



Dear Potential Participant,

Enclosed is a package of information pertaining to the StrongBodies: *Be Strong Stay Strong* Program. This moderate-intensity progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility. This program will also have a health education component.

Before beginning this program, you must complete all appropriate paper work and submit payment. Please be sure to sign and date each form as indicated.

- Participant Consent
- Participant Summary Information Sheet
- \$30 (cash or check made out to Waukesha County UW-Extension)

You will engage in physical activity in this program. The physical activity includes strengthening, flexibility, and balance exercises. It is your responsibility to decide if you should speak with your physician and get his or her permission before participating in the program.

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 program especially for mid-life and older adults. UW-Extension is currently offering this program in Waukesha County.

For more information about the program, class locations and dates, visit us on the web at www.waukeshacounty.gov/UWEX/FL/BSSS.

If you are interested in participating, please call to register. All paperwork and payment must be returned to UW-Extension before the start of class or brought to the first class in order to participate. A sliding fee scale is available. If you have further questions, please call me at 262-548-7789.

Sincerely,

Jen Whitty, MPH, RD
Health & Well-Being Extension Educator
UW-Extension Waukesha County
jennifer.whitty@ces.uwex.edu

*This program is based on the StrongWomen™ Program, a national evidence-based community exercise and nutrition program created by Dr. Miriam E. Nelson and colleagues at Tufts University, supported by Cornell University and brought to you by the University of Wisconsin-Extension.

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StrongBodies: *Be Strong Stay Strong* Strength Training Program

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. I understand that I can consult with my physician(s) before deciding if I want to participate in this program, and I am free to decide not to participate. I release everyone who has designed, promoted, or conducted the Strong Bodies: *Be Strong Stay Strong* 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.

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.

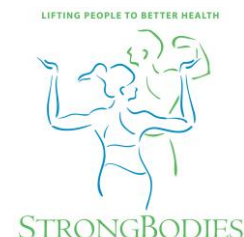
Print Name _____

Signature _____

Date _____

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Dear Dr. _____,

Your patient _____, is interested in participating in the StrongBodies: *Be Strong Stay Strong** Program with the University of Wisconsin-Extension. 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 midlife and older adults, and Program Leaders in your community are implementing this program.

Please review the StrongBodies: *Be Strong Stay Strong* Exercise Program (see diagram) with your patient, and advise them if they should modify any of the exercises.

Sincerely,

Jen Whitty, MPH, RD
Health & Well-Being Extension Educator
UW-Extension Waukesha County
jennifer.whitty@ces.uwex.edu

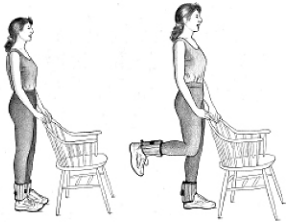
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Be Strong Stay Strong Exercise Programs

Stay Young



Wide Leg Squat



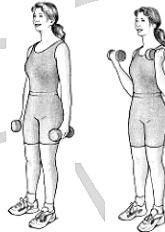
Standing Leg Curl
(with ankle weights)



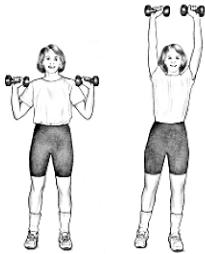
Side Hip Raise
(with ankle weights)



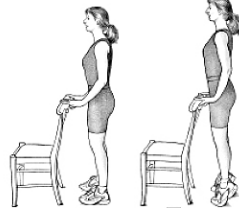
Knee Extension
(with ankle weights)



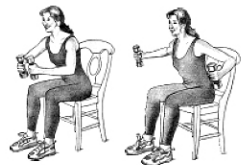
Biceps Curl
(with dumbbells)



Overhead Press
(with dumbbells)



Toe Stand

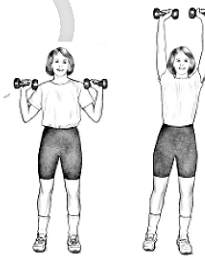


Bent Forward Fly
(with dumbbells)

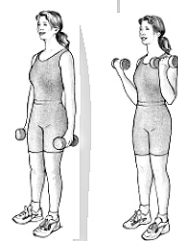
Strong Bones



Wide Leg Squat



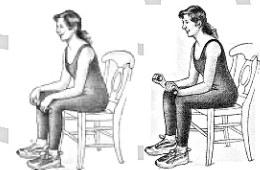
Overhead Press
(with dumbbells)



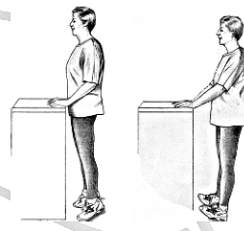
Biceps Curl
(with dumbbells)



