's responded (89 percent).
2. Fourteen of twenty-one Nautilus clubs responded (62 percent).
3. Twenty-one of forty-four diet centers responded (48 percent).
4. Sixty-four of one hundred thirty three general health clubs responded (44 percent).
5. The overall response rate was 54 percent.

Figure 1 shows the certification profile of full time employees for all respondents. The number of health clubs that employ persons with any of these certifications ranges from 3 to 59 percent. The percentage of health clubs with employees certified in cardiopulmonary resuscitation and advanced first aid is 59 and 53 percent, respectively. The percentage of registered nurses is mainly a reflection of the diet and weight loss centers who employ twelve of the fourteen nurses tabulated.

Table 1 shows the percentage of health clubs with at least one employee who has taken one of the courses listed within the last four years and where it was taken. Courses taken on the high school or junior college level were insignificant and it can be seen that most employees received their education at the university level. Some respondents marked more than one answer on where their courses were taken. Thus, it was uncertain whether these courses were taken at the university level or from a health club program or from both; therefore, a separate category was listed. The data indicates that the percentage of health clubs that have an employee who has taken at least one course in a related area within the last four years ranges from 28 to 60 percent depending on the specific area.

Figure 2 shows the certification profile of part time employees for all respondents. Part time employees with certifications range from 2 to 16 percent.



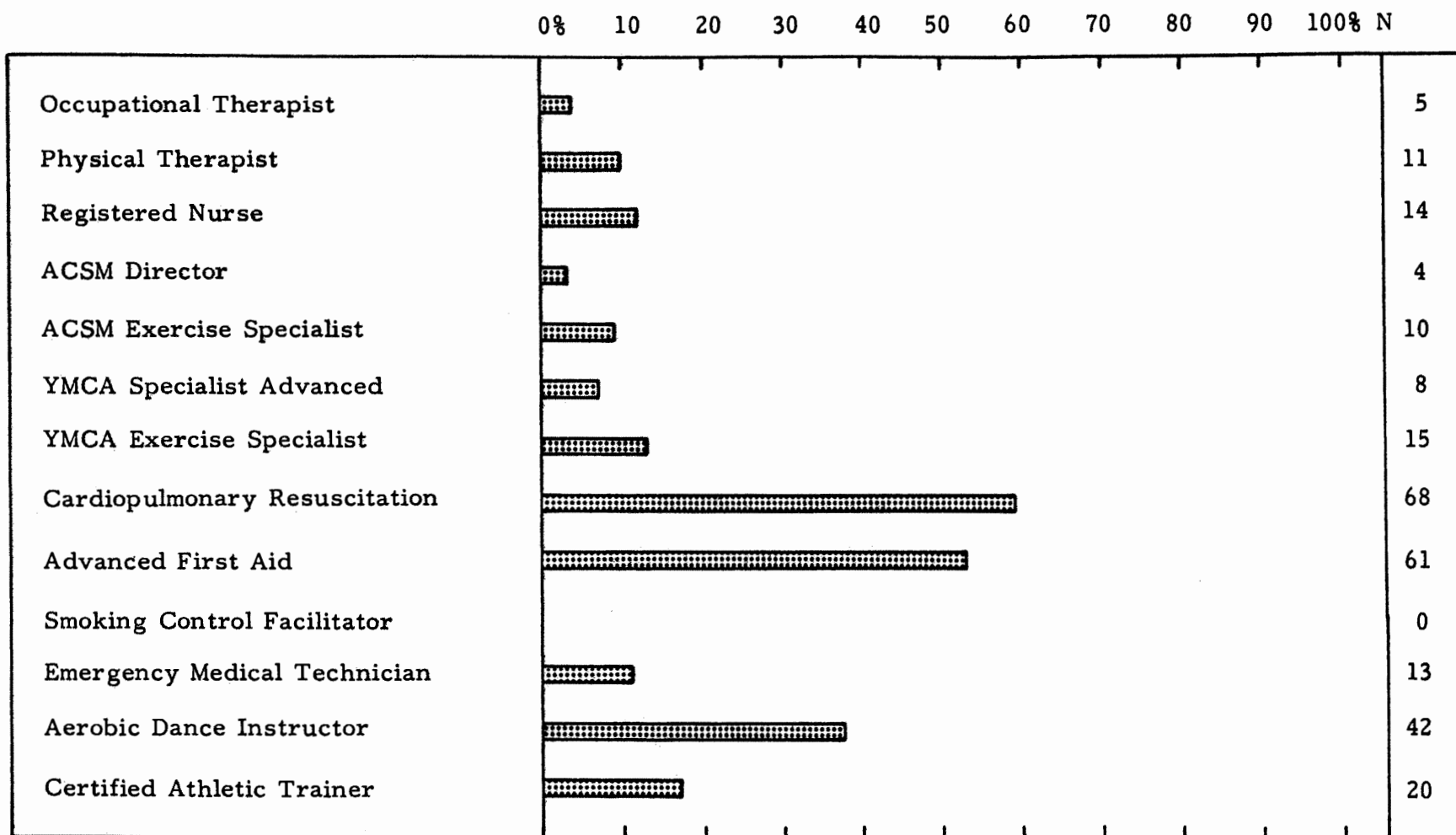


FIGURE 1

CERTIFICATION PROFILE FOR ALL RESPONDENTS - FULL TIME EMPLOYEES  
(N = 115)

TABLE 1  
NUMBER OF HEALTH CLUBS WITH AN EMPLOYEE WHO HAS TAKEN  
A COURSE IN ONE OF THE AREAS LISTED WITHIN THE LAST  
FOUR YEARS AND WHERE IT WAS TAKEN  
(N = 115)

	University	University and/or Health Club	Health Club Only	Total	% of N
Cardiovascular Physiology	33	16	2	51	44
Exercise Physiology	39	19	5	63	55
Kinesiology	30	12	3	45	39
Human Anatomy	38	16	3	57	50
Corrective Physical Education	22	8	2	32	28
Therapeutic Exercise	22	11	1	34	30
Diet and Nutrition	42	18	9	69	60
Graded Exercise Testing and Exercise Prescription	23	10	4	37	32
Psychology of Motor Behavior Sports and Exercise	23	12	1	36	31

