MEDICAL CLEARANCE OF PERSONAL PHYSICIAN

Dear Doctor:_____
Name of Patient _____ Phone # of Patient (_____)_____
DOB: _____ M F Requested by: _____
Address: _____
Your patient is interested in participating in a targeted exercise training to improve strength, balance and mobility.
He/she has been requested to complete a Health Medical Activity Questionnaire to identify any medical conditions, medications, or other physical conditions that will need to be accommodated for. We perform Initial assessment to determine a baseline functional fitness level. Please indicate in the space provided below whether you approve of your patient completing these assessments.

Physical Parameters	**Assessments**	**Approval**
Muscular Strength and	* 30-Second Chair Stand	yes ___ no ___
Endurance	* 30-Second Arm Curl	yes ___ no ___
Mobility	* 8-Foot Up and Go	yes ___ no ___
	* 30 ft. Walking Speed	yes ___ no ___
Balance	* Fullerton Advanced Balance Scale **OR**	
	* Berg Balance Scale	yes ___ no ___
	* Modified Clinical Test of Sensory Interaction in Balance (CTSIB-M)	yes ___ no ___

Exercise prescription may include the following: **resistance training, balance-specific exercises** designed to improve your patient's ability to utilize and integrate various sensory inputs, control the center of gravity in seated, standing and/or walking situations, more appropriately select and scale the postural strategy needed for a given balance situation, and develop anticipatory and reactive movement strategies that will lower his/her risk for injurious falls, **stretching exercises** to enhance flexibility and joint range of motion, and/or **cardiovascular exercise.**

_____is **CLEARED** and can exercise with no restrictions
_____is **CLEARED** with the following **RESTRICIONS**_____
_____
_____is **NOT CLEARED** and cannot exercise at this time

If you have any questions, please call 503-267-1030.
Please fax this form to: 971-228-8638

_____ _____ _____
Print Name of Physician *Signature of Physician* *Date*

Address: _____ *Physician phone #:* (____) _____ - _____