

**RSVP - Retired Seniors & Volunteer Program
Osteoporosis Exercise and Prevention Program**

Bone Builders Statement of Medical Clearance for Exercise

Patient Name: _____

Address: _____

Phone: _____ Date of Birth: ____/____/____ Age: _____

My patient would like to participate in an exercise program designed to prevent and slow the development of osteoporosis. The program will consist of exercise training with free weight equipment. It is designed to improve balance and will provide education and a support group opportunity.

This program is based upon the results of strength training studies in the elderly conducted by scientists at the Mayer USDA Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts. Using this research Tufts developed the "Growing stronger Program", the foundation for Bone Builders. *A brief description of the basic exercises and structure of the **Bone Builders** program is on the back of this form.*

_____ **YES** – My patient has no current unstable medical problems which are a contraindication to participation in this exercise program. I approve and support their participation in this progressive weight and balance training exercise program.

_____ **NO** – My patient is not eligible to participate in this exercise program due to their current medical status.

Comment/Special Considerations:

Physician Signature

Date

PRINT Physician Name _____

Address _____

Phone _____

Medical clearances must be updated on a yearly basis and/or following a major illness or injury or any surgery. *All personal information is kept confidential.

***Please keep a copy of this form for yourself and bring with you if you want to participate in a different Bone Builders class.**

BONE BUILDERS PROGRAM

The following exercises focus on specific movements to improve strength and balance, critical factors in reducing the risk of osteoporotic fractures.

Balance Exercises

Chair Stand
Heel Raises
Toe Raises
Tandem Stand
Tandem Walk

Strength Training Exercises

Lower Body Exercises

Front Leg Lift
Back Leg Lift
Side Leg Lift
Back Leg Curl
Squat (optional)
Lunge (optional)

Upper Body Exercises

Shelf and/or Overhead Press
Hug-A-Tree/Seated Fly
Backward Press
Triceps Kickback or Triceps Overhead
Biceps
Shoulder Blade Squeeze/Row

Bone Builders instructors are trained to lead classes using a trainer's manual that is periodically reviewed by a licensed physical therapist (most recent review conducted in 2023). Classes are held 2 – 3 times per week for 1 hour each. Each class begins with a short warm-up period and ends with a cool-down period. Some of the above exercises provide modifications for participants who may have difficulties performing the exercise due to arthritis, rotator cuff problems, hip/knee replacements, etc.

For more information contact:

Meredith Gavin, RSVP Project Director
Collier County Government
3339 Tamiami Trail East, Suite 211
Naples, FL 34112
239.252.5713

Meredith.Gaavin@colliercountyfl.gov