



Arthritis Exercise Program Medical Clearance Form

Dear Medical Provider:

Arthritis Exercise Program is an exercise program led by an Exercise Physiologist and designed to improve joint mobility and strength while also working on aerobic capacity and balance. It will also focus on decreasing joint stiffness and joint pain in older adults with arthritis. Each class is about 60 minutes, so participants must be able to safely exercise and ambulate independently for full duration of class. Other therapeutic strategies to improve memory, cognitive function, and mental health will be integrated into the exercise program in addition to functional fitness.

Some focuses of this program are:

- **Therapeutic exercise to decrease symptoms of arthritis.**
- **Education on the importance of exercise on health and well-being**
- **Build strength, endurance, mobility and joint stability.**

Please complete the following:

I am not aware of any condition(s) that preclude the participation of _____
DOB _____, in Arthritis exercise program. (Patients Name)

Patient was examined on or last seen: _____

Are there any limitations for participation? Yes (please specify below) No

Types of medication taken, history of cardiovascular disorders, diabetes, orthopedic problems, respiratory problems, convulsive disorders, etc. that may affect the participation in the Arthritis Exercise program?

(MD Signature) Date (MD printed name)

Address: _____

Phone: _____ Fax: _____

For more information/questions regarding Arthritis Exercise Program, Please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: 508-394-2109