



Seniors Pursuing Active Living®

Dear New Member,

Congratulations on making the decision to improve your personal wellness. Our program is called the SPA Living® Wellness Program. SPA Living® is an acronym for **S**eniors **P**ursuing **A**ctive Living®. Studies show that even moderate exercise and physical activity can improve a person's health and wellness at all stages of life.

Directions for joining the Fitness Center:

1. Have the following included forms completed prior to your first appointment:

- ✓ Physician's Clearance Form
- ✓ Release Form
- ✓ Health History Questionnaire
- ✓ Consent Form

2. Call 910-566-1200 and schedule an appointment for a fitness assessment.

3. Arrive 15 minutes early for appointment with forms completed, meet with the receptionist to sign up. Please wear loose fitting clothing and supportive comfortable shoes.

The following items are also included for your benefit:

Hours of Operation
Services offered
Exercise and the Older Adult
Exercise Recommendation Information
Wellness Center Guidelines

In good health,

Joseph Rouse

Joseph Rouse MS, ACSM- HFS, NASM-CES
Wellness Coordinator
910-319-2124
Joseph.Rouse@genesishcc.com



Seniors Pursuing Active Living[®] Services Offered



The Wellness Center at The Davis Community offers a number of services to assist you along your journey to personal health and wellness.

Fitness Center: Our fitness center includes free weights, resistance machines, and various cardiovascular equipment including treadmills, recumbent bicycles, elliptical trainers, an Airdyne, and upright bicycles.

Aquatic* Exercise Classes: We offer three different classes: **Water Works (45-60 mins)** is a class taught by a Certified Arthritis Foundation instructor which is a low intensity class focusing on mobility and joint function. The second class, **Hydro Fit (45-60 mins)** consists of a moderately intense workout including cardiovascular, resistance, and flexibility training. **Hydro Blast (45-60 mins)** is vigorously intense class offered at the wellness center and consists of a full body workout including cardiovascular, strengthening, flexibility and balance.

Land Based Exercise Classes: We offer a number of different exercise classes including but not limited to **Cardiofun, Functional Strength, GEN-Chi®, Get Some Balance,** and **Body Core Class.**

Fitness Assessments: At the start of your membership we will offer a full fitness assessment in order to determine where you stand and what your goals are. The initial consultation will consist of a gym orientation, exercise testing, body composition testing, an exercise prescription, and safety counseling. After 12 months have passed you will have an appointment to assess your progress and to reassess your goals.

Monthly Wellness Seminars: The center offers a monthly health seminar ranging from a variety of topics. Some of these topics will be **Fit and Healthy Basic Facts, Arthritis, Heart Healthy,** and **Managing Stress.**

Wellness Events: The wellness center will also host wellness events. These wellness gatherings will be in cooperation with holidays such as **National Senior Health and Fitness Day®, Active Aging Week®,** and **National Falls Prevention Awareness Day®**

*Individuals exhibiting an allergy to chlorinated water must obtain a written statement from their physician addressing that it is medically safe for them to participate in aquatic activities.



Facility Hours of Operation

| | |
|---------------|---------------------|
| Monday-Friday | 7:00 a.m.-7:00 p.m. |
| Saturday | 8:00 a.m.-4:00 p.m. |
| Sunday | 8:00 p.m.-4:00 p.m. |

Contact Information:

Wellness Center Front Desk 910-566-1200

Wellness Coordinator: Joseph Rouse 910-319-2124

Email: Joseph.Rouse@Genesishcc.com

Web Site: www.thedaviscommunity.org

Seniors Pursuing Active Living[®] *Exercise and the Older Adult*

Regular physical activity is important for the aging population. Engaging in muscle and aerobic activity can reduce the risk of chronic disease, premature mortality, functional limitations, and disability. Physical activity also assists in managing some controlled diseases such as arthritis, osteoporosis, diabetes, and hypertension.

Some of the anatomical and physiological changes in the aging adult include:

- Decreased hormone levels
- Decreased bone density
- Decreased appetite
- Increased fat mass
- Decreased muscle mass
- Decreased flexibility
- Decreased cardiovascular health

The need for physical activity in the senior population is apparent based on some of the natural changes taking place within the body. Exercise can help to slow or even prevent some of these changes.

