

# TOWN OF WAPPINGER

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RECREATION DEPARTMENT  
20 MIDDLEBUSH ROAD  
WAPPINGERS FALLS, NY 12590  
(845) 297-0720

The Senior Injury Prevention Program (SIPP) is a progressive weight training and balance improvement program designed for seniors. Participation in this exercise program will lead to improvement in balance, mobility, muscle strength and independence.

SIPP will consist of two classes a week. Each class will last one (1) hour. There is no cost: the classes are free and equipment will be provided.

Each participant will be asked to complete a brief medical history and obtain their doctor's consent for participation.

If you are interested, please fill out the attached forms and return it to the Senior Center. Call 297-3670 if you have any questions.

Sincerely yours,

Kay vonReyn  
Director  
Town of Wappinger Senior Center

**SENIOR INJURY PREVENTION PROGRAM (SIPP)  
PROGRESSIVE WEIGHT TRAINING PROJECT**

Dear Dr. \_\_\_\_\_

Your patient, \_\_\_\_\_ has requested enrollment in an exercise program designed to reduce injury among older adults. Based on a pilot Osteoporosis Prevention Program undertaken with Marian Nelson, M.D. from the Human Physiology Laboratory at Tufts University and the Massachusetts Department of Public Health, this program includes exercise, education and group support. It is specifically tailored for older women, taking into consideration each woman's health concerns and physical limitations.

The class consists of two one-hour sessions each week. The exercise component includes:

- balance exercises
- weight exercises with leg cuffs and hand weights, starting with 1 lb pellets and increasing as participant feels able.
- strength exercises using body weight for resistance.
- overhead arm lifts

Ankle cuffs with removable pellets and one pound hand weights allow for individualizing the exercises for each participant and tailoring their progression with their comfort level. These exercises improve strength, flexibility and balance and may help to maintain bone density, all of which will help prevent falls and make broken bones less likely.

I give consent for \_\_\_\_\_  
to participate in a supervised progressive weight training program.

Comments/restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**SENIOR INJURY PREVENTION PROGRAM (SIPP)  
PROGRESSIVE WEIGHT TRAINING PROJECT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Insurance Info. \_\_\_\_\_

Family/friend contact (Name and Phone) \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY**

Cardiovascular disease	Yes	No
Diabetes	Yes	No
Hypertension	Yes	No
Rheumatoid arthritis or osteoarthritis	Yes	No
Stroke in the past six months	Yes	No
Surgery in the past six months	Yes	No
Cataract surgery in the past six months	Yes	No.
Fractured bone in the past six months	Yes	No
Hernia or abdominal aortic aneurysm	Yes	No
Memory loss/dementia diagnosis	Yes	No
Lyme Disease	Yes	No
Chronic dizziness	Yes	No

**SIGNIFICANT HEALTH EVENTS (PAST 3 MONTHS)**

Chest Pain ro tightness, neck or jaw pain, indigestion, shortness of breath, Lightheadedness, nausea, palpitations during exertion	Yes	No
Falling, tripping	Yes	No
Dizziness	Yes	No
Painful joints	Yes	No
Muscle Pain or back pain	Yes	No
Involuntary weight loss or gain (+ or - 5 lbs)	Yes	No
Any new medications or dosages changes	Yes	No.
Evaluation or treatment of newly diagnosed condition	Yes	No
Under the care of a medical doctor, chiropractor, physical Therapist or other doctor in the past 6 months	Yes	No
Explain _____		

LEGAL RELEASE: I will choose the level of activity which will not harm me. In consideration of my participation in this wellness/exercise program, I hereby release Town of Wappinger from any liability or claims, for personal injury or otherwise, arising out of or in any way connected to my participation in this wellness/exercise program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date