

Stay Strong, Stay Healthy



Strength Training Program for Older Adults

Strength training is no longer just for bodybuilders. Stay Strong, Stay Healthy is an eight-week, evidence-based strength training program designed for older adults who want to improve their quality of life and stay active. Classes are held in familiar settings such as senior centers and church halls, not the gym. The exercises are easy to learn, safe and effective. No need to wear special clothes—just comfortable, loose-fitting pants and shirt, along with sturdy, closed-toe walking shoes.

What are the benefits?

Strength training:

- Increases muscle strength
- Improves balance
- Enhances flexibility
- Strengthens bones
- Relieves arthritis
- Helps control weight
- Lifts depression
- Reduces stress
- Reduces risks for heart disease



Here's what we do

Stay Strong, Stay Healthy classes include:

- Warm-up exercises
- Eight strengthening exercises, with or without hand and ankle weights
- Cool-down stretches

Over the course of the program, you will increase your strength and improve your balance. After the eight weeks are over, you can continue the strength training program in the comfort of your home or with a group.

Weights will be available on-site, and a trained instructor will help you learn and do these exercises safely.

August 15th - October 17th Classes on Tuesday & Thursday 9:30 am - 10:30 am
Keen Age Center, Wathena KS. Cost \$20 (\$5 discount if you pay by August 9th deadline).
SSSH is 16 sessions, 2x week for 8 weeks. These classes are for anyone ages 55-100!
Instructor Kathy Tharman, County Extension Director. Call 785-985-3623 or stop by 105 S Liberty, Troy, KS for information and to pick up a registration packet.
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Stay Strong, Stay Healthy



Participant Enrollment

Name: _____

Best phone number: _____ Email: _____

Age and year of birth: _____ Gender: _____

In case of emergency, please call (please list two contacts):

Name: _____

Relation: _____ Phone number: _____

Name: _____

Relation: _____ Phone number: _____

Previous SSSH participant? Yes or No

Follow-up survey for first time participants:

If you are a first time-participant, are you willing to complete a follow-up survey?

Yes or No

If yes, may we send the survey via email? Yes or No, please send via mail

Street Address: _____

City: _____ State: _____ ZIP: _____

At _____, we want to make sure we are presenting our programs to a wide range of participants. This information is voluntary and confidential, and will be used to identify our audiences in general.

Race

- American Indian/ Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races/ Other
- Unknown

Hispanic

Yes No

Veteran status

- Nonveteran
- Veteran
 - Vietnam Veteran
 - Other

Disabled

Yes No

I need to tell you...

Here's where you can put any pertinent health conditions that you think the instructor needs to know.

Returning participant initial if all responses are the same

_____ **Date** _____

For instructor use. Valid for one year.

--- Below is for instructor use only ---

Program site:

County:

Start date:

Stay Strong, Stay Healthy



Participant Consent and Release

I have voluntarily enrolled in a program of progressive exercise and understand that I may choose to quit the program at any time. 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 which could lead to death. 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 voluntary pre-exercise assessment and a voluntary medical screening. If my medical status changes during the program, I will inform the program leader and my health care provider to see if it is safe to proceed with the program. That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the University of Missouri and their trustees, officers, employees, and agents, as well as the following implementing organizations:

Kansas State University Research and Extension

(host sponsor and site)

from any and all liability, damage, or claim of any nature whatsoever arising out of my participation. I understand and 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 questionnaire is offered and a voluntary physician screening consent form may be completed.

Returning participant initial if all responses are the same _____ **Date** _____

For instructor use. Valid for one year.

I acknowledge that if I am participating in this program remotely, there may be no one present or aware if I have a medical emergency while participating. I understand that the program recommends having someone else present at the remote site at which I am participating so that if there is an emergency, that person can get medical help for me. 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.

I understand that the benefits to me of participating in this program may include increased strength and, as a result, improved health. I understand that this program will be evaluated for future program improvement and results may be published, but that at no time will my individual results be identifiable in such reports.

