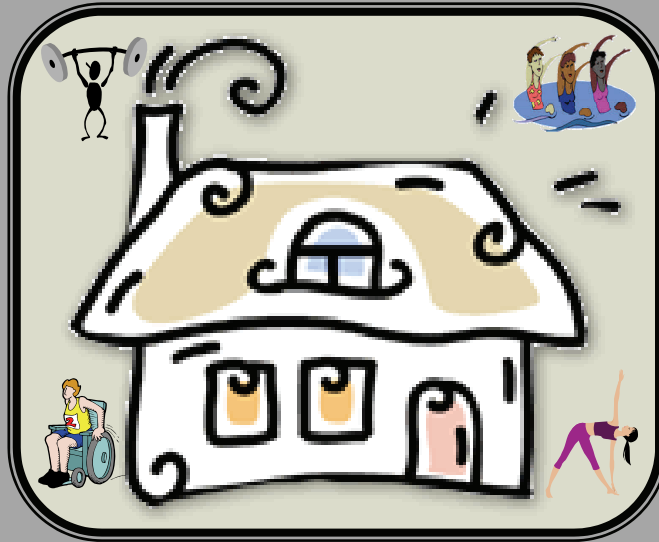


# Menu-Choice



## Physical Activity Program

Health Promotion for Persons with Disabilities Lab

Movement Studies in Disability Program

College of Public Health and Human Sciences

**Oregon State**  
UNIVERSITY

# Scheduling Physical Activity Right Now!

## Quick Guide to Menu-Choice Planning

*If a new or temporary staff member arrives at a group home and needs to create activity goals immediately, the following list is their guide. Please note, Menu-Choice preliminary steps 2, 3, & 4 need to be completed prior to using this guide.*

### Prepare for Menu-Choice Planning

- Review physical activity education section (Step One page 8)

### Learn how to set a goal!

- Read through the Goal Setting 'How to' to learn how to create an appropriate goal (Step five page 24)

### Choose Activities

- Get the residents involved in choosing activities (Resident Choice section on page 30)
- Check out the activity modules and additional resources to get some ideas, begins on page 69.

### Document Weekly Goals

- Review **Residents' Special Activity Needs Sheets** found in the documentation section on page 138 to know medical restrictions and physical activity preferences
- Use the **Weekly Activity Schedule** to write residents' weekly goals found in the front cover and on page 39
  - Review the previous week's schedule, found in the documentation section, to see how to increase their activity
- Have the residents use their **Visual Activity Calendar** to display their weekly activity
  - 'Post it' pictures are found in a folder in the back of the Menu-Choice binder
- At the end of the week, document if they achieved their goals on the Weekly Activity Schedule and Visual Activity Calendar

**Special Activity Needs**  
(Make Copies)

Name \_\_\_\_\_

Date \_\_\_\_\_

Population Category (Step 3) \_\_\_\_\_

- Health conditions limiting physical activity?

Attach a recent photograph of individual here

Weekly Activity Schedule							
Month: _____ Week: _____ to _____							
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Goal Achieved

Menu-Choice Visual Activity Calendar								
Name	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Goal
Activity 1	□	□	□	□	□	□	□	Goal Achieved?
Activity 2	□	□	□	□	□	□	□	
Activity 3	□	□	□	□	□	□	□	

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- Visual Activity Calendars
- ‘Post it’ Activity Pictures

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## Documentation Section 138

- What to include in this section:
  - Special Activity Needs sheets (SANS)
  - Physical Activity Readiness Questionnaires
  - Baseline Observation sheets
  - Weekly Activity Schedule sheets
  - Goal Progress sheets



# Welcome to Menu-Choice

## **What is Menu-Choice?**

Menu-Choice is a program that provides physical activity (PA) supports and education for direct care service staff and managers who provide supports to adults with Intellectual or Developmental Disabilities (I/DD).

We (Health Promotion for Persons with Disabilities Lab at Oregon State University) created Menu-Choice because adults with intellectual and developmental disabilities living the group homes have low physical activity and poor health outcomes. This program provides staff with a template to help residents increase their physical activity.

In the designing phase of the program, we put together an “Advisory Group” that provided information related to physical activity in the group home setting. The 19 participants in the ‘Advisory Group’ consisted of residents with I/DD, program coordinators, support staff, and a group home agency director. We had focus group discussions to talk about what physical activity looks like in the group home. They provided insight about the daily operations of the group home system and how PA is or in some cases is not part of the system. They also discussed the barriers and motivators of PA for the residents and provided suggestions on how to increase activity. We used this information to create Menu-Choice. After creating the program, we went back to the “Advisory Group” to gain their final approval. We are very excited that we created this program based on the direct input of the group home population.