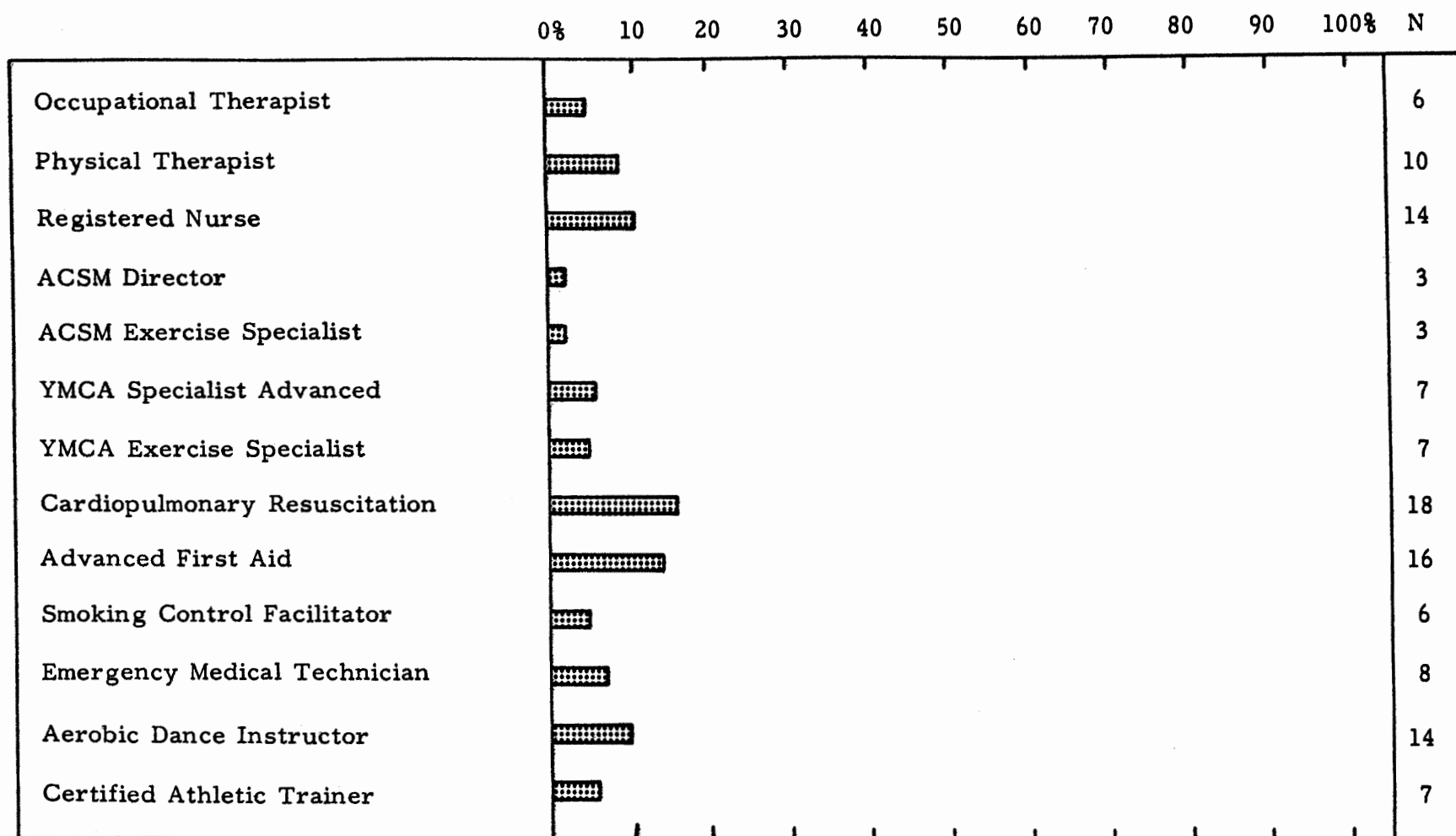


FIGURE 2

CERTIFICATION PROFILE FOR ALL RESPONDENTS - PART TIME EMPLOYEES  
(N = 115)

Figure 3 gives a certification profile of full time employees of Nautilus clubs. It can be seen that the number of such certifications is low with the exception of aerobic dance instructor, cardiopulmonary resuscitation, and advanced first aid. In fact, Nautilus clubs rated highest in percentage of clubs with full time employees certified in cardiopulmonary resuscitation (92 percent) and advanced first aid (77 percent).

Table 2 shows the percentage of Nautilus clubs who have at least one employee who has taken one of the nine related courses within the last four years. Nautilus clubs rated highest in this category with a range from 58 to 86 percent. Nautilus club employees have a higher ratio of employees who are current in fitness related courses.

Figure 4 gives the certification profile of part time employees of Nautilus clubs.

Seven of thirteen Nautilus clubs responded to question six. The topics requested for short course programs are listed in their order of frequency.

1. Exercise Physiology
2. Diet and Nutrition
3. Anatomy
4. Kinesiology
5. Selling Membership
6. Program Management
7. Risk Factor Identification
8. Business
9. Strength Training Principles
10. Public Relations

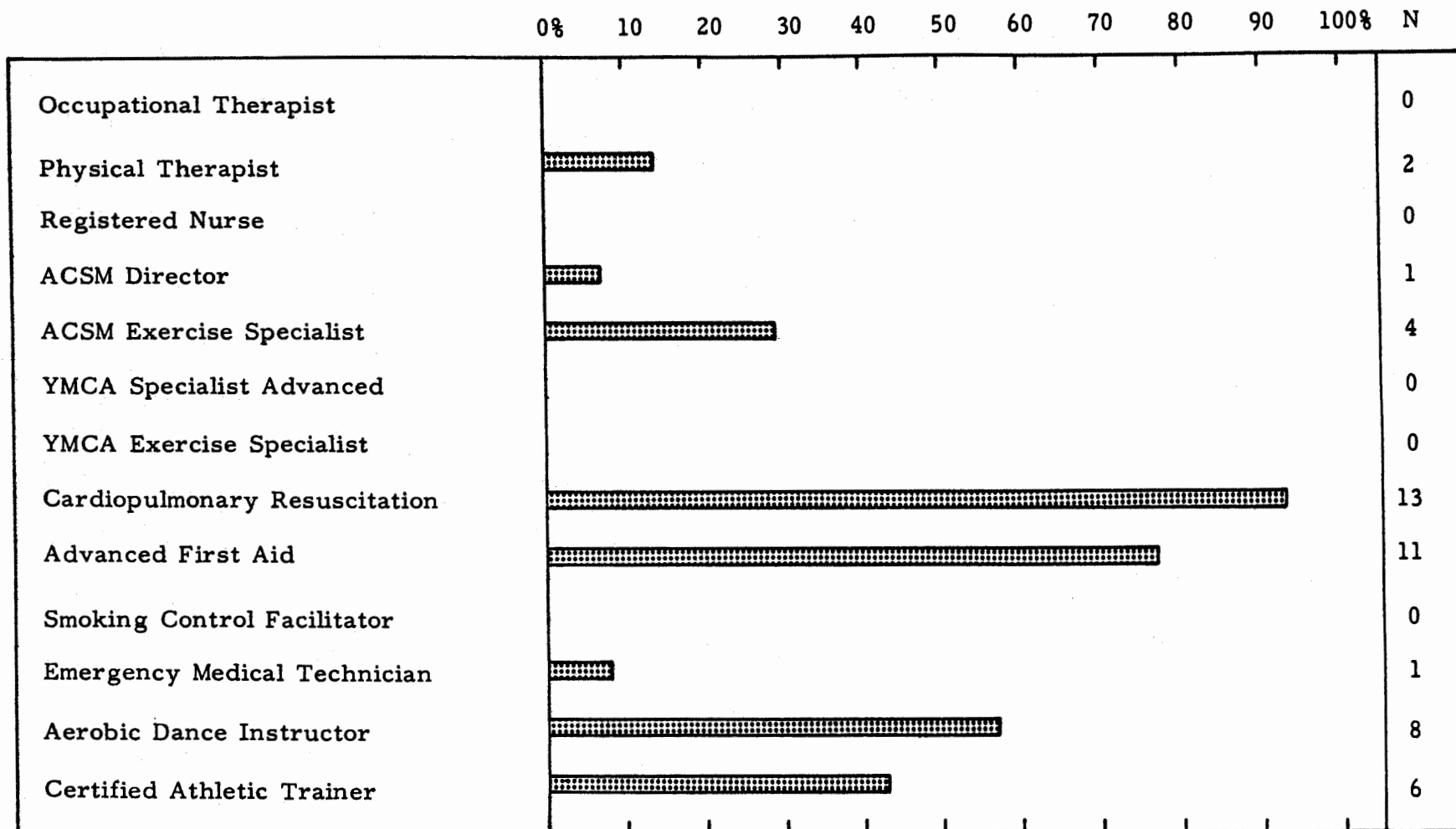


FIGURE 3  
 CERTIFICATION PROFILE FOR NAUTILUS CLUBS - FULL TIME EMPLOYEES  
 (N = 14)

TABLE 2  
NUMBER OF NAUTILUS CLUBS WITH AN EMPLOYEE WHO HAS TAKEN  
A COURSE IN ONE OF THE AREAS LISTED WITHIN THE LAST  
FOUR YEARS AND WHERE IT WAS TAKEN  
(N = 14)

