the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACTIVE BODIES. ACTIVE MINDS.

CYCLING FOR PARKINSON'S

YMCA OF METROPOLITAN CHATTANOOGA

WHAT IS PARKINSON'S?

Parkinson's disease is caused by a breakdown in the nerve cells in the brain. The affected nerve cells do not produce enough dopamine, which affects your ability to move the way you want. Tremors, stiff muscles, slow movement, and trouble with balance or walking are all symptoms of Parkinson's disease.

In time, Parkinson's affects muscles throughout the body, leading to difficulty with swallowing, digestion, facial movements and more.

CYCLING FOR PARKINSON'S MISSION

The mission of Cycling for Parkinson's is:

- To improve the quality of life of Parkinson's disease patients and their caregivers.
- To educate patients, caregivers, and the general public about the benefits of maintaining an active lifestyle after a Parkinson's diagnosis.
- To support research dedicated to the prevention and treatment of Parkinson's disease.

PROGRAM INFORMATION

Who can participate?

Participants who:

- Are 30–75 years old
- Are diagnosed with Idiopathic Parkinson's disease
- Complete and provide a signed consent form and a medical clearance form
- Agree to periodically monitor their progress

When are the classes?

NORTH RIVER:
Mon., Tue. & Thu. 10:45–11:30 am
Location: 4138 Hixson Pike
Chattanooga, TN 37415

NORTH GEORGIA:
Tue. & Thu. 1:30 – 2:30 pm
Location: 1735 Battlefield Pkwy.
Fort Oglethorpe, GA 30742

How much does it cost? FREE for Y members.

How do I sign up?

Medical clearance and consent forms are available at the front desk or online.

Once you provide the completed forms, a staff member will contact you to schedule an orientation and initial class session.

For more information, please contact:

NORTH RIVER FAMILY YMCA
4138 Hixson Pike
Chattanooga, TN 37415
423.877.3517 | Fax: 423.777.4095
nrwellness@ymcachattanooga.org

NORTH GEORGIA COMMUNITY YMCA
1735 Battlefield Pkwy.
Fort Oglethorpe, GA 30742
706.935.2226
ngaymca@ymcachattanooga.org

CYCLING FOR PARKINSON'S AT THE YMCA

Medical Screening and Permission Form

[Note: This is a class-format aerobic exercise program for Parkinson's patients]

Patient Name: _____ Male □ Female □

Diagnosis: _____

Date of Diagnosis: _____ Stage of Diagnosis: _____

Prescreening Questions

Yes □ **No** □ Have you taken any heart medications?	**Yes** □ **No** □ Have you experienced unreasonable breathlessness?
Yes □ **No** □ Have you ever had a heart attack?	**Yes** □ **No** □ Do you take blood pressure medication?
Yes □ **No** □ Have you ever had heart surgery?	**Yes** □ **No** □ Are you diabetic or take medicine to control blood sugar?
Yes □ **No** □ Have you ever had heart failure?	**Yes** □ **No** □ Is your blood cholesterol >240 mg/dl?
Yes □ **No** □ Have you ever had pacemaker/implantable cardiac defibrillator/rhythm disturbance?	**Yes** □ **No** □ Females: Have you had a hysterectomy or are you postmenopausal?
Yes □ **No** □ Have you ever had cardiac catheterization?	**Yes** □ **No** □ Have you experienced dizziness, fainting or blackouts?
Yes □ **No** □ Have you ever had coronary angioplasty?	**Yes** □ **No** □ Do you smoke?
Yes □ **No** □ Have you ever had heart valve disease?	**Yes** □ **No** □ Do you have musculoskeletal problems that would prevent you from exercising?
Yes □ **No** □ Have you ever had congenital heart disease?	**Yes** □ **No** □ Do you have concerns about the safety of exercise?
Yes □ **No** □ Have you had a close blood relative who had a heart attack before age 55 (father or mother) or 65 (brother or sister)?	**Yes** □ **No** □ Are you physically inactive, exercising fewer than 30 minutes per day/3 days per week?
Yes □ **No** □ Have you ever experienced chest discomfort with exertion?	

Eligibility Requirements (Answers to A,B,C and D must be YES)

A. Yes □ **No** □ Provided informed consent after being given a copy of the attached Standards
B. Yes □ **No** □ Clinical diagnosis of idiopathic PD (the most common form of Parkinsonism in which the cause for the condition is unknown)
C. Yes □ **No** □ Graded at Hoehn and Yahr stage I, II, or III when off medication
D. Yes □ **No** □ Written clearance/permission by the physician for the PD patient to participate in the exercise program after the physician has been given a copy of the Standards. Physician clearance must address all concerns identified in the prescreening questions above.

Patient is ineligible for participation if any of the following apply (Answers to E-G must be NO)

E. Yes □ **No** □ Clinically significant medical disease that would increase the risk of exercise-related complications (e.g. cardiac or pulmonary disease, hypertension or stroke)
F. Yes □ **No** □ Dementia as evidenced by a score less than 116 on the Mattis Dementia Rating Scale
G. Yes □ **No** □ Other medical or musculoskeletal contraindications to exercise

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PLEASE CHECK ONE BOX

□ I recommend that the applicant NOT participate in the Cycling for Parkinson's class fitness program.

□ I recommend that the applicant participate in the Cycling for Parkinson's class fitness program.

_____ _____

Physician Signature **Date**

Physician name (print):	Phone:
Email address:	Fax:
Address:	