Based on recommendations from the “Advisory Group,” we made Menu-Choice as simple as possible. The 1-day training of the program should provide program coordinators and managers with sufficient knowledge and tools to teach staff how to run Menu-Choice within their homes. Additionally, our step by step guide for using the program will make it easy to deliver Menu-Choice for both new and experienced group home staff.

After you have explored Menu-Choice in your group home, please let us know what works, what we should change, and suggest any additional information or supports that might significantly improve physical activity within the group home system.

**Thank you and welcome to Menu-Choice!**

# What's included in Menu-Choice?

Menu-Choice is created by and for persons with I/DD and their support staff in the group home setting. The program uses a goal setting approach to help facilitate physical activity for the residents. Although, as staff, you will create short term goals for the residents, they will take an active role in goal setting by choosing activities that they enjoy and posting their activity on their *visual activity calendar*. In this program, you will learn how to create specific goals and how to track the residents' progress. The activity modules will help you choose activities that fit time constraints, lack of equipment, social v. individual activity, and indoor/outdoor needs. One unique aspect about our program is that we provide examples of activity for residents that are aging, have physical disabilities, and/ or have severe disabilities. Our motto is that no matter the ability level, there are ways to make activity fun and challenging to promote an active lifestyle.

The Menu-Choice binder is organized as you will use the content within the step by step guide. The following are the major sections of the program.

## **Menu-Choice Materials**

The materials you'll need to run Menu-Choice will be located in the front and back cover of the binder. The back pocket will include the Residents' *visual activity calendars* and the front pocket will hold *weekly activity schedule* sheets. The 'post it' pictures can be found in a folder at the end of Menu-Choice binder. These pictures will aid in the residents' choice, by providing them the visuals they can post on their *visual activity calendar*.

## **Quick Guide to Menu Planning** (page 1)

This will be the quick reference for planning activities for residents. We suggest using this guide to help train new staff. However, preliminary steps 2, 3, and 4 need to be completed prior to using the quick guide.

## **Welcome to Menu-Choice** (page 5)

You're reading it! This section provides some background and the general purpose of the program. It will provide a brief description on the binder sections.

## **Step One: Preparing for Menu-Choice Planning** (page 8)

This section will include physical activity education. It will help you understand the components of physical activity, which will help you in the goal setting process.

## **Step Two: Residents' Needs for Menu-Choice** (page 17)

This section will identify the medical and non-medical needs of the residents. The *Special Activity Needs Sheet (SANS)* should be completed for each resident, so staff

are aware of special activity needs, dislikes/likes, etc surrounding physical activity for each resident. Completed SANS sheets should be kept in the *document* section of the binder.

### **Step Three: Determining Activity Readiness** (page 19)

This section will identify which residents should receive physician approval before increasing physical activity. The *Physical Activity Readiness Questionnaire* needs to be completed for each resident and put in the *document* section of the binder prior to increasing activity. Another part of this section is choosing the residents' population category (i.e., general, aging, and severe disability). These categories will help you successfully increase activity using our *activity progressions* and *activity modules*.

### **Step Four: Beginning Physical Activity Snapshot** (page 22)

This section is to determine what physical activity the residents are already performing across the day. A *baseline observation sheet* is provided to keep track of one week of activity for the residents. This sheet should be completed for each resident and put in the *document* section of Menu-Choice.

### **Step Five: Setting a Goal** (page 24)

This section will help you understand goal setting and what types of goals you will be creating for the residents. Read through this when you first start the program and refer to it as needed throughout the program.

### **Step Six: Choosing Activities** (page 30)

It is important to keep the residents involved in the process, so this section includes tips for including residents in goal setting. It also includes an introduction on how to use the activity modules found in the supplemental materials section.

### **Step Seven: Documenting Weekly Goals** (page 35)

This section will show you how to document the weekly activity goals for the residents using the *Weekly Activity Schedule*. Residents will learn how to document their goals using their *Visual Activity Calendar*.

### **Supplemental Materials** (page 45)

This section is helpful to understand the risks of sedentary behavior, learn about activity for specific disabilities, find activities to perform throughout the week with our activity modules, discover ways to set up a staff and resident champion, explore fun ways to increase motivation for physical activity, and determine how to track residents' activity progress.

