

My Exercise Plan for Strength and Balance

We are excited about your interest in improving your balance and strength with exercise!

Exercise is good for you. When your muscles are strong your balance will be better. When your balance is good, you can do more things you want to do and do them more easily.

We have put together an exercise program that is just for you. There are several levels of challenge for each exercise but you will start at the level you are able to do now. As your strength and balance improve, you can challenge yourself with the next highest level.

Exercise works best when you do it regularly, ideally every day. If every day is too much, then try 3-4 times a week.

Here are a few important things to remember when you exercise.

Goals for each exercise level

1. Be safe, and ask yourself every day if you can progress to greater challenges.
2. Try to do the recommended exercises once a day every day. If you can't do the exercise every day, then try for 3-4 times a week.
3. Repeat each exercise 10 times. Repeating an exercise 10 times is called a "set."
4. Take breaks between the exercises as needed.
5. Exercises may be spaced throughout your day if you wish.

Ways to challenge and progress

1. Add one more set of 10 repetitions to some or all exercises.
2. Progress to next highest level. Try to do this when you feel confident in your ability to do the exercise. When you can complete a set (repeating the exercise 10 times) five days in a row, you may be ready to move up a level.
3. Think about how you might be more active during your day:
 - a. When sitting down or standing up, do so 2-5 times.
 - b. Try to walk at least 10 minutes daily at an easy to moderate pace.
Avoid brisk walking

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Safety

Never exercise holding on to an object that may move, such as a chair that is not against a sturdy object. Always use the side of a stable object like a counter or solid table, unless otherwise instructed.

Exercise should not cause more pain.

If you experience any of the following while exercising, stop and contact your health care provider.

- Dizziness,
- Chest pain, or
- Shortness of breath (you are unable to speak because you are short of breath).

If you have any questions about the exercise program, do not hesitate to call
_[FCM]_____, RN. Telephone: _____

Exercise Journal

We made an exercise journal for you. You can use your journal to write down what you think and how you feel about exercising. Write down how your body feels before and after your exercise. You can share this information when you talk with your Falls Care Manager. An example journal entry is shown below.

Exercise Calendar

We made an exercise calendar for you. You can write down the days when you do your balance and strengthening exercises or when you walk. Just check off the days or time you spent exercising each day. You can share how things are going with your Falls Care Manager. An example of a completed exercise calendar is also included.

Here are some ways that keeping an exercise calendar can be helpful:

- Helps you keep track of your progress
- Helps to remind you to exercise
- Helps you keep your goals in sight
- Provides information to review with your FCM

Best wishes to you for a very successful exercise program.

Exercise Journal

Date: May 2, 2016

Notes: (EXAMPLE)

The exercises are getting easier. Still hard to do the sit-to-stands because of my sore hip but I've noticed some improvement. I will try to add some walking next week.

Date: _____

My Notes:

Date: _____

My Notes:


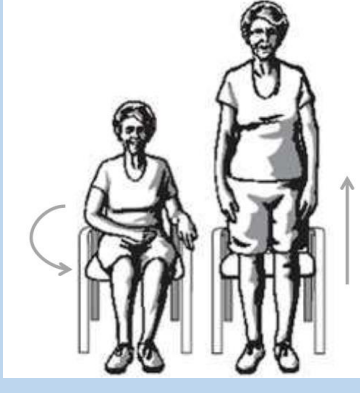
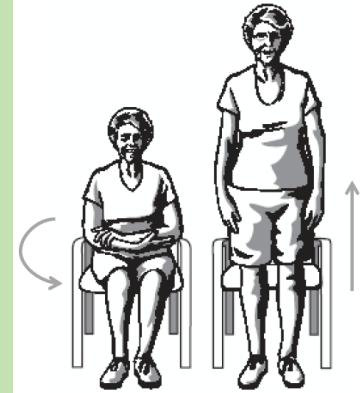
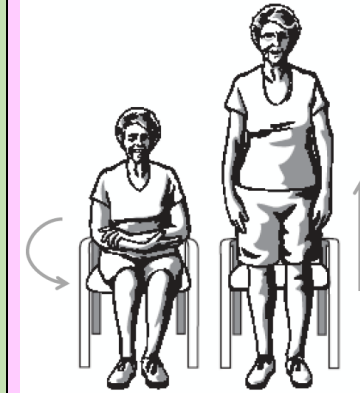
Exercise Calendar