I understand that if I have any questions about my involvement in the evaluation of this program, I may contact M. Gayle Price, 25092 Ness Rd, P.O. Box 316, Parsons, KS 67357 Phone: 620-820-6123 or Dr. Rick Scheidt, Chair of Committee on Research Involving Human Subjects, 203 Fairchild Hall Kansas State University, Manhattan, KS 66506. Phone: 785-532-3224 or Kelsey Weitzel, Department of Nutrition and Exercise Physiology, MU Extension. Phone: 573-882-2799. Email: muextsssh@missouri.edu

PUBLICITY RELEASE

I authorize K-State Research and Extension to record and photograph my image and/or voice for use in research, educational and promotional program. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension.

No, I do not authorize use of my individual image or voice.

Signature: _____

Printed Name: _____

Date: _____



Participant Name: _____

Regular exercise is associated with many health benefits, though any change of activity may increase the risk of injury. Complete this questionnaire as a first step toward increasing the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

YES	NO	
		1. Has a physician ever said you have a heart condition and that you should only perform physical activity recommended by a physician?
		2. Do you feel pain in your chest during physical activity?
		3. In the past month, have you had chest pain at a time when you were not doing physical activity?
		4. Do you ever lose consciousness or do you lose your balance because of dizziness?
		5. Do you have bone or joint problems (back, knee or hip) that may be made worse by a change in your physical activity?
		6. Is a physician currently prescribing medications for your blood pressure or a heart condition?
		7. Are you 69 years of age or older?
		8. Do you know of any other reason why you should not exercise or increase your physical activity?

If you answered "yes" to any of the above questions, we strongly request that your doctor complete a Physician Authorization Form before beginning a Stay Strong, Stay Healthy class. Your instructor can provide the form to you or your physician.

If you honestly answered "no" to all questions, you can be reasonably sure that you can safely and gradually increase your level of physical activity.

Note: This PAR-Q is valid for a maximum of 12 months from the date it is completed. If at any time your medical condition changes, you must complete a new PAR-Q and the previous one becomes invalid.

Participant signature _____ Date _____

Returning participant initial if all responses are the same ____ **Date** _____

For instructor use. Valid for one year.

Stay Strong, Stay Healthy



Voluntary Physician Authorization Form

Patient's Name: _____ Birth Year: _____

Yes, my patient can participate.

Yes, my patient can participate with the following limitations:

No, my patient cannot participate at this time because of their medical conditions and health status.

Physician's signature: _____

Print name: _____ Date: _____

Phone number: _____ Fax: _____

This form may be given to the patient, OR sent to the course instructor at:

Please return this form by: _____

For instructor use. Valid for one year.



10. Regarding your current health status (*you may skip this question if you prefer to not answer*):

	Are you currently being treated for any of the following conditions (you may select more than one)	Indicate if this condition is currently being controlled with medication	
	Yes	Yes	No
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 2 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atherosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia or Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to fill out this survey.



1. Participant ID _____

2. Age _____

3. Gender (for program analysis and improvement) _____

4. SSSH instructor name _____

5. County and state in which SSSH Course was held

County _____ State _____

6. How many days per week do you currently engage in the following?

	None	1 day per week	2-3 days per week	4+ days per week
Strength training exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobic activities such as walking, swimming, biking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretching or flexibility exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance exercises, such as yoga or tai chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I describe my knowledge, skills and understanding of strength training exercise as:

- Extremely adequate
- Somewhat adequate
- Neither adequate nor inadequate
- Somewhat inadequate
- Extremely inadequate





8. Please rate your concern about falling while doing the following activities. If you currently do not do the activity, please answer to show whether you think you would be concerned about falling IF you did the activity.

	Very concerned	Fairly concerned	Neutral	Somewhat concerned	Not at all concerned
Getting dressed or undressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up or down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching for something above your head or on the ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up or down an incline or uneven surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out to a social event (e.g., religious service, family gathering, movie or restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate to what extent the following items are affected by your health:

	A great deal	A lot	A moderate amount	A little	None at all
Does your energy level limit you from completing everyday tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your health limit you in moderate activities, such as housecleaning, pushing a vacuum, golf, bowling or moving a table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your health limit you when climbing several flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