### **Documentation Section** (page 138)

The documentation section is simply where you put your residents' Special Activity Needs Sheets, Physical Activity Readiness Questionnaires, weekly goals, and goal progress sheets. Keeping organized helps new staff understand residents' needs and current progress with the program.

# Step one: Preparing for Menu-Choice Planning Physical Activity Education

*This section contains information to keep you knowledgeable about physical activity. Check out the supplemental materials for Step One (page 46) to learn about the risks of sedentary behavior and activity for specific disability types (i.e., down syndrome, autism, cerebral palsy, physical disabilities, and visual impairments).*

## What is physical activity?

Any form of movement of the body that uses energy. Some daily life activities—doing active chores around the house, yard work, walking the dog—are examples.

## How does physical activity make you healthier?

- Increases heart health
- Increases lung and blood vessel health
- Increases muscle strength and endurance
- Increases balance and flexibility
- Helps increase energy and the ability to complete daily activities
- Helps manage body weight



## What the research says about the health benefits of physical activity:

- Regular physical activity reduces the risk of many adverse health outcomes.
- Some physical activity is better than none.
- For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration.
- Most health benefits occur with at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity physical activity.
  - Additional benefits occur with more physical activity.
- Both aerobic and muscle-strengthening physical activity are beneficial.
- Health benefits occur for people of all ages, and those in every studied racial and ethnic group.
- **Health benefits of physical activity occur for people with disabilities**
- The benefits of physical activity far outweigh the possibility of adverse outcomes.

## Aerobic Activity

In this kind of physical activity (also called an endurance activity or cardio activity), the body's large muscles move in a rhythmic manner for a sustained period of time. It involves movement that gets your heart rate up to improve oxygen consumption by the body. Aerobic activity not only helps you lose or maintain weight, it helps you build endurance so you can remain active for a longer period of time. Brisk walking, running, bicycling, jumping rope, and swimming are all examples.

### What are the Benefits of Aerobic Activity?

It strengthens your heart and lungs. When you follow a consistent aerobic activity plan, your heart grows stronger so it can meet the muscles' demands without as much effort.

Regular aerobic exercise, performed most days of the week, also helps reduce the risk of illness and premature death. Regular aerobic exercise improves health in the following ways:

- Reduces body fat and improves weight control
- Reduces resting blood pressure (systolic and diastolic)
- Increases HDL (good) cholesterol
- Decreases total cholesterol
- Improves glucose tolerance and reduces insulin resistance
- Decreases clinical symptoms of anxiety, tension and depression
- Increases maximal oxygen consumption (VO<sub>2</sub> max)
- Improves heart and lung function
- Increases blood supply to the muscles and
- Enhances your muscles' ability to use oxygen
- Lowers resting heart rate
- Increased threshold for muscle fatigue



Reference: "Physical Activity and Health: A Report of the Surgeon General", CDC, 1999.

### Aerobic physical activity has three components:

<b>Frequency</b>	How often a person does aerobic activity across the week
------------------	--

<b>Duration</b>	How long a person does an activity in any one session.
<b>Intensity</b>	How hard a person works during an activity. <ul style="list-style-type: none"> <li>• Moderate Intensity: Equivalent in effort to brisk walking</li> <li>• Vigorous Intensity: Equivalent in effort to running/ jogging</li> </ul>

Although these components make up a physical activity profile, research has shown that the total amount of physical is more important for achieving health benefits than is any one component (i.e., frequency, intensity, or duration).

## What is Light, Moderate, and Vigorous Activity?

To get the health benefits of physical activity it is important to know how hard a workout is.

One way to know how hard an activity is affecting the body is by thinking about *The Physical Activity Effort Scale* or Rate of Perceived Exertion (RPE) Scale and asking yourself:

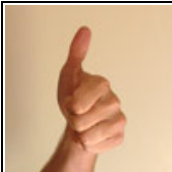
- How heavy is my breathing?
- Do my muscles feel tired?
- How much energy do I have left?

