

Momentum®

Fitness Card



Take this form to your physician, physical therapist or other exercise specialist, and discuss any movement challenges you may be having. Then, for each section, ask your specialist to list exercises that are appropriate for you to perform at home. Be sure you understand how to perform each exercise safely, and then refer to this form as you complete your home exercise program.

PRIMARY FUNCTIONAL CHALLENGES TO DISCUSS WITH HEALTHCARE PROVIDER: (Circle all that apply)

- Arm or leg weakness
- Trunk/core weakness
- Difficulty with transitional movements (i.e., in/out of bed or chairs)
- Dizziness, unsteadiness or imbalance
- Difficulty walking
- Fatigue/limited endurance/shortness of breath
- Muscle tightness/spasms
- Difficulty with cooking, cleaning, dressing or bathing

MUSCLE STRENGTH/ENDURANCE

Impairment/Challenge	Exercise to consider	Guideline for intensity
<i>EXAMPLE: Leg weakness (i.e., difficulty getting out of chairs)</i>	<i>EXAMPLE: Repeated sit-to-stands</i>	<i>EXAMPLE: From safe surface/chair that can be done with minimal use of hands; 1-2 sets, 10 repetitions</i>

FLEXIBILITY

Impairment/Challenge	Exercise to consider	Guideline for intensity
<i>EXAMPLE: Calf muscle tightness (i.e., may contribute to drop foot)</i>	<i>EXAMPLE: Calf stretch, either seated and using a non-resistance belt (such as a yoga or Pilates strap), or standing at wall</i>	<i>EXAMPLE: 2-3 sets, 30-60 seconds each</i>

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BALANCE/WALKING

Falls in last 6 months? _____

Numbness/tingling/sensory loss? _____

Visual challenges? _____

Impairment/Challenge	Exercise to consider	Guideline for intensity
<i>EXAMPLE: Unsteadiness in standing (e.g., loses balance forward or backward)</i>	<i>EXAMPLE: Weight-shifting heels to/from toes, with back facing a corner and a chair in front for safety</i>	<i>EXAMPLE: 10-20 repetitions, at a slow, controlled pace</i>

AEROBIC EXERCISE

Heart/vascular conditions? _____

Enjoyable/appropriate exercise options? _____

Rating of Perceived Exertion (RPE) for warm up/cool down 1-2/10 (goal)

Rating of Perceived Exertion (RPE) for exercise zone 3-5/10 (goal)

Type of exercise	Frequency	Intensity/RPE*	Duration
<i>EXAMPLE: Arm bike or stationary bike</i>	<i>EXAMPLE: Minimum 3 days/week</i>	<i>EXAMPLE: 3/10</i>	<i>EXAMPLE: 10 minutes</i>

*RATING OF PERCEIVED EXERTION (RPE SCALE)

- 0 - No exertion at all
- 3 - Moderate
- 7 - Very heavy
- 0.5 - Just noticeable
- 4 - Somewhat heavy
- 8
- 1 - Very light
- 5 - Heavy
- 9
- 2 - Light
- 6
- 10 - Very, very heavy exertion

Additional Comments/Questions/Concerns: