

## STRENGTHENING EXERCISE CLASSES

Dear Doctor,

### ***Re - Medical Clearance Form for 'Strengthening Exercise Classes'***

As you may be aware, research suggests that resistance training, or strength training, can improve strength, functional ability, balance, bone density and depression. It can reduce cardiovascular risk factors and combat risk factors for falls and fractures. These benefits suggest that it should be widely available. Until recently, however, resistance-training programs have largely been conducted at hospitals or gyms and have been too costly and inconvenient.

To address the issue of accessibility, Dr. Peter Smerdely, Geriatrician at St George Hospital received a grant from the Commonwealth Department of Veterans' Affairs Value-Added Services. The aim was to establish an effective and affordable resistance-training program at community venues. As a result, *Strengthening For Over 60s'* was designed by a physiotherapist and is adaptable to individuals depending on their health status and capabilities. Mid Mountains Neighbourhood Centre is conducting classes at Bullaburra, under the banner of '**Strengthening Exercise Classes**'. Qualified and dedicated fitness leaders who have received training, specifically in strength training for seniors, conduct the classes. All age groups can benefit.

### ***WHO CAN PARTICIPATE?***

There are very few reasons why a person could not participate in a strengthening program. Both fit and frail people can benefit. If done safely and correctly, resistance training has been shown to improve common chronic conditions such as arthritis, osteoporosis, depression, joint replacements, stable diabetes and stable ischaemic heart disease.

The program is not intended for the extremely frail with significant mobility problems or as a replacement for someone needing a rehabilitation program.

### **People also cannot participate if they have:**

- *uncontrolled heart problems or chest pain,*
- *uncontrolled diabetes,*
- *uncontrolled hypertension,*
- *a hernia or known aneurysm.*

Participants must have a complete health assessment conducted, and the attached Medical Clearance Form filled out and signed by the GP, *prior to commencing classes, annually, and if the participant has had a significant break from classes or a change in their medical condition.*

Kind Regards,

**MICK BARRETT**  
**MMNC MANAGER**

## STRENGTHENING EXERCISE CLASSES

### MEDICAL CLEARANCE FORM

NAME: \_\_\_\_\_ PHONE No.: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE No.: \_\_\_\_\_

**A. DO YOU HAVE OR HAVE YOU EVER HAD:**

- High or low Blood Pressure      Reading: \_\_\_\_\_      Date last checked: \_\_\_\_\_
- Heart Condition
- Rheumatic Fever in the past
- Stroke: \_\_\_\_\_      Date: \_\_\_\_\_
- Diabetes
- Pain or Tightness in Chest
- Hernia      Type: \_\_\_\_\_      Has it been repaired? \_\_\_\_\_      Date: \_\_\_\_\_
- Epilepsy
- Uninvestigated or Unexpected Dizziness or fainting episodes
- Recent or Unstable Fracture/Crush Fractures      Type: \_\_\_\_\_      Date: \_\_\_\_\_
- Recent Surgery (incl Eye Surgery)      Type: \_\_\_\_\_      Date: \_\_\_\_\_
- Recent joint Replacement      Type: \_\_\_\_\_      Date: \_\_\_\_\_
- Moderate to Severe Shortness of Breath when walking one flight of stairs
- Asthma / Bronchitis / Lung Disease
- Arthritis / Gout
- Osteoporosis
- Other recent illness or injuries – please describe briefly

**B. LIST ALL CURRENT MEDICATIONS: (ATTACH A SEPARATE PAGE IF REQUIRED)**

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**C. PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING, AND SEVERITY OF SYMPTOMS:**

Pain stiffness or injury / Arthritis in:

- |                     |                               |                                   |                                 |
|---------------------|-------------------------------|-----------------------------------|---------------------------------|
| Back / Neck         | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Knees               | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Shoulders           | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Hips or pelvis      | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Hands/wrist/fingers | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Feet or ankles      | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

- Other muscle / joint problems (back pain / rotator cuff problem / tendonitis): please describe

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**D. WHAT IS YOUR CURRENT LEVEL OF PHYSICAL ACTIVITY?**

- Exercise Class       Swimming     Sport       Walking     Gardening     other

## STRENGTHENING EXERCISE CLASSES

### E. FUNCTIONAL ASSESSMENT

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To design an appropriate Strength Training program for you, we need to know if your medical problems limit your functional activities. For example, you may have arthritis in the right knee which causes pain on stairs and getting out of the car. This information will guide us to choosing appropriate exercises in the Strength Training class.

**Please tick yes or no for the following questions.**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. Do you use any walking aides? <span style="float: right;">Type of aide: _____</span>       | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Are you able to walk without any pain?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Are you able to stand up from a chair and stand on one leg for 10 seconds without support? | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Are you able to walk up a flight of stairs?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Are you able to get in and out of the car without assistance?                              | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Are you able to do household chores or gardening?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Are you able to hang washing on the clothes line?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Are you sight or hearing impaired? <span style="float: right;">Type of aide: _____</span>  | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Do you have memory problems?   | <input type="radio"/> Yes | <input type="radio"/> No |

### F. GOALS OF THE PROGRAM

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**What would you like to achieve from attending this program?**

eg. Improve strength and balance, be able to walk further, return to golf etc.

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**PARTICIPANT DISCLAIMER:**

I warrant that all information on this form is correct. I agree that all due care has been taken to determine my health status prior to beginning this program, and to the best of their ability instructors will modify the exercise program that is safe for me considering my current known health status. I agree that I will make it known to the instructor if any exercise is causing me immediate or lasting discomfort, so that necessary corrections or modifications can be made to my program.

I will tell the instructor if there has been a change in my medical condition.

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL DOCTORS CLEARANCE:**

In my opinion, \_\_\_\_\_  
is able to participate in a strength-training program with the following considerations:

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_