	University	University and/or Health Club	Health Club Only	Total	% of N
Cardiovascular Physiology	5	3	0	8	57
Exercise Physiology	7	4	0	11	79
Kinesiology	6	3	0	9	64
Human Anatomy	7	5	0	12	86
Corrective Physical Education	7	2	0	9	64
Therapeutic Exercise	6	3	0	9	64
Diet and Nutrition	7	5	0	12	86
Graded Exercise Testing and Exercise Prescription	5	2	0	7	50
Psychology of Motor Behavior Sports and Exercise	7	2	0	9	64

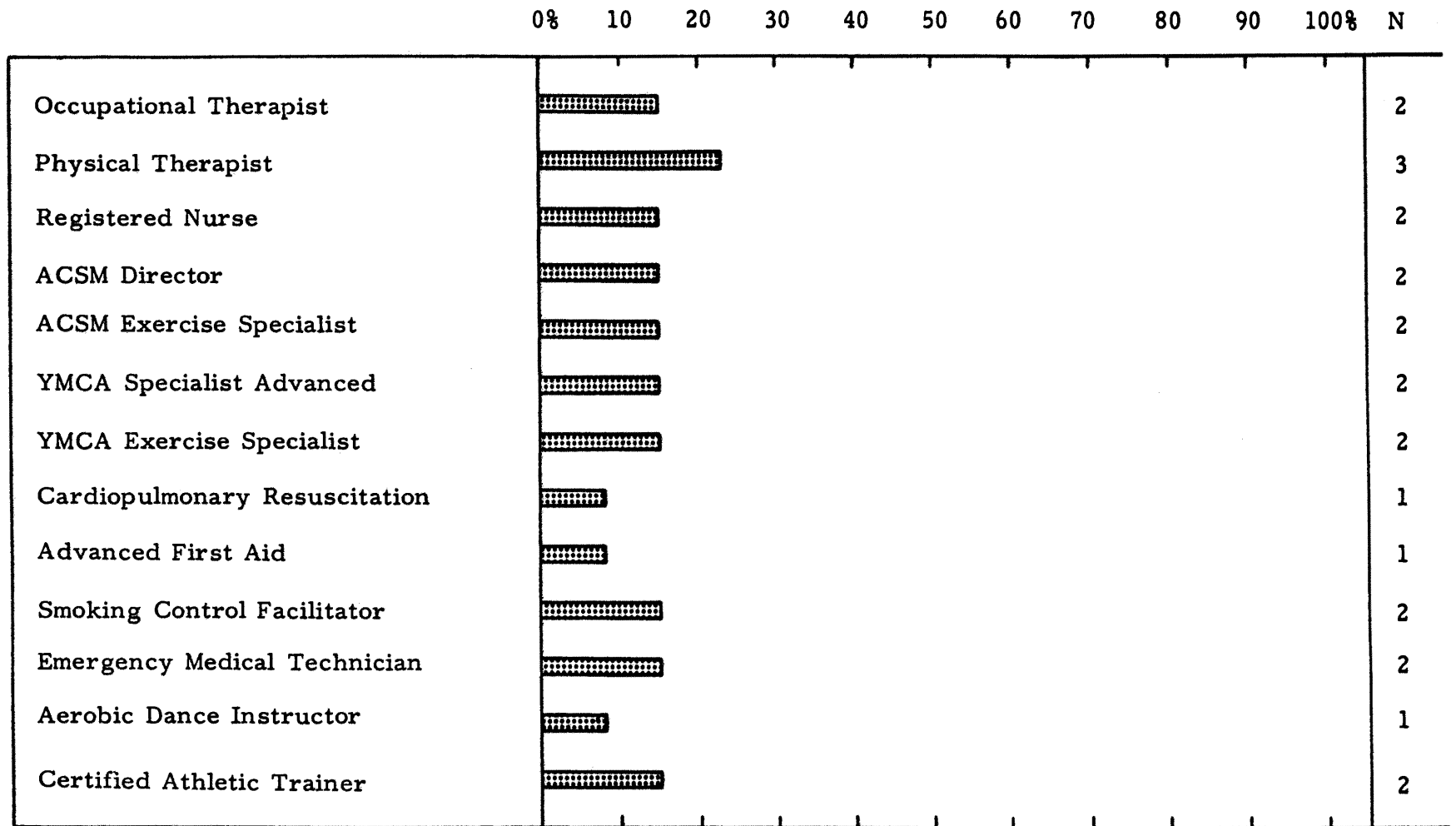


FIGURE 4  
 CERTIFICATION PROFILE FOR NAUTILUS CLUBS - PART TIME EMPLOYEES  
 (N = 14)

Figure 5 gives the certification profile of full time employees of YMCA organizations. As expected, a high percentage of YMCA's employ persons with their own Specialist Advanced and Exercise Specialist certifications. YMCA's were also high in numbers of personnel trained in cardiopulmonary resuscitation (75 percent and advanced first aid (63 percent).

Table 3 shows the percentage of YMCA's that have at least one employee who has taken one of the nine related courses and these range from 38 to 75 percent depending on the specific area.

Figure 6 shows the certification profile of YMCA part time employees. YMCA's have a greater percentage of part time employees with certifications than any of the other four categories.

Six of sixteen YMCA's responded to question six. The additional topics that they requested be included in short course programs are listed in the order of their preference.

1. Program Planning and Administration
2. Therapeutic Exercise
3. Exercise Physiology
4. Anatomy
5. Corrective Physical Education
6. Athletic Training
7. Social Psychology

Figure 7 gives the certification profile for full time employees of diet and weight loss centers. Fifty-two percent employ a registered nurse which accounts for twelve of the thirteen nurses employed in all health clubs.