Some benefits to regular physical activity include but are not limited to:

- Increased cardiovascular health
- Decreased heart rate and blood pressure
- Increased muscular strength, endurance, and power
- Improvements in balance
- Increased motor coordination
- Better quality of sleep
- Increased bone density

Seniors Pursuing Active Living® Exercise Recommendation Information

The American College of Sports medicine in cooperation with the American Heart Association recommend older adults to get at least 150 minutes per week of physical activity for health benefits. Research has shown that the amount of benefit to be had increases with activity beyond this recommended amount. Inactive adults beginning an exercise program should start out at a lower intensity, frequency, and duration and progressively increase as tolerance increases.

There are five main components to physical activity when considering the aging population.

1. Warm Up

- A proper warm up is as important as the workout itself. It prepares your body for the activity it is about to perform by increasing blood flow to the extremities and raising body temperature. A warm up can last anywhere from 5 to 15 minutes and should include a cardiovascular component as well as some sort of movement in the large muscle groups (trunk, arms, and legs) of the body.

2. Resistance Training in Older Adults

- The American College of Sports Medicine in conjunction with the American Heart Association recommends that older adults participate in some form of resistance training at least 2 days per week. The workout should be between moderate intensity (5-6) and vigorous intensity (7-8) on a scale of 0 to 10. The workout should consist of a progressive weight training program of 8-10 exercises involving the major muscle groups of 8-12 repetitions each.

3. Endurance Training in Older Adults

- The American College of Sports Medicine and American Heart Association recommend for moderate intensity activities to accumulate at least 30 or up to 60 (for greater benefit) minutes in bouts of at least 10 minutes each to total 150-300 minutes per week. The moderate activity should be rated as a 5-6 on a scale of 0 to 10 with vigorous activity being rated as a 7-8.

4. Balance Training in Older Adults

- Balance training should be practiced a minimum of two days per week. As recommended by the American College of Sports Medicine and American Heart Association, training should focus on posture and slowly decreasing the base of support (i.e. standing on one foot). There should be static as well as dynamic exercises included in the program.

5. Flexibility Training in Older Adults

- The American College of Sports Medicine and American Heart Association recommend flexibility exercise at least 2 days per week consisting of activities that maintain or increase flexibility using sustained stretches for each major muscle group. Static stretching is preferred to ballistic movements. All stretching should be of moderate intensity as a 5-6 out of a scale of 0 to 10.

Flexibility exercise can be done at the end of your cool down.

6. Cool Down

- An adequate cool down is just as important as a warm up and is very similar. A cool down helps to lower your body temperature which may help in preventing muscle strain. It should be anywhere from 5-15 minutes long gradually decreasing in intensity and involve all major large muscle groups.

Seniors Pursuing Active Living[®] ***Wellness Center Guidelines***

- **Wellness Center Guidelines**
- Access is granted to Members only upon completion of the following
- Fitness Assessment and Physician Clearance (renewed annually)
- Completion of orientation and equipment check off
- Sign-up with approved confirmation is required for all classes
- The Wellness Staff reserves the right to request further evaluation by a physician and or follow-up with a Physical Therapist if deemed necessary for continued Safety.
- Towels remain in the Fitness Center/Aquatic Area
- No food or glass containers (plastic water bottles allowed)
- Fitness Center / Aquatic Area hours are posted on doors
- No open toes shoes
- Appropriate attire should be worn for exercise/pool area
- Equipment must be wiped down after use with disinfectant
- During peak times, limit use to 30 minutes on cardio machines

- **Group Fitness**
- Group exercise classes must be signed up for within 1 hour of class time
- Notify Wellness Staff if you are unable to make a class
- Classes are closed after 5 minutes from start
- Wipe down mats after use
- Re-Rack all props and equipment after class
- Instructor cues and direction should be followed during class
- Do not leave class until conclusion by instructor
- Mind and body classes do allow for a no shoe option
- Only classes certified by the Arthritis Foundation will have a specific roster for each class

