Supervision for Strength and Conditioning Activities

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I AM FREQUENTLY ASKED questions regarding the amount and quality of supervision that is needed for strength, exercise, conditioning, recreational, and sport activities. Although such questions necessarily involve a myriad of professional and legal concerns, they are best addressed by reference to the so-called standard of care that professionals owe to the individuals they serve.

Putting aside the increased supervisory responsibilities associated with relevant activities for children/teenagers as well as the elderly, disabled, or diseased populations, an examination of certain supervisory related issues and statements as to the standard of care should be helpful in addressing these concerns.

Every professional serving a client base has a duty to render service in accordance with the so-called standard of care. The standard of care owed in particular circumstances is theoretically peer set and imposed in litigation through a variety of testimonial and evidentiary processes whereby expert witnesses utilize what they perceive to be the peer established standard of care or professional group statements as to same, to compare and contrast given conduct by reference to such perceptions or statements.

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For relevant activities, a variety of statements might be used to establish the degree of supervision required for strength and conditioning activities. These include various statements of the National Strength & Conditioning Association (NSCA) (see, e.g., The Squat Exercise in Athletic Conditioning: A Position Statement and Review of Literature, 1992), as well as the American College of Sports Medicine’s Health/Fitness Facility Standards and Guidelines (1992, Human Kinetics, Champaign, IL) (hereinafter ACSM Standards), which is one of the most current statements dealing with this subject.

The ACSM Standards establish clear standards, couched in terms of ACSM perceived mandatory requirements for such facilities, as well as guidelines, couched in terms of preferences or recommendations. The standard for supervision of a fitness facility floor area (i.e., exercise equipment area) is simply that,

A facility must provide continual supervision of all fitness areas during operating hours to provide a relatively safe and motivating environment for physical activity. Continual supervision refers to the actual physical presence of a staff person [possessing the professional expertise as required by Standard 13.55 and as delineated in Standards 4.51-4.510, pp. 22-24] on the floor. (Standard 13.52, p. 70)

This Standard is also accompanied by certain guideline recommendations including the following:

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1. The instructor leader to user ratio should be 1 to 30 or less as to those utilizing the fitness floor (Standard 13.G1, p. 70).

2. Written exercise prescriptions should be provided for each user (Standard 13.G2, pp. 70-71).

3. Exercise prescriptions should include specific information, including data on duration, frequency and intensity of exercise (Standard 13.G3, p. 71).


These standards and guidelines provide, perhaps for the first time, very clear statements as to the expected standard of care for those engaged in supervising strength and conditioning activities. It is a matter no longer left to individualized expert opinion. Professionals attempting to determine their supervisory responsibilities would be well advised to consult the ACSM Standards as well as others like it, to define their specific duties toward those they serve. Without such consultation, professionals run the risk of needless client injury, and later claim and suit based upon deviation from such statements.

Further information on these and other medico-legal issues is available in The Sports Medicine Standards & Malpractice Reporter, a quarterly newsletter published by Professional Reports Corp., 4418 Belden Village Avenue, N.W., Canton, Ohio 44718. ▲