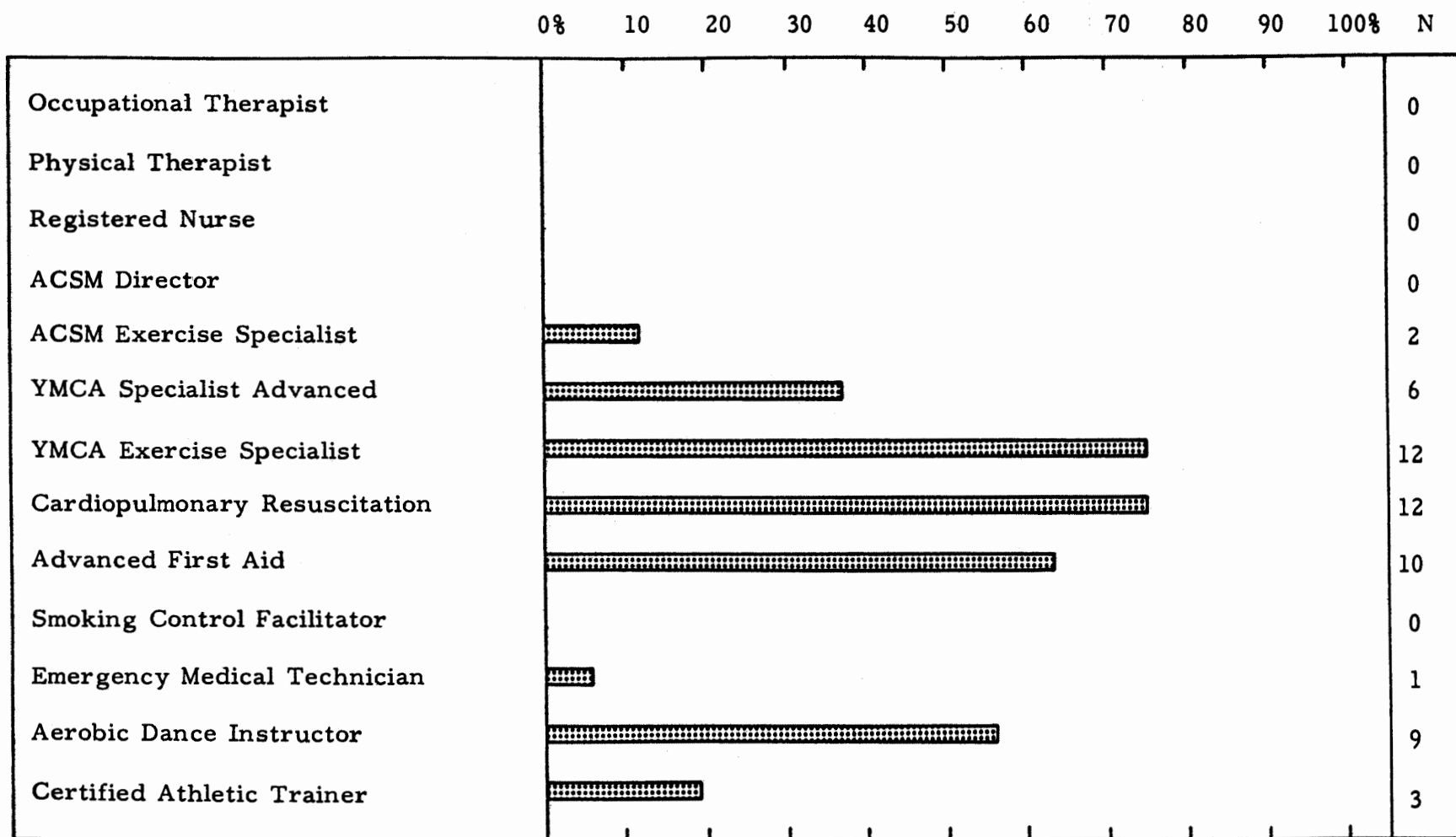


FIGURE 5  
 CERTIFICATION PROFILE FOR YMCA'S - FULL TIME EMPLOYEES  
 (N = 16)

TABLE 3

NUMBER OF YMCA CLUBS WITH AN EMPLOYEE WHO HAS TAKEN A COURSE  
IN ONE OF THE AREAS LISTED WITHIN THE LAST FOUR YEARS  
AND WHERE IT WAS TAKEN  
(N = 16)

	University	University and/or Health Club	Health Club Only	Total	% of N
Cardiovascular Physiology	6	5	0	11	69
Exercise Physiology	7	5	0	12	75
Kinesiology	4	3	0	7	44
Human Anatomy	5	3	0	8	50
Corrective Physical Education	5	3	0	8	50
Therapeutic Exercise	2	4	0	6	38
Diet and Nutrition	5	3	0	8	50
Graded Exercise Testing and Exercise Prescription	6	4	0	10	63
Psychology of Motor Behavior Sports and Exercise	2	4	0	6	38

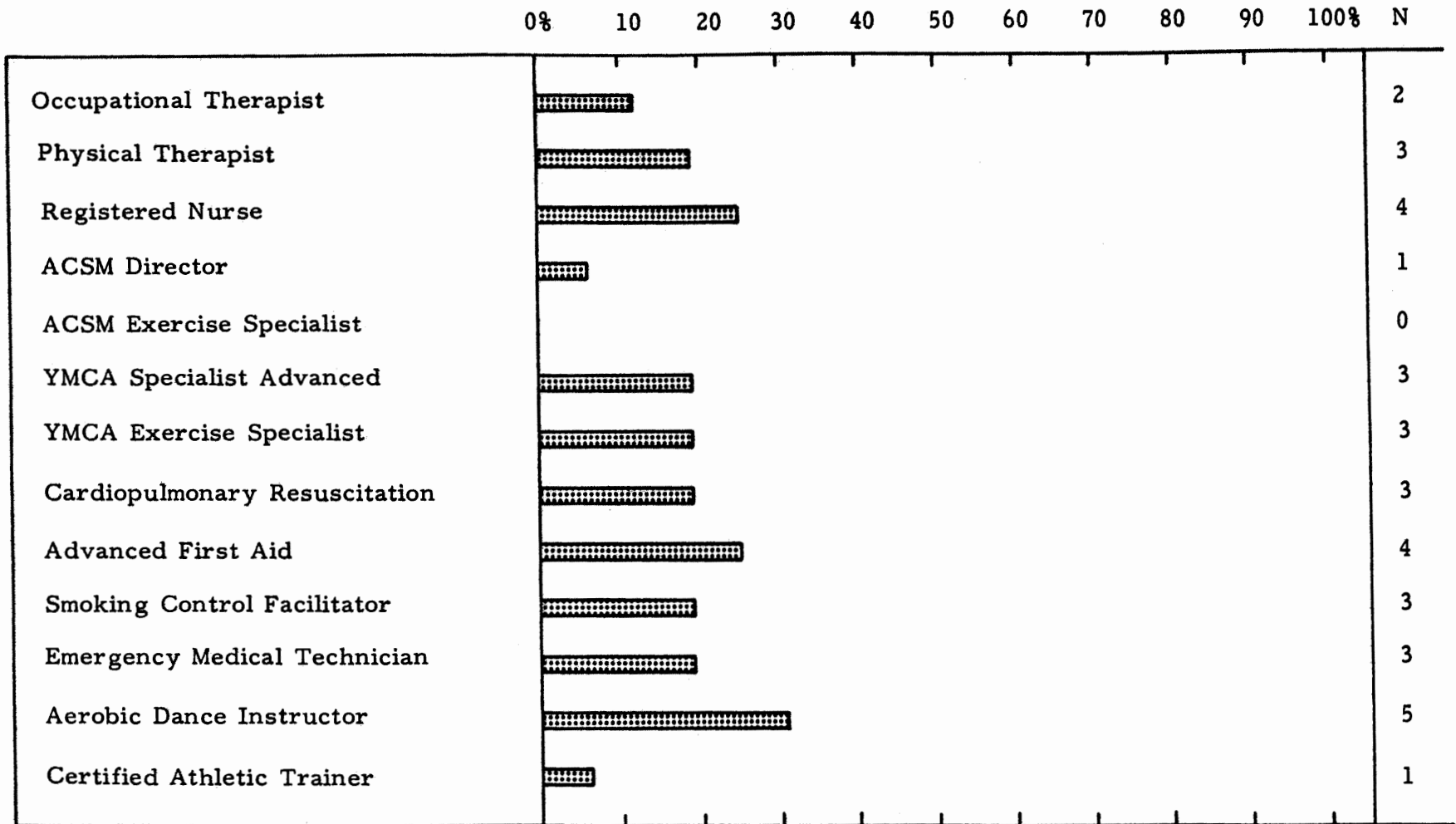


FIGURE 6  
 CERTIFICATION PROFILE FOR YMCA'S - PART TIME EMPLOYEES  
 (N = 16)