- **Aquatic Area**
- Free Swim excludes times for Aquatic Classes
- Buddy System is required
- Shower before entering the pool
- Aquatic shoes required for attendance to aquatic classes
- No running, boisterous or rough play
- Members may not enter the pool area under the influence of alcohol or drugs
- Do not enter pool area with skin, eye, ear, respiratory infections, open lesions, or wounds
- No spitting or blowing nose in pool
- No animals or pets allowed in the pool
- Maximum number of swimmers in the pool is 20
- First Aid Kit and Emergency phone are located near the pool entrance

Seniors Pursuing Active Living®



SEASIDE AT THE JOSEPH B. AND ELSA FLOWER DAVIES AQUATIC CENTER

Aquatics fitness programs will include classes designed to increase social interaction, increase motivation for exercise, increase general strengthening and endurance, improve joint flexibility and decrease pain. There are four different levels of classes offered ranging from low to high intensity workouts making something available for everyone.

Benefits to Aqua Exercise Programs:

- The water is an equalizing medium; its gravity resistance properties allow for less impact on joints.
- Reduces incidence of falls and injuries that occur while performing exercise.
- Assists in improving aerobic fitness.
- Assists in improving muscular strength and endurance.
- Assists in increasing flexibility.
- Assists in decreasing balance issues.

Helpful Tips for Safely Completing Any Aquatic Programs:

- Always shower before entering the pool.
- Always wear proper water shoes for traction, support, and protection.
- **Swim with a buddy, NEVER alone.**



Seniors Pursuing Active Living[®] ***Informed Consent Form***

Assessment Objectives:

The assessment is designed to give a reasonable measure of your current level of health and fitness, and will include the following tests: Aerobic Capacity, Resting Heart Rate & Blood Pressure, Height & Weight, Muscular Strength, and Flexibility.

Explanation of Procedures:

The tests will be explained to you by a member of our staff. He or she will be pleased to answer any questions you may have. Specialized equipment will be used to perform the assessment. You may stop the tests at any point if you feel uncomfortable or ill in any way.

Potential Risks:

Because of the nature of the assessment, a level of exertion is required. This exertion will cause temporary changes which will increase your heart rate, raise your blood pressure and possibly cause some muscular stiffness within the next few days. Our staff is trained to perform assessments and to administer first aid if necessary.

Potential Benefits:

Your assessment results will help determine your present level of fitness and highlight any areas of specific need. This will be particularly useful when designing a personalized exercise program that will be safe, and effective.

Consent:

I have read the information on this page and I understand it. Any questions concerning the information and procedures have been answered to my satisfaction. I also understand that I am free to stop the assessment at any time and seek professional medical advice or opinion. Any information derived from the assessment is confidential and will not be disclosed to anyone other than my doctor or person responsible for this assessment, without my permission. In consideration of the above, I assume all risks and hazards incidental to participation in this assessment and exercise program, and I hereby waive, release, absolve, indemnify, and agree to hold harmless, other than willful default or neglect on their part, **The Davis Community** employees.

Participant's Signature

Date

Staff Witness Signature

Date



Seniors Pursuing Active Living[®] Health History Questionnaire

This questionnaire will help us understand your medical history. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: _____

Primary Care Physician: _____

Please list any medicines you are currently taking or attach a list:

Has the doctor ever imposed any activity restrictions upon you? Please explain:

Have you ever been told by a doctor that you have, have had, or are on medication for any of the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Other lung problems |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes 1 or 2 |
| <input type="checkbox"/> Cardiac catheterization | <input type="checkbox"/> Stroke | <input type="checkbox"/> Arthritis O or R |
| <input type="checkbox"/> Coronary angioplasty | <input type="checkbox"/> Other heart problems | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Pacemaker/defibrillator | <input type="checkbox"/> Physical in past 3 years | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Heart valve disease | <input type="checkbox"/> Surgery in past 3 years | <input type="checkbox"/> Bursitis |
| <input type="checkbox"/> Heart failure | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Heart transplantation | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Recent broken bones |
| <input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Allergy to chlorine |

