



COMMUNITY EXERCISE RECOMMENDATIONS

The following are recommendations from a physical therapist for a person with Parkinson's disease who is participating in an exercise program with a certified personal trainer or in community-based group exercise programs after discharge from therapy.

Participant Name: _____

Participant Address: _____

Physical Therapist's Name

Date

Company Name and Address

Phone

RECOMMENDED TYPES OF EXERCISE

Please check all that apply. Note specific exercises and/or equipment as needed.

- Cardiovascular _____
 - Target Borg Rating of Perceived Exertion (6-20) _____
 - Aerobic Exercise Time (minutes) _____
 - Treadmill Y N Speed _____
 - Bike Y N RPMs _____

- Posture _____
- Balance _____
- Coordination _____
- Agility _____
- Strength _____
- Flexibility _____
- Other _____

SPECIFIC LIMITATIONS/CONTRAINDICATIONS

I give my permission for my name, contact number, and this information to be shared with a certified personal trainer designated by me.

SIGNATURE OF PARTICIPANT

DATE