

# Move to Improve

## The Purpose

Move to Improve is designed to enable those who are living with movement impairments (as a result of Parkinson's Disease, Multiple Sclerosis, stroke, injury, and other neurological disorders) to increase their level of activity and to assist in maintaining their stage of ability. It is important to note that this transition takes TIME, SELF RESPONSIBILITY, and COMMITMENT.

## The Program

In consideration that movement difficulties and disorders are so individualized, each referred person will require an initial assessment. Participants will enter into an exercise environment which is closely monitored by trained staff and volunteers. To the extent it is possible, the program is designed to graduate individuals to levels of function which will sustain and/or improve their degree of mobility and physical well-being. Participants will be placed into the most suitable exercise environment, which may be land, water, or a combination of both.

## Move to Improve Class

Participants must:

- Be able to change before and after class or have an assistant;
- Be able to enter and exit the pool safely or have an aide assist with pool steps or chair lift (YMCA staff may not lift participants);
- Have an aide or assistant present if unable to stand or walk unassisted;
- Be able to follow directions

NOTE:

- It is recommended that clients participate in a minimum of three months in the Move to Improve program before graduating to a self-monitoring program in the facility

Updated: July 2010

## Pre-requisites

1. Doctor's completion of attached referral form. Please note: There may be a charge from your medical practitioner for completing the attached form.
2. Consultation\* to Move to Improve; Individual consultation, assessment and exercise program design with instruction.

*\*Fee applies to consultation*

## Program Days & Times:

### LAND

Mon/Thurs 1:00-4:00pm

### WATER

Tues/Thurs 1:00-2:00pm

**Fee:** Move to Improve membership  
3 month OR 1 year

*\*Speak with a Member Services*

*Representative for current Membership rates & fees\**

**Please Note: Prior to attending your first class, please RETURN your COMPLETED referral form to the YMCA.**

**Upon receipt of your completed form, you will be contacted by a Move to Improve Exercise Instructor to set up an appointment for an initial assessment.**

The Chilliwack Family YMCA gratefully acknowledges the sponsorship of:



### Mission Statement:

The YMCA is a charitable association dedicated to the development of people in spirit, mind and body as well as the improvement of local, national and international communities.

Charity# 11930 7148 RR0001



Bringing people together

# Move to Improve

## Exercise Program



## Chilliwack Family YMCA

A division of the YMCA of Greater Vancouver

Hocking Centre

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Website: [www.vanymca.org](http://www.vanymca.org)

# MOVE TO IMPROVE PROGRAM REFERRAL FORM

## APPLICANT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_

## PHYSICIAN

Name \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICATIONS

Are you currently taking any medications or drugs? If so, please list medication, dose and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

Do you now, or have you in the past:

- |    |  |         |        |
|----|--|---------|--------|
| A) | History of heart problems, chest pain or stroke                            | YES [ ] | NO [ ] |
| B) | Increased blood pressure   | YES [ ] | NO [ ] |
| C) | Any chronic illness or condition   | YES [ ] | NO [ ] |
| D) | Difficulty with physical exercise  | YES [ ] | NO [ ] |
| E) | Advice from physician not to exercise                                      | YES [ ] | NO [ ] |
| F) | Recent surgery (within last 12 months)                                     | YES [ ] | NO [ ] |
| G) | Pregnancy (now or within last 3 months)                                    | YES [ ] | NO [ ] |
| H) | History of breathing or lung problems                                      | YES [ ] | NO [ ] |
| I) | Diabetes or thyroid condition  | YES [ ] | NO [ ] |
| J) | Cigarette smoking habit  | YES [ ] | NO [ ] |
| K) | Obesity (more than 20% over ideal body weight)                             | YES [ ] | NO [ ] |
| L) | Increased blood cholesterol  | YES [ ] | NO [ ] |
| M) | History of heart problems in immediate family                              | YES [ ] | NO [ ] |
| N) | Hernia, or any condition that may be aggravated by lifting weights         | YES [ ] | NO [ ] |
| O) | Muscle, joint or back disorder, or any previous injury still affecting you | YES [ ] | NO [ ] |

If "YES" to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT OF PHYSICIAN/THERAPIST

I consider my patient, mentioned above, to be a reasonable candidate for a special, supervised, Physical Fitness Program.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT OF PATIENT

I, \_\_\_\_\_ hereby give my permission for the above medical information to be transferred to the Chilliwack Family YMCA Move to Improve Program.

Signed \_\_\_\_\_ Date: \_\_\_\_\_