

FALLPROOF Balance and Mobility Group Classes for Older Adults

PHYSICIAN CLEARANCE FORM

Your patient _____ is interested in participating in the "FallProof" Balance and Mobility Group Class for Older Adults located at _____. The certified Balance and Mobility instructor for this class will be _____ (Phone) _____. This program is designed to meet two times for one hour sessions for 8 weeks. In addition, all participants receive a pre-program assessment which utilizes carefully chosen sets of tests to identify changes in multiple body systems (e.g., motor, sensory, cognitive). At the completion of the 8 weeks, each participant is reassessed to determine through objective findings the progress that was achieved. This program was designed by Dr. Debra Rose (Center for Successful Aging at California State University, Fullerton) who has over 10 years of experience working with older adults with balance-related impairments. A prototype of this program currently operates at the Gait, Balance, and Mobility Center at California State University, Fresno and is specifically designed for older adults at medium to high risk for falls. This innovative program currently operates in 13 community-based facilities throughout Orange County. Most recently, Dr. Peggy Trueblood, at California State University, Fresno has been involved in implementing this program at several sites within Fresno County.

The level of intensity of the FallProof program is based on the individual capabilities of each participant. The content of the program specifically addresses the balance-related impairments identified during the initial screening. Participants engage in activities that are designed to improve their ability to control the center of gravity in dynamic balance environments, and restore balance quickly following an unexpected perturbation. Various exercises have been designed to progressively challenge the balance system. Exercises specifically designed to improve your patient's ability to use the different sensory inputs for balance will also be included in the program. The results of a three-year research project investigating the effectiveness of this program indicate that it has been extremely valuable in reducing the risk for falls and improving the overall physical function and balance-related self-confidence of the older adults who have completed the program.

If you know of any medical or other reasons why participation in this program by your patient would be unwise, please indicate so on this form. By completing the form below, you are not assuming any responsibility for the administration of the screening tests and/or balance and mobility training program. If you have any questions about any aspect of the balance and mobility training program please call Dr. Peggy Trueblood (559-278-2528) at CSU Fresno. She would be pleased to address any concerns and/or questions you may have about this unique community-outreach program. You may also contact the facility/department in which your patient will be taking the FALLPROOF program.

_____ I know of no reason why my patient should not participate in the FallProof classes.

_____ I believe my patient can participate, but I urge caution as follows:

_____ I recommend that my patient **not** participate in the FallProof classes.

Physician Signature _____ Date _____

Print Name of Physician _____ Phone # _____

PLEASE FAX OR MAIL COMPLETED FORM TO:

**Department of Physical Therapy
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FAX: (559) 278-3635**