

**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. 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. Class description: 60 minute classes include 10 min warm up, using strength machines for upper and lower body (see later pages) to gain strength with progressive resistance; endurance activity at moderate intensity on aerobic equipment of the participant's choice. Stretching instruction.

Instructor: Liane Budden

Phone: 360-733-4030

Location: BSAC Gym

Fee: \$60 +tax

Class sessions: One lecture on aging muscle and 7 60-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: _____

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 worse 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) ^a Absolute; ^b. relative;

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

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

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.)

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.

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

Lower Extremities			
Machine	Major Muscle Group	Yes -or- No	If yes, please state the reason
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

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

Cardiorespiratory

Machine	Major Muscle Group	Yes -or- No	If yes, please state the reason
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