

## **INTRODUCTION TO STRENGTH TRAINING**

**for  
Bellingham Senior Activity Center**

### **MEDICAL CLEARANCE FOR PARTICIPATION**

The Strength Training program at the Bellingham Senior Activity Center was modeled upon the Mature Adult Program developed at Western Washington Department of the Physical Education, Health & Recreation by Dr. Kathleen Knutzen and Dr. Lorraine Brilla. Dr. Elaine Cress developed and administered a similar strength training program for lifelong learning at the University of Georgia, Department of Kinesiology. Capitalizing on the experience learned in these two programs, the management of BSAC has expanded the gym to include a variety of endurance equipment, more strength training machines, and a stretching area. The course syllabus and instructor contact information is included below. Please contact Dr. Cress if you have any questions about the program.

**Instructor:** Elaine Cress, PhD, FACSM, Health and Wellness Coordinator

**Contact info:** Room 17: BSAC

**Phone:** 360-733-4030 x1033

**Email:** [ecress@wccoa.org](mailto:ecress@wccoa.org)

**Location:** BSAC Gym

**Class sessions:** One lecture on aging muscle and eleven 90-minute weight-lifting sessions

#### **Objectives of this class are to:**

1. Learn and experience the basic principles of strength training
2. Learn proper form for lifting
3. Adjust and use weight machines and equipment properly
4. Increase strength and avoid injury
5. Develop an individualized program
6. Lift weights independently

#### **Applicants please print clearly:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please complete this section before going to your physician:**

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

\_\_\_\_ Yes \_\_\_\_ No

Do you feel pain in your chest when you do physical activity?

\_\_\_\_ Yes \_\_\_\_ No

In the past month, have you had chest pain when you were not doing physical activity?

\_\_\_\_ Yes \_\_\_\_ No

Do you lose your balance because of dizziness or do you ever lose consciousness?

\_\_\_\_ Yes \_\_\_\_ No

Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worst by a change in your physical activity?

\_\_\_\_ Yes \_\_\_\_ No

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

\_\_\_\_ Yes \_\_\_\_ No

Do you know of any other reason why you should not do physical activity?

\_\_\_\_ Yes \_\_\_\_ No

List your current medications:

| Medication | Reason for Prescription |
|------------|-------------------------|
|            |                         |
|            |                         |
|            |                         |
|            |                         |
|            |                         |
|            |                         |
|            |                         |

\_\_\_\_\_ **Applicant's Signature**

\_\_\_\_\_ **Date**

**Please have your physician complete this section:**

Does the patient have any of the following medical conditions that prohibit from participation in the Introduction to Strength Training Class and Open Gym?

\_\_\_\_ Yes \_\_\_\_ No (If yes, please check all that apply.)

**Medical Contraindications to Strength Training** (American Heart Assoc. American College of Sports Medicine, Canadian Assoc. of Cardiac Rehab guidelines, 2000) <sup>a</sup> Absolute; <sup>b</sup>. relative;

- \_\_\_\_ Uncontrolled dysrhythmias <sup>a</sup>
- \_\_\_\_ Unstable angina pectoris <sup>a</sup>
- \_\_\_\_ Recent history of congestive heart failure (not evaluated or effectively treated) <sup>a</sup>
- \_\_\_\_ Severe stenotic or regurgitate valvular disease <sup>a</sup>
- \_\_\_\_ uncontrolled hypertension (SBP=160mmHg &/or DBP=100 mmHg) <sup>a</sup>
- \_\_\_\_ Hypertrophic cardiomyopathy <sup>a</sup>
- \_\_\_\_ Poor left ventricular function <sup>b</sup>
- \_\_\_\_ Angina or ischemia at low workloads (< 5-6 METs) <sup>b</sup>
- \_\_\_\_ Dementia

**Physician:** If answered yes for any of the questions above, please state the specific reasons. As it relates to aerobic or strength training, list any limitations (for example on intensity, medical precautions, ROM movement, etc)?

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**Physician:** Has this patient recently (<1month) started any new medication (i.e. for blood pressure, diabetes). Please list the medication and purpose.

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**Physician:** Is the patient medically able to participate in the Strength Training for seniors and Open Gym at the Bellingham Senior Activity Center?