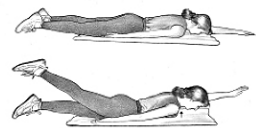
Bent Forward Fly
(with dumbbells)



Wrist Curl
(with dumbbells)



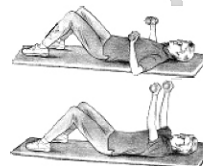
Standing Calf & Toe
Raise



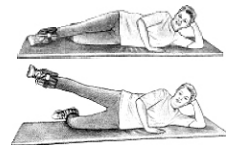
Back Extension



Tummy Tuck



Chest Press
(with dumbbells)



Side Leg Raise

Cool-Down



Hamstring & Calf
Stretch



Quadriceps
Stretch



Chest & Arm
Stretch



Upper Back
Stretch

Balance Exercises



One-Legged Stork



Tandem Walk

Site:

Dates:

StrongBodies: *Be Strong Stay Strong*

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Participant Summary Information Sheet

The Federal Older Americans Act requires counties in the State of Wisconsin to report specific information. The information we are asking you to provide is needed to comply with federal reporting requirements and to determine if you are eligible to receive Older Americans Act Services. Information is stored in a highly secure database and we will not share or sell this information with another entity without your approval. You will not be denied access to this program if you refuse to participate in this questionnaire.

Please fill out the following information. All information will be kept confidential.

Name: _____

Address: _____

City, State: _____ **ZIP:** _____

Telephone: _____

County: _____

E-mail: _____

Age: _____ **Birthdate:** _____ / _____ / _____

In case of emergency, please call:

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Continued on Other Side

Background

1. What is your gender?

- Male
- Female
- Prefer not to respond

2. Are you Hispanic, Latino, or Spanish origin?

- Yes
- No
- Prefer not to respond

3. What is your race?

- American Indian or Alaska Native
- Asian or Asian-American
- Black or African-American
- Hawaiian Native or Pacific Islander
- White
- Two or more races
- Prefer not to respond

4. Including yourself, how many people live in your household?

Number of people: _____

5. Please circle the highest year of school completed:

- 1 2 3 4 5 (primary school)
- 6 7 8 9 10 11 12 (middle/high school)
- 13 14 15 16 (tech / college)
- 17 18 19 20 21 22 23+ (graduate school)

6. Are you currently? (Check ✓ only one.)

- Widowed
- Divorced
- Never married
- Partnered (living with someone)



Is your income level:
(Check ✓ only one.)

- Above \$11,880 (\$ 990 / month)
- Below \$11,880 (\$ 990 / month)

- **OR** -

Are you currently? (Check ✓ only one.)

- Married
- Separated



Is your combined income level:
(Check ✓ only one.)

- Above \$16,020 (\$1,335 / month)
- Below \$16,020 (\$1,335 / month)

7. How did you learn about this program?

- Health care provider (MD / ANP)
- Friend or family member
- TV or Radio ad
- Poster or Brochure
- Informational Presentation
- Newspaper / Newsletter
- ADRC newsletter / website
- Health care insurance provider
- Other _____

Thank you for your assistance!

If you have any questions or comments, please contact: ADRC of Waukesha County,
514 Riverview Ave., Waukesha, WI 53188,
(262) 548 – 7848

UW-EXTENSION STANDARD RELEASE

StrongBodies: *Be Strong Stay Strong** Program



By signing this Release, I agree to and understand the following:

I agree to grant to the Board of Regents and University of Wisconsin-Extension (hereinafter University), its advertising agency, licensees, and producers of its educational and promotional materials and their successors and assigns, the right to use, publish, and copyright my picture, voice, and/or moving image for educational programs, advertising, and promotion of University programs.

I understand that this right includes the right to combine my picture, voice, and/or moving image with others and the right to alter any of these for the purposes described above.

I also understand that once my picture, voice, or moving image is placed on a University of Wisconsin web site, CD-ROM, or other form of media, including electronic, it may be viewed or used on or off campus.

I agree to release the University and all of its officers, employees, and agents from any liability claims and costs of whatever kind that occur in connection with my actions while being photographed or recorded for the University.

Print Name(s): _____ Date: _____

Signature(s): _____

Street Address/City/State/Zip: _____

Telephone Number: () _____

If the individual signing above is not yet eighteen (18) years old, the child's parent or guardian must read and sign the following form.

I agree that I am the Parent or Guardian of the above individual, a minor, and that I have read and approved the above Release.

I agree to release the University and all of its officers, employees, and agents from any liability claims and costs of whatever kind that occur in connection with my actions or the actions of the above individual.

Parent or Guardian

Signature(s): _____

Telephone Number: () _____ Date: _____

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University of Wisconsin-Extension - Cooperative Extension
432 N. Lake Street, Room 601 – Madison, WI 53706-1415 (608) 263-5110 – (608) 265-4545-Fax – 711 Wisconsin Relay

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