SAMPLE Exercise Calendar						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 4/3/16	Date: 4/4/16	Date: 4/5/16	Date:	Date: 4/7/16	Date: 4/8/16	Date: 4/9/16
<i>Walk 15 minutes</i>	<i>Exercises 1,2,3,5</i>	<i>Exercises 1,2,3,5</i>		<i>Exercises 1,2,3,5</i>	<i>Exercises 1,2,3,5</i>	<i>Walk 15 minutes</i>
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____

Exercise Calendar

My Exercise Calendar						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____




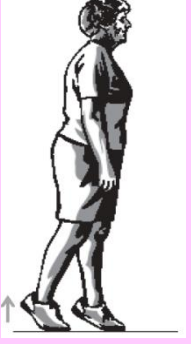
EXERCISE 1: Sit-to-Stand

Level 1 Sit to Stand Using Two Hands	Level 2 Sit to Stand Using One Hand	Level 3 Sit to Stand Using No Hands	Level 4 Sit to Stand Quickly Using No Hands
			
<p>INSTRUCTIONS FOR ALL CHAIR STAND EXERCISES</p> <p>Sit on a firm, well supported chair that is not too low. See illustration. Position chair back against a wall Point feet forward, lean forward over your knees and stand up</p>			
Push off with both hands when you stand up.	Push off with one hand when you stand up.	Stand up without using your hands to push.	Stand up quickly without using your hands.
Repeat ____ times	Repeat ____ times	Repeat ____ times	Repeat ____ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

Notes: _____

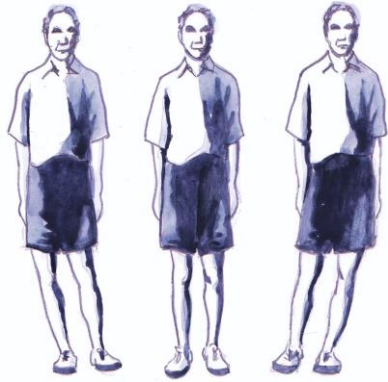



Adapted from the Otago Exercise Programme to Prevent Falls in Older Adults, Otago Medical School, University of Otago, New Zealand. A. John Campbell MD FRACP and M. Clare Robertson PhD

EXERCISE 2: Heel Raises

Level 1	Level 2	Level 3	Level 4
Heel Raise Hold Using Two Hands	Heel Raise Hold Using Two Fingers	Heel Raise Without Holding	Toe Walking, one hand or 2 finger support
			
<p style="text-align: center;">INSTRUCTIONS FOR HEEL RAISE EXERCISES</p> <p>Use a table or chair for support. Look straight ahead, feet hip width apart and pointing forward. Come up as high as you can on your toes, lower heels to floor, repeat.</p>			<p style="text-align: center;">INSTRUCTIONS</p> <p>Use an open wall, table, or counter for support. . Hold as needed. Point feet forward.</p>
Hold with one or two hands.	Hold with one hand or two fingers.	Try not to hold on but be close to support if needed.	Come up on toes then walk ___ steps. Lower heels and repeat in opposite direction.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