\_\_\_\_ Yes \_\_\_\_ No (If no, explain below.)

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**List of Equipment: Please indicate if there are contraindications to your patient using any of the following equipment, if yes, please indicate limit of weight lifted for that muscle and reason.**

| <b>Upper Extremities</b> |                           |                    |  |
|--------------------------|---------------------------|--------------------|--|
| <b>Machine</b>           | <b>Major Muscle Group</b> | <b>Yes -or- No</b> | <b>If yes, please state the reason</b> |
| Arm Curl                 | Biceps                    |                    |  |
| Chest Press              | Pectoralis Major          |                    |  |
| Lat. Pull Down           | Latissimus Dorsi          |                    |  |
| Free weights             | Rotator Cuff              |                    |  |
| Row                      | Deltoid & Rhomboid        |                    |  |
| Triceps Extension        | Triceps                   |                    |  |

| <b>Lower Extremities</b> |                                 |                    |  |
|--------------------------|---------------------------------|--------------------|--|
| <b>Machine</b>           | <b>Major Muscle Group</b>       | <b>Yes -or- No</b> | <b>If yes, please state the reason</b> |
| Calf Rotary              | Soleus, Gastrocnemius           |                    |  |
| Leg Curl                 | Hamstrings                      |                    |  |
| Leg Extension            | Quadriceps                      |                    |  |
| Leg Press                | Gluteus Muscles                 |                    |  |
| Rotary Hip               | Ab/Ad, Hamstrings, & Quadriceps |                    |  |
| Inner/Outer Thigh        | Abductor/Adductor Muscles       |                    |  |
| Ankle Flexion            | Tibialis Anterior               |                    |  |

**Core**

| <b>Machine</b>     | <b>Major Muscle Group</b> | <b>Yes -or- No</b> | <b>If yes, please state the reason</b> |
|--------------------|---------------------------|--------------------|--|
| Crunch             | Rectus Abdominis          |                    |  |
| Low Back Extension | Erector Spinae            |                    |  |
| Rotary Torso       | Abdominal Oblique Muscles |                    |  |

**Cardiorespiratory**

| <b>Machine</b>        | <b>Major Muscle Group</b>        | <b>Yes -or- No</b> | <b>If yes, please state the reason</b> |
|-----------------------|----------------------------------|--------------------|--|
| Stationary Bikes, etc | Heart, Lower extremities muscles |                    |  |
| NuStep                |                                  |                    |  |
| Treadmill             |                                  |                    |  |

Primary Diagnosis:\_\_\_\_\_

Metabolic disease:\_\_\_\_\_

Cardiovascular pulmonary disease:\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

**Participant complete this section**

I hereby apply to participate in the Introduction to Strength Training Class and Open Gym. I acknowledge there are risks associated with any exercise class and open gym. I accept full responsibility and liability for such risks as a condition of participation in this Class and Open Gym at the Bellingham Senior Activity Center.

I also confirm that I do not have any of the prohibited medical conditions described on the front page of this Physicians Clearance for Participation Form. I understand that case in emergency, the Emergency Response System (“911”) will be called for assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Any Questions? Call 733-4030 x 1033  
Please return your complete form to Bellingham Senior Activity Center  
315 Halleck St., Bellingham, WA. 98225 (or fax to 360-647-7952)

**INTRODUCTION TO STRENGTH TRAINING**  
**Bellingham Senior Activity Center**

**Class and Open Gym Description and Consent Form**

**Consent and liability Release**

I have read and understand this class description and consent form and hereby give my consent to participate in the Introduction to Strength Training Class and follow up with open gym. I am aware that I can withdraw my consent and discontinue my participation in the class at anytime during the six-week period.

By submitting the Health Care Provider Clearance for Participation Form I have received medical clearance for my participation in the class and open gym and have presented medical history pertinent to participating in a high resistance strength program. If my medical condition changes, during the course of the class or the follow-up open gym, I am responsible for notifying the class instructor and staff and the Bellingham Senior Activity Center of this change in condition. I also confirm that I do not have any of the prohibited medical conditions described in the Medical Clearance section of this Class Description and Consent Form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date