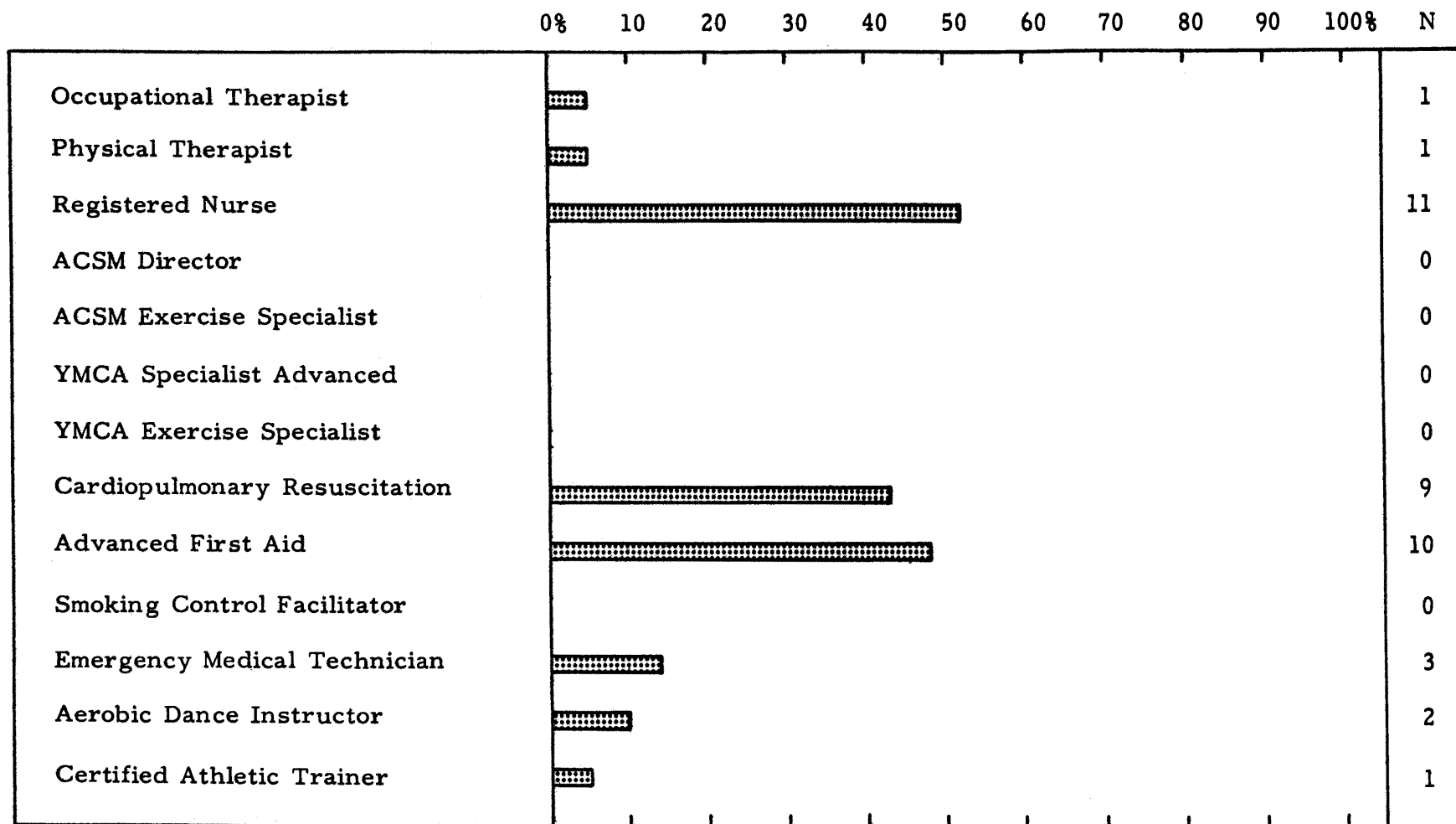


FIGURE 7

CERTIFICATION PROFILE FOR DIET AND WEIGHT LOSS CENTERS - FULL TIME EMPLOYEES  
(N = 21)

Table 4 shows the percentage of diet and weight loss centers who have an employee who has taken at least one of the nine related courses within the last four years. The range is 15 to 43 percent with the exception of diet and nutrition (91 percent).

Figure 5 shows the certification profile of part time employees of diet and weight loss centers.

Eleven of twenty-one diet and weight loss centers responded to question six. Eight topics were suggested to be included in a short course program for potential employees.

1. Nutrition
2. Diet Control
3. Exercise
4. Behavior Modification
5. Self Esteem
6. Vitamin Potential
7. Motivation Techniques
8. Specialized Women's Studies

Figure 9 gives the certification profile of nonspecific health clubs. The percentage of health clubs that have employees with any of these certifications is seen to be low. The percentage of nonspecific health clubs with employees certified in cardiopulmonary resuscitation and advanced first aid is 53 and 47 percent, respectively.

Table 5 indicates that the percentage of nonspecific health clubs that have an employee who has taken a course in one of the nine related areas within the last four years ranges from 28 to 67 percent.

Figure 10 shows the certification profile of part time employees of nonspecific health clubs.

TABLE 4  
NUMBER OF DIET AND WEIGHT LOSS CENTERS WITH AN EMPLOYEE WHO HAS TAKEN  
A COURSE IN ONE OF THE AREAS LISTED WITHIN THE LAST FOUR  
YEARS AND WHERE IT WAS TAKEN  
(N = 21)

	University	University and/or Health Club	Health Club Only	Total	% of N
Cardiovascular Physiology	6	2	0	8	38
Exercise Physiology	2	1	1	4	19
Kinesiology	2	1	0	3	14
Human Anatomy	7	2	1	10	48
Corrective Physical Education	0	3	0	3	14
Therapeutic Exercise	1	1	0	2	10
Diet and Nutrition	9	3	7	19	90
Graded Exercise Testing and Exercise Prescription	1	1	1	3	14
Psychology of Motor Behavior Sports and Exercise	3	0	1	4	19

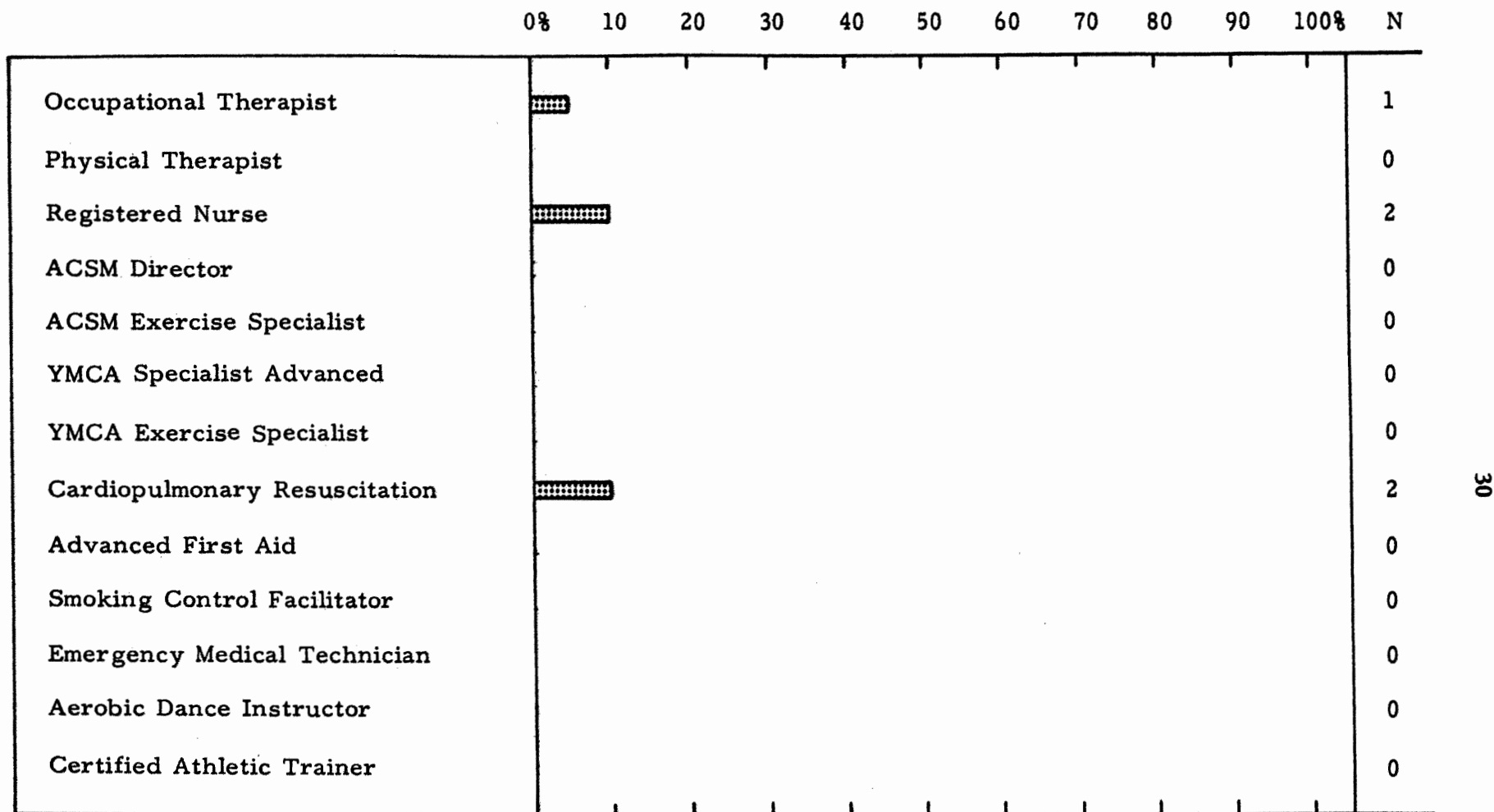


FIGURE 8

CERTIFICATION PROFILE FOR DIET AND WEIGHT LOSS CENTERS - PART TIME EMPLOYEES  
(N = 21)