Do you experience/have any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Chest discomfort with exertion | <input type="checkbox"/> Neck problems | <input type="checkbox"/> Knee problems |
| <input type="checkbox"/> Unreasonable breathlessness | <input type="checkbox"/> Shoulder problems | <input type="checkbox"/> Ankle problems |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Back problems | <input type="checkbox"/> Foot problems |
| <input type="checkbox"/> Take heart medications | <input type="checkbox"/> Hip problems | <input type="checkbox"/> Other |

Please check all that apply:

- You are a male 45 years or older
 You are a female 55 years or older
 You smoke, or quit smoking in the last 6 months
 You have high blood pressure >140/90 mm Hg
 You have high cholesterol >200 mg/dL

For Staff to Complete:
Low Risk Moderate Risk High Risk



- You have a blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You exercise less than 30 minutes/3 days per week
- You have a BMI >30

THIS SHEET IS TWO SIDED

How often do you participate in structured exercise?

- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week

How long does each session last?

- Less than 15 minutes
- 15-20 minutes
- 20-30 minutes
- 30-45 minutes
- 45-60 minutes
- More than 60 minutes

What word best describes the intensity of your workout?

- Very light
- Light
- Moderate
- Hard
- Very Hard
- Extremely Hard

How long have you had this routine?

- Inconsistent
- Less than 6 months
- More than 6 months

What are some of your goals?

Short Term (1-6 months):

1. _____
2. _____
3. _____

Long Term (6-12 months):

1. _____
2. _____
3. _____

APPLICANT'S CERTIFICATION, AFFIRMATION & AGREEMENT: I hereby certify that all statements and answers provided by me in this form are true and complete. I understand and agree that if I give any untruthful information on this form, I forfeit any and all privileges to participate in any and every aspect of the SPA Living Program, Classes and Activities. I agree that participation in any and every aspect of the SPA Living Program is a privilege, not a right. I further affirm that any physical activity, exercise class or program may be dangerous and always carries with it the risk of injury or sometimes death. I as the participant always have the responsibility for my own safety, and by participating in these SPA Living Exercise Program, Classes and Activities, I am accepting all risks of injury, whether due to negligence, or otherwise.

SIGNATURE OF PARTICIPANT (*In Ink*)

DATE



Seniors Pursuing Active Living[®] Physician's Clearance Form

I hereby acknowledge that I have examined _____ on _____
(patient's name) (date)

and have found him/her capable of participating in the Wellness Program. The program will include the primary components of exercise including, but not limited to: Cardiovascular Training, Resistance Training, and Flexibility. Our facility will prescribe an exercise program based upon an in-depth fitness assessment, and by adhering to the American College of Sports Medicine guidelines for cardiovascular and strength training.

Will you please advise us which of the following exercise parameters you feel the above named patient **should** undertake in his/her exercise program?

Cardiovascular

None Light-Moderate Moderate-Intense
 Light Moderate Intense

Strength

All Shoulders Chest Arms
 Upper Back Lower Back Torso None
 Legs Specific: _____

Flexibility

All Shoulders Torso None
 Legs/Hips Specific: _____

Programs

Body Core Class Basic Stretch Cardiofun Functional Strength
 Water Works Hydro Fit Gen-CHI Joint Fitness
 Joint Effort:Pre-op Wellness Program A Breath of Fresh Air Interwell

Restrictions/Parameters

Please specify below, any situations/exercises we **should avoid**, and/or parameters we should follow

No Restrictions
Cardiovascular/Pulmonary Specify: _____
Muscular/skeletal Specify: _____
Other Specify: _____
➤ Unless specified, all programs will follow guidelines established by the American College of Sports Medicine

Physician Signature _____ Phone # _____ Date _____

Physician Name (please print) _____ Physician's Address (please print) _____
Wellness Coordinator-Joseph Rouse **Fax #-910-319-2101**Please fax your reply





Sent by: (please print) (Wellness Coordinator's Name) (Wellness Coordinator's Fax #) to the facility

I, _____ consent to the release of all information necessary from my physician to satisfy the above document. By signing this document, I also consent to the correspondence regarding the above information between my physician and the Wellness Coordinator.

Print Name: _____ **Signature:** _____ **Date:** _____