Align&Balance
Creating Healthier Lifestyles

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Dear Doctor,

Re - Medical Clearance Forms for 'Strengthening for Over 60 Classes'

As you would be aware research suggests that resistance training, or strength training, can improve strength, functional ability, balance, bone density and depression in older people. It can reduce cardiovascular risk factors and combat risk factors for falls and fractures. These benefits suggest that it should be widely available to elderly people.

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 developed, and now runs at various venues in Sydney, the Blue Mountains and the ACT.

Strengthening for over 60s was designed by a physiotherapist and is adaptable to individuals depending on their health status and capabilities. Qualified and dedicated fitness leaders who have received training specifically in strength training for seniors conduct the classes.

WHO CAN PARTICIPATE?

There are very few reasons why an older person could not participate in a strengthening program. 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.

Older people cannot participate if they have:

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

Participants must have a complete health assessment conducted by their GP and the attached Medical Clearance Form filled out and signed by the GP prior to commencing classes.

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STRENGTHENING FOR OVER 60s – MEDICAL CLEARANCE FORM

Name: _____ DOB: _____ Phone No: _____

Emergency contact person: _____

Phone No. of this person: _____

A. Do you have, or have you ever had (please tick):

- ☐ High blood pressure (How long ago was it checked?) _____
- ☐ Heart condition
- ☐ Rheumatic fever in the past
- ☐ Stroke When? _____
- ☐ Diabetes
- ☐ Pain or tightness in your chest
- ☐ A Hernia. Type: _____ Has it been repaired? _____
- ☐ Epilepsy
- ☐ Unexpected or un-investigated dizziness or fainting episodes
- ☐ Unstable or recent fracture / crush fractures .Type: _____ When? _____
- ☐ Recent surgery (including eye surgery)
  What type of surgery? _____When? _____
- ☐ Recent joint replacement. Which joint? _____ When? _____
- ☐ Moderate to severe shortness of breath when you walk one flight of stairs
- ☐ Other recent illness/pains. Please describe briefly: _____

  _____

B. Please list your current medications:

_____

_____

_____

_____

C. Please indicate if you have the following, and how severe your symptoms are:

Arthritis in:	Back/neck	☐ mild	☐ moderate	☐ severe
	Knees	☐ mild	☐ moderate	☐ severe
	Shoulders	☐ mild	☐ moderate	☐ severe
	Hips	☐ mild	☐ moderate	☐ severe
	Hands	☐ mild	☐ moderate	☐ severe
	Feet	☐ mild	☐ moderate	☐ severe

☐ Other muscle or joint problems (e.g. back pain / rotator cuff problem / tendonitis)

_____

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D. What is your current level of physical activity?
Any current exercise classes / sport / walking / gardening / swimming?

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 leaders 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 leader if any exercise is causing me immediate or lasting discomfort, so that necessary corrections or modifications can be made to my program.

Participant's signature: _____ **Date:** _____

DOCTORS CLEARANCE:

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

_____

_____

_____

_____

_____

Doctor's name: _____ Phone no: _____

Doctor's Signature: _____

Date: _____