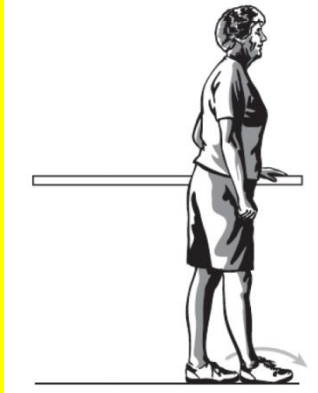


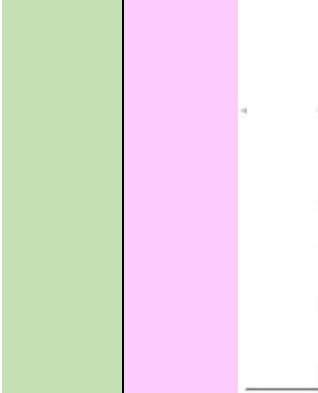
Notes: _____

EXERCISE 3: Weight Shifting and 1-Leg Balance

Level 1	Level 2	Level 3	Level 4
Side-to-Side Weight Shifting	Single Leg Stance Using One Hand for Support	Single Leg Stance Using Two Finger Support	Single Leg Stance Without Holding
			
INSTRUCTIONS FOR WEIGHT SHIFTING While standing, place feet slightly wider than hip width apart.	INSTRUCTIONS FOR ONE-LEG STAND EXERCISES Stand up tall beside a table, counter top, or chair. Point feet forward, raise one foot backward. Stand on one leg. Try to hold this position for 10 seconds on each leg.		
Lean the body gently to the right while keeping both feet in contact with the floor. Repeat in opposite direction.	Hold on with one hand.	Hold on with two fingers.	Try to do this exercise without holding but stand close to support if you need it.
Repeat ____ times	Repeat ____ times	Repeat ____ times	Repeat ____ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>



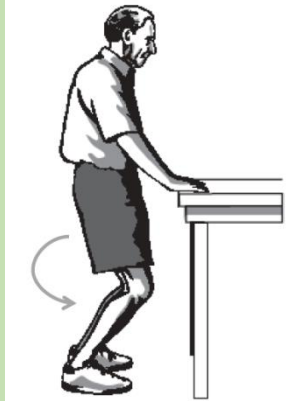

Notes: _____

EXERCISE 4: Heel to Toe Standing and Walking

Level 1	Level 2	Level 3	Level 4
Heel-Toes Standing One Hand Support	Heel-Toes Standing No Support	Heel-toe Walking One Hand Support	Heel-toe Walking No Support
			
<p>INSTRUCTIONS HEEL TOE STANDING Stand up tall beside a table or chair for support. Place one foot directly in front of the other foot so your feet form a straight line with feet pointing forward. Hold this position for 10 seconds. Change position of feet, opposite foot forward.</p>		<p>INSTRUCTIONS HEEL-TOE WALKING Stand up tall beside an open wall or table. Place one foot directly in front of the other foot so your feet form a straight line pointing forward. Alternate foot position front to back as you walk ahead Repeat for 10 or more steps. Turn around and repeat.</p>	
Hold onto the table with one hand. Try to maintain the foot position for 10 seconds.	Try not to hold onto the table while doing this exercise except as needed to regain balance.	Hold on with one hand and progress to two fingers when ready.	Try to do this exercise without holding but be close to support if you need it.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

Notes: _____

EXERCISE 5: Knee Bends

Level 1	Level 2	Level 3	Level 4
1/4 Knee Bends Using 1 or 2 Hands for Support	1/4 Knee Bends No support	1/2 Knee Bends Hold support	1/2 Knee Bends No support
			
<p>INSTRUCTIONS FOR KNEE BENDS</p> <p>Stand up tall facing a table or chair for hold for support as needed. Place your feet hip-width apart and pointing forward. Slowly bend knees squatting down either a fourth or half the way down – see instructions below. Stop if knees go in front of your toes When you feel your heels start to lift, straighten up.</p>			
Hold on with one or both hands. Squat down about one fourth of the way.	Have a table or sturdy object nearby to touch if needed. Squat down 1/4 way without holding on.	Hold on with one or both hands. Squat down about half way.	Have a table or sturdy object nearby to touch if needed. Squat down half way without holding on.
Repeat ___ times	Repeat ___ times	Repeat ___ times	Repeat ___ times
DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>	DO THIS EXERCISE <input type="checkbox"/>

Notes: _____