1 Effortless
2 Almost no effort
3 Very Light
4 Light
5 Moderate
6 Vigorous
7 Hard
8 Very Hard
9 Extremely Hard
10 Maximum Effort



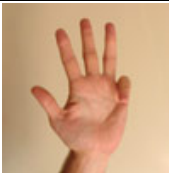

**Try something new!**

## My Five Point Scale

Presented here is a 5-Point Rating of Perceived Exertion Hand Scale that is simple to use and understand. For this RPE Scale, the resident can hold up their fingers to indicate the intensity level - from 1 to 5.

Rating		Likert Scale	Description
1		Not hard at all	I am feeling great and could keep up this pace all day long.



2		Slightly hard	I am still comfortable, but am breathing a little harder and starting to sweat.
3		Moderately Hard	This is a good workout.
4		Very hard	It is getting tough. I can only keep at this pace for a short time period.
5		Extremely hard	It is too hard, I need to STOP!

Reference: Rob Wood of Topend Sports, 2010

Try to use the RPE or Hand scale with the residents to see their intensity of an activity.

Examples of Different Aerobic Physical Activities and Intensities	
Moderate Intensity	Vigorous intensity
<ul style="list-style-type: none"> <li>• Walking briskly (3 miles per hour or faster, but not race-walking)</li> <li>• Water aerobics</li> <li>• Bicycling slower than 10 miles per hour</li> <li>• Tennis (doubles)</li> <li>• Ballroom dancing</li> <li>• General gardening</li> </ul>	<ul style="list-style-type: none"> <li>• Race-walking, jogging, or running</li> <li>• Swimming laps</li> <li>• Tennis (singles)</li> <li>• Aerobic dancing</li> <li>• Bicycling 10 miles per hour or faster</li> <li>• Jumping rope</li> <li>• Heavy gardening (continuous digging or hoeing, with heart rate increases)</li> <li>• Hiking uphill or with a heavy backpack</li> </ul>



## Get the Most out of Aerobic Workouts:

These tips will help you get started on the right foot!

- Choose an activity you enjoy. You are more likely to stick with it.
- Always warm up for at least 5-10 minutes before starting your activity.
- Start slowly and listen to your body. Go at a pace that feels good to you.
- Always cool down at least 5-10 minutes at the end of your activity.
- Vary your exercise program to avoid boredom and plateaus.
  - Changing your routine every 6-8 weeks is important to keep your body/muscles surprised and constantly adapting. They'll have to work harder, you'll be challenged, and you'll burn more calories and build more lean muscle in the process.
- Reduce exercise intensity in response to very hot or humid environments
- Drink plenty of water before, during and after exercise to stay hydrated.
- Avoid strenuous aerobic exercise during viral infections such as the flu or upper-respiratory tract infections.
- Stop your exercise session and contact a doctor if you experience chest discomfort, lightheadedness or dizziness.



Reference: [http://www.sparkpeople.com/resource/fitness\\_articles.asp?id=1032](http://www.sparkpeople.com/resource/fitness_articles.asp?id=1032)

## Physical Activity Guidelines: Aerobic Activity

- 150 minutes of moderate-intensity activity per week.
  - Recommendations can be met through 30-60 minutes of moderate-intensity activity (five days per week) or 20-60 minutes of vigorous-intensity activity (three days per week).
- One continuous session and multiple shorter sessions (of at least 10 minutes) are both acceptable to accumulate activity
- People unable to meet these minimums can still benefit from some activity

Reference: ACSM <http://greatist.com/fitness/new-acsm-exercise-guidelines/#>

Encourage the residents to do 10 minute blocks of activity throughout the day!

## Muscle-Strengthening Activity

This kind of activity, which includes resistance training and lifting weights, causes the body's muscles to work or hold against an applied force or weight.

These activities can be done using:

- Weights
- Elastic Bands
- Body Weight (Ex: lunges or push-ups)



### Why strength training?

Research has shown that strengthening exercises are both safe and effective for all ages, including those who are not in perfect health.

Strength training, in conjunction with regular aerobic activity, can also have a profound impact on a person's mental and emotional health.

