

The Strong Women Program  
*A National Fitness Program for Women*

## Join the Strong Women Program Today!

**Sign up Now!**  
**ENROLLMENT IS LIMITED!**

### **Mandatory Orientation Program for New Participants**

Wednesday, January 4, 11 am-noon

**Cost: \$30 for New Participants**

### **Classes**

**Friday, January 6 to Wednesday, March 30, 2012:**

7:45 - 8:45 am – Monday, Wednesday & Friday

Noon – 1 p.m. – Monday, Wednesday & Friday

1:30 – 2:30 p.m. – Monday & Friday

LIFTING WOMEN TO BETTER HEALTH



## **S T R O N G W O M E N**

Dr Miriam Nelson, a professor at Tufts University in Boston, Massachusetts has developed a strength-training program specifically for midlife and older women.

The *Strong Women Program* will help you increase your strength, bone density, balance, and energy and look and feel better!

Sign up at the OSU Extension Office in Tillamook  
2204 Fourth Street  
**503.842.3433**

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LIFTING WOMEN TO BETTER HEALTH



## Part A NEW Participant Contact Information

Classes run January 6 to March 30, 2012

Cost is \$30 per person for new participants

Attendance is required at mandatory orientation, Wednesday, January 4, 11 am, before beginning program on January 6.

Please check the session you plan to attend:

\_\_\_\_\_ 7:45-8:45 am  
(M, W & F)

\_\_\_\_\_ Noon-1:00 pm  
(M, W & F)

\_\_\_\_\_ 1:30-2:30 p.m.  
(M & F)

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(e-mail used to notify participants of schedule changes)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

In case of emergency, please call:

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# *The Strong Women Program*

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### **Medical History and Current Health Survey**

Name \_\_\_\_\_

Please read the following list carefully and circle Yes or No as it applies to your medical history and current health. Please include any additional information and conditions for which you are receiving medical care.

<b>Medical History</b>		
Aneurysm	Yes	No
Arthritis (Rheumatoid or Osteoarthritis)	Yes	No
Asthma	Yes	No
Back Pain	Yes	No
High Blood Pressure (Last reading / )	Yes	No
Low Blood Pressure (Last reading / )	Yes	No
Bone Fractures	Yes	No
Cancer (Please provide type and treatment)	Yes	No
High Cholesterol (Last reading / )	Yes	No
Diabetes (Type I or Type II)	Yes	No
Emphysema	Yes	No
Epilepsy	Yes	No
Heart Disease	Yes	No
Family History of Heart Disease (Mother, Father, Siblings)	Yes	No
Hernia	Yes	No
Joint or Ligament Injuries (Please specify)	Yes	No
Muscle Injuries (Please specify)	Yes	No
Neck Pain or Injury	Yes	No
Osteoporosis	Yes	No
Stroke	Yes	No
Surgery	Yes	No
Terminal Illness	Yes	No

<b>Medical History (continued)</b>		
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No
<b>Current Health – Past month</b>		
Back Pain	Yes	No
Chest Pain or Tightness	Yes	No
Discomfort from the Waist Up	Yes	No
Heart Palpitations	Yes	No
Indigestion	Yes	No
Jaw Pain	Yes	No
Joint Pain	Yes	No
Lightheadedness	Yes	No
Muscle Pain	Yes	No
Nausea	Yes	No
Neck Pain	Yes	No
New Medication or Dosage Changes	Yes	No
Shortness of Breath	Yes	No
Other:	Yes	No

Signature\_\_\_\_\_

Date\_\_\_\_\_

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**Physical Activity Readiness Questionnaire (PAR-Q)**

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However some people should check with their doctor before they start becoming much more physically active. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

If you are planning to become more physically active than you are now, start by answering the seven questions in the box below. **If you are between the ages of 15 and 69 answering Yes to any question on the PAR-Q will tell you that you should check with your doctor before you start. If you are over 69 years of age you should check with your doctor before beginning an exercise program.**

<b>Question</b>	<b>Yes</b>	<b>No</b>
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition (for example water pills, blood thinners)?		
Do you have any other reason why you should not do physical activity?		

**If you answered yes to one or more questions:** Talk to your doctor by phone or in person BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want-as long as you start slowly and build gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**If you answered no to all questions:** If you answered No honestly to all PAR-Q questions, you can be reasonable sure that you can:

- Start becoming more physically active- begin slowly and build up gradually. This is the safest and easiest way to go.

**Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

**NOTE:**

- If your health changes so that you then answer YES to any of the above questions tell your fitness or health professional. Ask whether you should change your physical activity.
- Informed use of the PAR-Q: The OSU Extension Service and Canadian Society for Exercise Physiology Health Canada and their agents assume no liability for persons who undertake physical activity and if in doubt about completing the questionnaire consult your doctor prior to physical activity.



**Extension Service Tillamook County**  
Oregon State University, 2204 Fourth Street, Tillamook, OR 97141-2491  
T 503-842-3433 | F 503-842-7741 | <http://extension.oregonstate.edu/tillamook/>

## *The Strong Women Program*

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#### **Participant Consent**

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to: muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening. I release everyone who has designed, promoted, or conducted the StrongWomen Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



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Winter, 2012

Dear Dr. \_\_\_\_\_,

Your patient \_\_\_\_\_ is interested in participating in the StrongWomen Program in Tillamook. This moderate intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility.

This program is based upon the results of strength training studies in older adults conducted by scientists at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, Boston, MA. Scientists and exercise physiologists at Tufts University have designed this exercise program especially for older adults, and Program Leaders in your community are implementing the program. Your patient will be required to complete a Medical History Questionnaire and provide Informed Consent prior to participation in this exercise program.

Please complete and sign the enclosed Physician Authorization Form. If you have any questions or would like to discuss your patient's participation in this program in further detail, please call Nancy Kershaw at: 503-842-3433.

Sincerely,

Nancy Kershaw  
OSU Extension Faculty  
2204 Fourth Street  
Tillamook, OR 97141  
FAX 503-842-7741



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**Physician Authorization Form**

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

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

\_\_\_\_\_

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

Date of Last Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Other: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Yes, my patient can participate.

\_\_\_\_\_ No, my patient cannot participate at this time due to his/her medical conditions and health status.

Physician's Signature: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:  
OSU Extension Service  
2204 Fourth Street  
Tillamook, OR 97141  
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