

DEPARTMENT OF KINESIOLOGY & HEALTH SCIENCE

COURSE SYLLABUS

**WELLNESS 1508 AEROBIC FITNESS
ONE SEMESTER HOUR**

Instructor: Professor Lurelia Hardy, Office 232 Christenberry Fieldhouse, 731-7911
E-Mail: lhardy@aug.edu. Office hours: 9:30-10:30 AM, M/W/ F; 5:00-6:00 PM, T/TH

Course Description: A course designed to promote fitness knowledge and skills

Student Objectives:

1. The student will demonstrate an understanding of the importance of exercise to health (written exam).
2. The student will develop an individualized program of physical activity and exercise.
3. The student will participate in a regular personalized exercise program (pass interval fitness tests).

Course Websites:

www.presidentschallenge.org

www.fitness.gov

WebCT Vista: aug.view.usg.edu

Class Policies and Procedures:

1. I encourage you to read the policy on academic honesty in the College Catalog.
2. Students desiring to withdraw from this class must do so by midterm.
3. Students will submit a signed contract for physical activity.
4. Students will complete the health history questionnaire prior to starting an exercise routine.
5. **Students will keep an activity journal that includes mode of exercise, heart rate and goals/objectives. Students will turn in the activity journal and a one page summary (typed in 12 point font) at the end of each 3-week interval on the scheduled meetings. The summary will include a description of activities, success or failures, and perceptions of how well you accomplished your fitness goals.**
6. Meeting times: Aug 23, 25, 30; Sep 8, 29; Oct 20; Nov 10; Dec 1, 6 (Final)

Course Evaluation: The following criteria will be used for grades.

<u>ASSESSMENT</u>	<u>POINTS</u>
Activity Journal	35 points
Summaries	20 points
Personal Exercise Program	15 points
3 Week Assessments (5 pts each)	20 points
Final Exam	10 points

Physical Activity Contract

Goal: Over the course of the semester, I will improve my fitness level through an individual exercise program. I will choose activities that I enjoy participating in.

I _____ will fulfill the following contract for the exercise component this semester which includes:

- Personal plan of type and location of workout and training zone
- Goals and/or objectives set every 3 weeks
- Workout three times per week for 50 minutes each session for 15 weeks
- Descriptive journal of each session to log exercise time, exercise HR, and weight, feelings of the improvement or lack of improvement in fitness, and an overall desire to continue the activity
- Warm of 3-5 minutes at the beginning and cool down at the end for 5 minutes.
- Participation in *aerobic exercise for 20-40 minutes.
- Gradual increase in intensity of workouts (faster or longer)
- Monitoring the workouts by maintaining the heart rate in my training zone (60-80 percent of my maximum).
- Set goals every 3 weeks to guide the workouts and make adjustments as needed.
 - End of week 3 8 minute run without stopping (9/8/05)
 - End of week 6 27 Minute video workout (9/29/05)
 - End of week 9 Step aerobic workout (10/20/05)
 - End of week 12 Mile walk in 12 minutes (11/10/05)

Signature: _____

Date: _____

*Aerobic exercise is defined as any activity that enhances cardiorespiratory endurance which must fulfill 5 criteria: must be of sufficient 1) frequency, 2) intensity, 3) duration, and 4) involve the large muscle groups and 5) be rhythmic, continuous, and repetitive.

The Personal Plan

Name: _____ Date Started: _____ Date Completed: _____

Target Heart Rate Range:

60% – 85% range = _____ bpm to _____ bpm

Week 1	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 2	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 3	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

ASSESSMENT 1: 8 MINUTE RUN _____ PASS _____ FAIL

The Personal Plan

Name: _____ Date Started: _____ Date Completed: _____

Target Heart Rate Range:

60% – 85% range = _____ bpm to _____ bpm

Week 4	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 5	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 6	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

ASSESSMENT 2: 27 MINUTE VIDEO _____ PASS _____ FAIL

The Personal Plan

Name: _____ Date Started: _____ Date Completed: _____

Target Heart Rate Range:

60% – 85% range = _____ bpm to _____ bpm

Week 7	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 8	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 9	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

ASSESSMENT 3: STEP AEROBIC WORKOUT _____ PASS _____ FAIL

The Personal Plan

Name: _____ Date Started: _____ Date Completed: _____

Target Heart Rate Range:

60% – 85% range = _____ bpm to _____ bpm

Week 10	Activities	Location
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Week 11	Activities	Location

Week 12	Activities	Location

ASSESSMENT 4: ONE MILE WALK IN 12 MINUTES _____ PASS _____ FAIL

The Personal Plan

Name: _____ Date Started: _____ Date Completed: _____

Target Heart Rate Range:

60% – 85% range = _____ bpm to _____ bpm

Week 13	Activities	Location

Week 14	Activities	Location

Week 15	Activities	Location

ASSESSMENT 4: ONE MILE WALK IN 12 MINUTES _____ PASS _____ FAIL

Health History Questionnaire

Name: _____ Date: _____

Gender: _____ Age: _____

Although exercise participation is relatively safe for most apparently healthy individuals, the reaction of the cardiovascular system to increased physical activity cannot always be totally predicted. Consequently, a person takes a small but real risk of certain changes occurring during exercise participation. These changes may include abnormal blood pressure, irregular heart rhythm, fainting, and, in rare instances, a heart attack or cardiac arrest.

Therefore, it is imperative that you provide honest answers to this questionnaire. Exercise may be ill-advised under some of the conditions listed below; others simply may require special consideration. If any of the conditions apply, consult your physicians before you participate in an exercise program. Also, promptly report to your instructor any exercise-related abnormalities that you may experience during exercise participation.

A. Have you ever had or do you now have any of the following conditions?

1. Myocardial infarction
2. Coronary artery disease
3. Congestive heart failure
4. Elevated blood lipids (cholesterol and triglycerides)
5. Chest pain at rest or during exertion
6. Shortness of breath
7. Abnormal resting or stress electrocardiogram
8. Uneven, irregular, or stress electrocardiogram
9. Blood embolism
10. Thrombophlebitis
11. Rheumatic heart fever
12. Elevated blood pressure
13. Stroke
14. Diabetes
15. Family history of coronary heart disease, syncope, or sudden death before age 60

16. Any other heart problem that makes exercise unsafe

B. Do you have any of the following conditions?

1. Arthritis, rheumatism, or gout
2. Chronic low back pain
3. Any other joint, bone, or muscle problems
4. Any respiratory problems
5. Obesity (more than 30% overweight)
6. Anorexia
7. Bulimia
8. Mononucleosis
9. Any physical disability that could interfere with safe participation in exercise
10. Recent surgeries

C. Do any of the following conditions apply?

1. Do you smoke cigarettes?
2. Are you taking any prescription drug?
3. Are you 45 years or older?

If you answered yes to any of the above questions please provide a brief explanation.

Do you have any other concerns regarding your ability to safely participate in an exercise program? If so, explain:

Individuals over age 25 are encouraged to have physical examination and consult your physician before starting this exercise program.

Signature: _____ Date: _____

