Island Senior Resources
(360) 321 1600
senior-resources.org

Stay Active & Independent for Life (SAIL)

a strength, balance, and fitness class for adults 65+

Physician Release Form

Please share this information sheet with your primary care provider.

Participant's name: _____

Please Print

The SAIL Program

Falls among older adults are the single greatest cause of injury hospitalizations in Washington State. Older adults who do strength and balance exercises regularly can decrease their risk of falling. The Senior Falls Prevention Study (funded by Centers for Disease Control, coordinated by Washington State DOH and Northwest Orthopedic Institute) showed that seniors who attended the study exercise classes at least 2 times per week for one year decreased their falls by 26 percent. A grant extension from the CDC has allowed us to translate the research findings into a Senior Exercise Class that can be implemented in the community.

The SAIL program is a strength and balance fitness class which meets 2 to 3 times per week for one hour. There are up to 20 participants in each class and the exercises can be done sitting or standing. The class includes aerobics, balance exercises, strength training with wrist and ankle weights, and stretching exercises. Classes are led by certified fitness instructors who have attended the SAIL Instructor Training Program.

For motivation and evaluation, the class participants undergo "Fitness Checks" when they start the classes. These are repeated at regular intervals throughout the year. The Fitness Checks include:

- 8-foot Timed Up and Go (TUG) – measured in seconds
- Biceps Curl – measured by number of repetitions in 30 seconds (women: 5lbs., men: 8lbs.)
- Chair-Stand – measured by number of stands in 30 seconds

In addition to the exercises, we have added an education component. The *SAIL Information Guide* is a booklet which includes sections on how to prevent falls, a self-assessment for falls risk and determining readiness for exercise.

Exercise Program Release:

Can this individual participates in the SAIL exercise program: ❑ Yes ❑ No

With the following restrictions:

_____

Physician Name: _____ Phone: (_____)_____

Signature: _____ Date: _____

Please return to: Mel Watson, 14594 SR 525, Langley 98260 or 917 E. Whidbey Rd, Oak Harbor, 98277.

Email to ADR_Line@islandseniorservices.org or Fax: 360-321-9369