

California State University, Fullerton

FallProof™ Balance & Mobility Training Program

MEDICAL CLEARANCE OF PERSONAL PHYSICIAN

Name of Patient _____

Your patient is interested in participating in the FallProof™ Balance & Mobility Training Program. This is one of several programs offered by the Center for Successful Aging, and is housed in the Movement Enhancement Lab at California State University, Fullerton. The Center is under the direction Debra Rose Ph.D., professor in the Department of Kinesiology.

A comprehensive balance and mobility assessment will be conducted to identify (a) the degree to which your patient is at risk for falls, and (b) the specific nature of the balance problems contributing to the increased fall risk. The assessment requires approximately 60 minutes to complete and will assist us in determining whether your patient is best suited to our individualized balance training program or, one of our small group training programs (N=10 maximum with a 1:2 assistant/participant ratio). The specific tests to be conducted will be determined on the basis of the client's current physical condition and completed health and physical activity questionnaire. Specific tests that may be conducted are identified below:

Physical Parameters

Assessments

Functional Limitations (Clinical tests of balance) Gait Abnormalities	Fullerton Advanced Balance (FAB) Scale (10 item test) or Berg Balance Scale (BBS) (14 item test)* 30 foot at Preferred and Maximum speed
Sensory System Impairments (Smart Balance Master)	Sensory Organization Test® (Computerized Dynamic Posturography)
Motor System Impairments (Smart Balance Master)	100% Limits of Stability Test® Adaptation Test®
Lower Body Strength	30 s Chair Stand
Upper Body Strength	30 s Arm Curl
Lower body flexibility	Sit and Reach
Upper body flexibility	Scratch test
Functional Mobility	8ft. Up & Go

* Berg Balance Scale (BBS)- is administered to lower functioning clients (e.g.; require use of assistive device, moderate to severe balance impairments).

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FallProof™ Balance & Mobility Program: The individualized or group programs meet twice weekly for approximately one hour. Balance-specific exercises will be presented that are designed to improve your patient's ability to utilize and integrate the various sensory inputs, control the center of gravity in seated, standing and/or walking situations, more appropriately select and scale the postural strategy needed for a given balance situation, and develop anticipatory and reactive movement strategies that will lower his/her risk for injurious falls. The challenge and physical intensity associated with the selected balance activities will progress from a low to high level as your patient's capabilities dictate.

Approval to receive pre-program screening and assessment and participate in the appropriate class:

Yes

No

Please list any modifications/recommendations for class participation: _____

Please indicate by your signature below that your patient is medically clear to participate in the assessment and assessment and training as described. Please call Dr. Debbie Rose if you have any questions concerning this program at 657-278-5846. A summary of the evaluation can be provided you upon request.

_____	_____	_____
<i>Print Name of Physician</i>	<i>Signature of Physician</i>	<i>Date</i>
<i>Address:</i> _____	<i>Physician phone #:</i> (____) ____ - _____	
_____	<i>Physician fax #:</i> (____) ____ - _____	