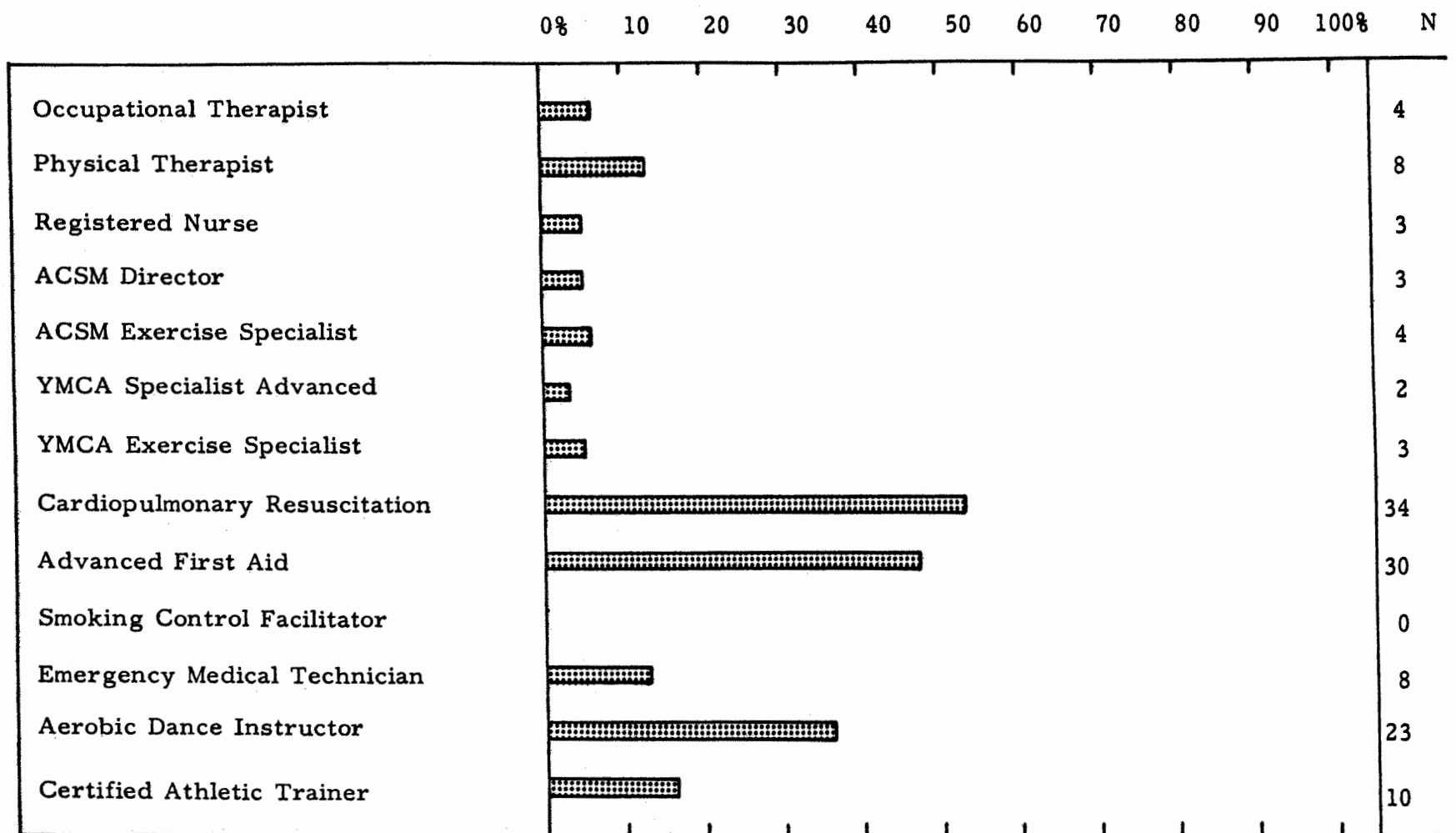


FIGURE 9

CERTIFICATION PROFILE FOR HEALTH CLUBS IN GENERAL - FULL TIME EMPLOYEES  
(N = 64)



TABLE 5

NUMBER OF HEALTH CLUBS IN GENERAL WITH AN EMPLOYEE WHO HAS TAKEN  
A COURSE IN ONE OF THE AREAS LISTED WITHIN THE LAST  
FOUR YEARS AND WHERE IT WAS TAKEN  
(N = 64)

	University	University and/or Health Club	Health Club Only	Total	% of N
Cardiovascular Physiology	16	6	2	24	38
Exercise Physiology	24	10	4	38	59
Kinesiology	17	6	3	26	41
Human Anatomy	21	6	3	30	47
Corrective Physical Education	12	6	2	20	31
Therapeutic Exercise	13	6	1	20	31
Diet and Nutrition	27	9	7	43	67
Graded Exercise Testing and Exercise Prescription	11	3	2	18	28
Psychology of Motor Behavior Sports and Exercise	14	8	1	23	36