### Benefits of Strength Training

There are numerous benefits to strength training regularly, particularly as you grow older. It can be very powerful in reducing the signs and symptoms of numerous diseases and chronic conditions, among them:

- arthritis
- diabetes
- osteoporosis
- obesity
- back pain
- depression

### Muscle-strengthening activity also has three components:

<b>Intensity</b>	How much weight the person is using
<b>Frequency</b>	How often a person does muscle-strengthening activity across the week
<b>Repetitions</b>	How many times a person lifts a weight or performs the exercise

## Physical Activity Guidelines: Strength Activity

- Adults should train each major muscle group two or three days each week using a variety of exercises and equipment.
- Very light or light intensity is best for older persons or previously sedentary adults starting exercise.
- Two to four sets of each exercise helps improve strength
- For each exercise, 8-12 repetitions improve strength, 10-15 repetitions improve strength in middle-age and older persons starting exercise and 15-20 repetitions improve muscular endurance.
- Adults should wait at least 48 hours between resistance training sessions



Reference: ACSM <http://greatist.com/fitness/new-acsm-exercise-guidelines/#>

Tip for Menu-Choice: When making goals, make sure to give at least a day rest between strength routines!

## Flexibility Activity

Flexibility is important because having flexible muscles allows joints to move through a full range of motion. You need a certain amount of flexibility to move smoothly and to keep your body protected from injury.

Stretching is one way to keep the body flexible. Although stretching is typically the most overlooked part of an activity routine, it's important and for many of us the best part of the workout.

### ***Why should you stretch?***

- You'll improve your performance and reduce your risk of injury
- You'll reduce muscle soreness and improve your posture
- You'll help reduce lower back pain
- You'll increase blood and nutrients to the tissues
- You'll improve your coordination
- You'll enjoy exercise more and help reduce stress
- A lack of flexibility and poor strength can reduce your ability to do activities of daily living

Reference: <http://exercise.about.com/cs/exbeginners/a/begflexibility.htm>

## What should you stretch?



- Emphasize proper stretching for all the major joints, especially areas that have limited range of motion
- When you stretch after the workout, try to hit all the muscles you used, paying close attention to any chronically tight areas.

## Types of stretching

### Static Stretching

Involves the resident stretching his/her own muscle to the point of mild discomfort by holding it in a maximal stretch for an extended period. It is very effective, relatively safe, and a popular method of stretching.

- When doing static stretches, **DON'T BOUNCE!** Hold a comfortable position until you feel a *gentle* pull on your muscle. It shouldn't hurt and bouncing could cause you to pull a muscle.

### Assisted Stretching

Involves a partner actively stretching the resident. This type of stretching may be more suitable for persons with severe disability who need assistance to move.

## How do I properly perform assisted stretching?

1. Take the limb through the full range of motion, as much as possible, to warm-up the joint. Have the resident perform, if possible, some kind of warm-up to increase blood flow to the joints and muscles being stretched.
2. While stretching, **support the joint closest to the muscles being stretched** and move one joint at a time. Be stable and never forceful.
  - Examples of stretches and where to hold are included in the flexibility activity module (page 98)
3. Take the resident into the stretch hold the stretch for 30 seconds.
4. Have the resident tell you if it's too much tension and/or observe the residents response to the stretch. If their facial expression shows signs of pain, stop or reduce the tension. Stretching is to mild discomfort **NOT** pain.

Reference: <http://www.exrx.net/ExInfo/Stretching.html>; ACSM

### **IMPORTANT TO NOTE:**

- **Warm up the muscles before stretching.** Not doing so is one of the leading causes of injury and cramping in stretching.
- Move into the stretches slowly and smoothly. Jerky movements lead to injury.
- **NEVER** stretch an injured muscle or joint.

*Reference: <http://exercise.about.com/cs/exbeginners/a/begflexibility.htm>*

### **Physical Activity Guidelines: Flexibility Activity**

- Adults should do flexibility exercises at least two or three days each week
  - However, it can be done everyday
- Each stretch should be held for 10-30 seconds to the point of tightness or slight discomfort.
- Repeat each stretch two to four times, accumulating 60 seconds per stretch.
- Flexibility exercise is most effective when the muscle is warm. Try light aerobic activity or a hot bath to warm the muscles before stretching.

*Reference: ACSM <http://greatist.com/fitness/new-acsm-exercise-guidelines/#>*

Did you know? Flexibility activities can be done **everyday**. This may be particularly important for residents who have spasticity or tight muscles.

Persons with Cerebral Palsy and other conditions may need more time with flexibility during the week. However, for persons with Down Syndrome flexibility is **NOT** needed due to hypermobility. Check out the *Specific Activity and Disability* in the Supplemental Materials Section on page 48.

## Step Two: Residents' Needs for Menu-Choice

The Special Activity Needs, or **SAN**, sheets will organize an individual's activity-related medical needs and requirements for being active.

These sheets are a communication aid with the goal of a safe and pleasant physical activity experience!