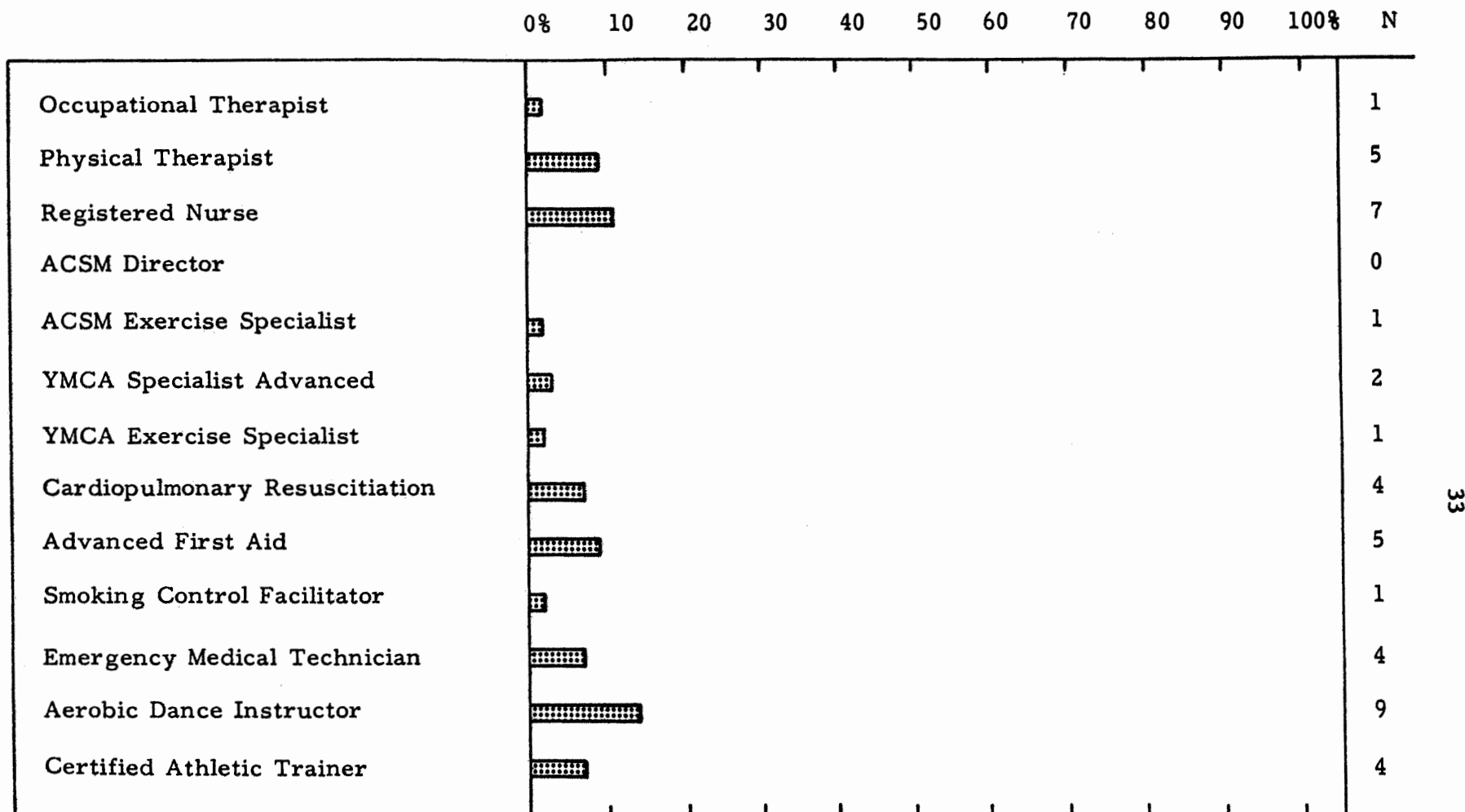


FIGURE 10

CERTIFICATION PROFILE FOR HEALTH CLUBS IN GENERAL - PART TIME EMPLOYEES  
(N = 64)

TABLE 6  
COMPARISON OF CERTIFICATION PROFILES OF FULL TIME EMPLOYEES  
(in percentages)

	All Respondents	Nautilus	YMCA	Diet and Nutrition	General Health Clubs
Occupational Therapist	4	0	0	5	5
Physical Therapist	11	15	0	5	12
Registered Nurse	12	0	0	52	3
ACSM Program Director	2	0	0	0	3
ACSM Exercise Specialist	9	20	12	0	6
YMCA Specialist Advanced	6	0	38	0	2
YMCA Exercise Specialist	14	0	75	0	5
Cardiopulmonary Resuscitation	59	92	75	43	55
Advanced First Aid	51	77	63	48	47
Smoking Control Facilitator	0	0	0	0	0
Emergency Medical Technician	11	8	6	14	12
Aerobic Dance Instructor	38	54	56	10	38
Certified Athletic Trainer	16	38	19	5	12

TABLE 7  
COMPARISON OF EDUCATION PROFILES  
(in percentages)

	All Respondents	Nautilus	YMCA	Diet and Nutrition	General Health Clubs
	N=115	N=14	N=16	N=21	N=64
Cardiovascular Physiology	47	53	68	39	35
Exercise Physiology	57	77	75	20	57
Kinesiological Principles	42	69	44	15	41
Human Anatomy	53	85	50	43	48
Corrective Physical Education	31	59	50	15	27
Therapeutic Exercise	33	69	38	15	27
Diet and Nutrition	70	85	50	91	76
Graded Exercise Testing and Exercise Prescription	34	53	63	15	23
Psychology of Motor Behavior Sports and Exercise	37	69	38	20	37

In response to question six, the following topics were mentioned as being desired in a short course program for potential employees. Twenty-four of fifty-nine respondents completed this question. The topics are listed in order of their preference.

1. Design and Knowledge of Various Exercise Programs
2. Exercise Physiology
3. Nutrition
4. Psychology of Exercise
5. Business Courses in Recreation
6. Sports Medicine
7. Aerobics
8. Sales
9. Anatomy
10. Motivation Techniques
11. Kinesiology
12. Knowledge of Exercise Equipment

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### Summary

The purpose of this study was to formulate a legal proposal, to initiate a licensing procedure for fitness leaders employed in Colorado health clubs.

The subproblems were: 1) to identify present qualifications and educational backgrounds of currently employed fitness leaders in the Colorado health club industry, 2) to determine the trend of the law in cases of personal injury resulting from the negligence of a health club employee, and 3) to determine the need for a state licensing procedure for fitness leaders in Colorado health clubs.

A survey questionnaire was mailed to the managers of the 220 health clubs listed in the 1981 Colorado telephone directory. Percentages and frequencies were used to analyze the results. Of the 119 questionnaires which were returned, 115 contained data suitable for analysis.

The return questionnaires were divided into five categories. One for an overall view of all health clubs, and one category for each specific type of club (Nautilus, YMCA, diet and weight loss, and general health clubs) to see if the specific clubs differed in any respects from general health clubs, and to point out responses that were biased toward one of the four subcategories.

The data indicates that in the main category analyzed (all health clubs), the percentage of health clubs employing a full time person

with one of the thirteen health and fitness related certifications is low, ranging from 2 to 16 percent, with the exception of aerobic dance instructor (38 percent), cardiopulmonary resuscitation (59 percent), and advanced first aid (51 percent).

The figures indicate that 30 percent of the health clubs surveyed have no one employed who is trained in cardiopulmonary resuscitation. The figures also indicate that 36 percent of the health clubs surveyed have no one employed who is trained in advanced first aid.

The data indicates that in the main category analyzed, the percentage of health clubs who have an employee who has taken a course in one of the nine fitness related areas within the last four years, from any source, ranges from 30 to 69 percent. In simple terms, over half of the health clubs responding have no one employed who has taken a course in the nine related areas within the last four years from any source. The percentages lower to a range of 22 to 45 percent when related to courses taken on the university level.

The percentages of certain certifications and related courses taken vary significantly in the four subcategories analyzed.

#### A. Diet and Weight Loss Centers

1. Full time registered nurses are employed in 52 percent of these centers and this accounts for twelve of the thirteen nurses employed in all health clubs.

2. Ninety-one percent employ someone who has taken a course in diet and nutrition.

3. In comparison to all other health clubs, they have a lower percentage of clubs with employees who have taken courses in the other eight related areas.

4. In comparison to all other health clubs, they have a lower percentage of clubs with employees trained in cardiopulmonary resuscitation (43 percent) and advanced first aid (48 percent).

B. YMCA Organizations

1. Thirty-seven percent have full time employees with a YMCA Specialist Advanced certification.

2. Seventy-five percent have full time employees with a YMCA Exercise Specialist certification.

3. Eighteen of the 22 persons with these two certifications are employed in YMCA's.

4. In comparison to all other health clubs, they have a higher percentage of clubs with employees who have taken courses in the nine related areas.

5. In comparison to all other health clubs, they have a higher percentage of clubs with employees trained in cardiopulmonary resuscitation (75 percent) and advanced first aid (63 percent).

C. Nautilus Clubs

1. Fifteen percent employ a physical therapist full time.

2. Twenty percent employ a full time ACSM Exercise Specialist.

3. Thirty-eight percent employ a full time Certified Athletic Trainer.

4. In comparison to all other health clubs, they have a higher percentage of clubs with employees who have taken courses in the nine related areas.

5. In comparison to all other health clubs, they have a higher percentage of clubs with employees trained in cardiopulmonary resuscitation (92 percent) and advanced first aid (77 percent).



D. Health Clubs (exclusive of Nautilus, YMCA and diet centers)

1. The percentages of certifications and related courses taken do not differ significantly from the main category.

Legal Summary

The trend of the law concerning health clubs and their employees is:

1. To recognize health clubs as public facilities.
2. To recognize the duty owed to a patron as being one of ordinary and reasonable care, including protection from negligence and reasonably discoverable hazards created by a third party.
3. To hold an employer liable for wrongful acts of his employees while acting in his employer's business and within the scope of his employment.
4. To view unfavorably, liability waivers for patrons of health clubs.
5. To expect health club employees to be reasonably qualified and accept responsibility for their actions.
6. A review of the statutes of each state revealed that no state has a licensing procedure at this time.

Conclusions

From the analysis of the results of this study, the following conclusions can be drawn:

1. The educational background of Colorado health club employees with respect to health and fitness related certifications is low.

2. The educational background of Colorado health club employees with respect to courses taken in one of the nine related areas is low.

3. Only 59 percent of health clubs have a full time employee trained in cardiopulmonary resuscitation.

4. Only 51 percent of health clubs have a full time employee trained in advanced first aid.

5. Fitness leaders receive the major portion of their related education at the university level, with high schools, junior colleges, and health clubs contributing in a minor way.

6. The rapid expansion of knowledge in the exercise field is not being adequately extended to the patrons of health clubs, because about half of the health clubs do not have an employee who has taken related coursework within the last four years.

7. There are no generally accepted standards as to what constitutes a minimum level of knowledge for a fitness leader in the Colorado health club industry.

8. A licensing procedure would be in the self interest of the health club industry. Health club owners could show that they took reasonable care in providing their patrons with knowledgeable personnel, by employing licensed fitness leaders and may thereby reduce their potential liability. Considering the trend of the courts to view liability waivers unfavorably, this becomes important.

9. The conclusions support the need for a state licensing procedure to set a minimum standard of knowledge for fitness leaders, to insure that current and reliable information is being given to the public.

### Recommendations

1. The results of this study indicate that there is a need to set a minimum standard of knowledge for fitness leaders to insure that current and reliable information is being given to the public.

2. The minimum standards should be based on the current state of the art as determined by leading authorities in exercise and physical fitness.

3. A practical way to achieve these standards would be to initiate a state licensing program that would test and license fitness leaders.

4. Cardiopulmonary resuscitation should be a requirement.

5. Advanced first aid should be a requirement.

6. Applicants for a license should be able to demonstrate a basic knowledge of the following topics:

a. Exercise Physiology

b. Exercise Program Design

c. Human Anatomy and Kinesiology

d. Diet and Nutrition

e. Psychology of Motor Behavior, Sport and Exercise

f. Health Evaluation Methods

g. Activity Related Injury

h. Muscular Training

7. Licenses should be renewed every four years.

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## APPENDIX



Department of Physical Education  
303/491-5081

**Colorado State University**  
Fort Collins, Colorado  
80523

Dear Mr./Ms.:

The rapid growth of the health club industry in Colorado has intensified the need for knowledgeable personnel to deal with a more informed client, reduce liability problems, and increase membership. We feel that this need can best be met with assistance from persons within the industry.

A questionnaire is being sent to all health clubs in Colorado and its purpose is to identify the current educational profiles of fitness supervisors and leaders in those facilities. The information gained will be used to help us design short course programs for potential employees of the fitness industry.

Colorado State University is appealing to you for help, all we ask is a few minutes of your time to answer our questionnaire.

You may be assured of complete confidentiality. The questionnaire has an identification number for mailing purposes only. I would be happy to answer any questions you might have. Please call, the telephone number is 303-484-1219.

As an enclosure with this letter, you will find the questionnaire and a self-addressed, stamped envelope for its return. Thank you for the courtesy of your assistance.

Sincerely,

Pat Legel  
Max L. Morton, Ph.D.

## PROFESSIONAL QUALIFICATIONS QUESTIONNAIRE

	<u>YES</u>	<u>NO</u>
1. Does your establishment provide, as one of its primary purposes, services or facilities which assist patrons in improving their physical condition or appearance through change in girth, weight control, treatment, diet or exercise.	_____	_____
2. Do you employ a supervisor or fitness leader who designs programs or supervises the patron in treatment which assists in improving their physical condition or appearance through changes in girth, weight control, treatment, diet or exercise.	_____	_____
3. Please check if anyone on your staff has one or more of the following certifications.	<u>Full Time</u>	<u>Part Time</u>
a. Occupational Therapy	_____	_____
b. Physical Therapy	_____	_____
c. Registered Nurse	_____	_____
d. ACSM Certification Program Director	_____	_____
e. ACSM Certification Exercise Specialist	_____	_____
f. YMCA Certification Specialist Advanced	_____	_____
g. YMCA Certification Exercise Specialist	_____	_____
h. Cardiopulmonary Resuscitation	_____	_____
i. Advanced First Aid	_____	_____
j. Smoking Control Facilitator	_____	_____
k. Emergency Medical Technician	_____	_____
l. Aerobic Dance Certificate	_____	_____
m. Certified Athletic Trainer	_____	_____
n. Other	_____	_____
4. Please check if any staff member has taken a course in one of the following areas within the last four years.		
a. Cardiovascular Physiology	_____	_____
b. Exercise Physiology	_____	_____
c. Kinesiological Principles	_____	_____
d. Human Anatomy	_____	_____
e. Corrective Physical Education	_____	_____
f. Therapeutic Exercise	_____	_____
g. Diet and Nutrition	_____	_____
h. Graded Exercise Testing and Exercise Prescriptions	_____	_____
i. Psychology of Motor Behavior, Sports and Exercise	_____	_____
5. Where were these courses taken?		
a. High School		
b. Junior College		
c. University		
d. An Individual Health Club's Program		
6. Are there any topics you would like to see covered in a college-level short course program for potential fitness employees?		



**First Regular Session**  
**Fifty-Fourth General Assembly**  
**STATE OF COLORADO**

SENATE BILL NO. \_\_\_\_\_

## A BILL FOR AN ACT

CONCERNING THE REGULATION OF FITNESS LEADERS  
IN COLORADO HEALTH CLUBS

## Bill Summary

Requires fitness leaders to be licensed by the state licensing board and provides that such board adopt rules for the licensing, regulation, conduct, and practice of fitness leaders.

Provides for a penalty and for an effective date.

2 Be it enacted by the General Assembly of the State of Colorado:

SECTION 0. Title 00, Colorado Revised Statutes 1973, is  
amended BY THE ADDITION OF A NEW ARTICLE TO READ:

5 ARTICLE

6 Fitness Leaders in Health Clubs

7           00-00-000. Short Title. This article shall be known and may  
8   be cited as the "Fitness Leaders in Health Club Act."

9 00-00-000. Definitions. As used in this article:

10 (1) "Health Club" means an establishment which provides as  
11 one of its primary purposes, services or facilities which are pur-

12 purported to assist patrons to improve their physical condition  
13 or appearance through exercise, weight control or diet.

14 (2) "Fitness Leader" means a person designs exercise pro-  
15 grams or supervises exercise programs purporting to assist in  
16 improving a member's physical condition or appearance through  
17 exercise, weight control or diet.

18 (3) "Program Director" means a person who supervises the  
19 performance of the fitness leader.

20 00-00-000. (1) Program directors and fitness leaders must  
21 be licensed by a state board of licensing.

22 (2) A license can be obtained after passing an examination given  
23 by the state licensing board which covers the following areas:

- 24 (a) Human Anatomy and Kinesiology
- 25 (b) Exercise Physiology
- 26 (c) Designing Exercise Programs
- 27 (d) Diet and Nutrition
- 28 (e) Psychology of Motor Behavior, Sport and Exercise
- 29 (f) Health Evaluation Methods
- 30 (g) Activity Related Injury
- 31 (h) Muscular Training
- 32 (i) Advanced First Aid
- 33 (j) Cardiopulmonary Resuscitation

34 (3) All licenses issued pursuant to this article must be visible  
35 to the public. A current photograph of the license holder shall be  
36 attached to the license.

37 (4) All licenses issued pursuant to this article, must be  
38 renewed every four years by:

39           (a) Retaking and repassing the examination given by the  
40   licensing board, or (b) passing an adult fitness refresher course  
41   or workshop of two semester hours offered by an institution of  
42   higher learning within the state which has been approved by the  
43   board of licensing.

44           00-00-000. Any person who is required to be licensed under  
45   this article and who fails to obtain a license shall be guilty of a  
46   \_\_\_\_\_.

47           00-00-000. This article shall take effect \_\_\_\_\_.