### Instructions for Completing SAN Sheets

1. Place a photograph of the individual in the small box on the top of the page. Photos can be scanned, photocopied, or glued to the page.
2. If a SAN is particularly important for an individual (for example, drops in blood pressure with activity), you can highlight it or put a large star next to it.
3. Next, provide details about the Special Activity Needs in the space provided.

### Information to complete the SAN Sheet may come from:

- The individual
- His/her family
- Experienced care providers
- His/her Individual Plan or Personal Supports Plan (IP/PSP)
- Health or medical record
- His/her consulting healthcare provider, if available

- Keep the completed sheet in the *document section* of the binder. **No one should be planning or creating activity goals for an individual without knowing what this sheet contains!**
- Use this SAN Sheet when developing the yearly IP/PSP.
- An individual's Special Activity Needs may change; so update this SAN Sheet at least every 12 months or whenever there is a change to the IP/PSP.

# Special Activity Needs

(Make Copies)



Name \_\_\_\_\_

Date \_\_\_\_\_

Population Category (Step 3) \_\_\_\_\_

Attach a recent  
photograph of  
individual here

- Health conditions limiting physical activity?  
*Atlantoaxial instability (down syndrome) Y or N, if yes no contact sports.*

- Medications that interfere with physical activity and how so?
- Type of assistance needed to be active?
- Behavioral challenges related to physical activity?
- Best time of the day to be active?
- Activities this person likes or would like to do?
- Activities this person dislikes?
- Activity programs this resident attends?
- Other special needs?

## Step Three: Determining Activity Readiness

*This section is to identify which residents should receive physician approval before increasing physical activity. Another part of this section is choosing the residents' population category (i.e., general, aging, and severe disability). These categories will help you successfully increase activity using our activity progressions and activity modules.*

### Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy. Being more active is very safe for most people. However, some people should check with their doctor before they start increasing activity.

- The PAR-Q is a screening tool to determine if a resident needs to check with their doctor before starting physical activity.
- The questionnaire is taken directly from the *American College of Sports Medicine (ACSM)*, an association of sports medicine, exercise science, and health and fitness professionals that is dedicated to helping people worldwide live longer, healthier lives. ACSM guidelines were used in the development of the *standardized activity progressions* in *Menu-Choice*.

### Instructions:

- Complete the following form for each resident in Week 1 of *Menu-Choice*.
- Make the necessary calls to the residents' physicians (if needed).
  - Tell them that the resident will be participating in a physical activity health promotion program. You can describe that the resident will slowly increase their physical activity according to ACSM recommendations. You can discuss/show them the progression sheets in the Supplemental Materials Section on page 45.
  - Document any activity restrictions the physician recommends in the *Residents' Special Activity Needs Sheet* in step 2
- Put completed forms in the *Documentation Section* of the binder



# Physical Activity Readiness Questionnaire (PAR-Q) Form

(Make Copies)



Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

**Contact a medical physician for approval if**, the resident has two or more risk factors on PAR-Q or known cardiovascular, pulmonary, or metabolic disease

- Cardiovascular: cardiac, peripheral vascular, or cerebrovascular disease
- Pulmonary: Chronic obstructive pulmonary disease, asthma, interstitial lung disease, or cystic fibrosis
- Metabolic: Diabetes mellitus, thyroid disorders, renal, or liver disease

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	1.	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2.	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3.	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4.	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6.	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7.	Do you know of <u>any other reason</u> why you should not do physical activity?

Resident's Name: \_\_\_\_\_

Staff name (printed)\_\_\_\_\_

Staff name (signature)\_\_\_\_\_

Date:\_\_\_\_\_

If needed, Medical Approval Received (date):\_\_\_\_\_

## Determine Population Categories for each Resident

We have designed Menu-Choice in such a way to make it easy for you to find appropriate activities to meet the needs of the residents. The following groups of individuals were identified by our 'Advisory Group' to be the most common within the group home setting. We have designed activity progressions and activity modules based on what category the resident falls in.

We separated these groups, because progressing physical activity looks different for these populations. Particularly, persons who are aging need to increase their activity at a slower pace and persons with severe disabilities may be more successful if they perform more motor and flexibility activities.

As you know, the group home population includes a large range of conditions that we cannot specifically design workouts for. However, in the *What to know: Specific Disabilities & Activity* section on page 48, we discuss modifications for persons with Down syndrome, autism, physical disabilities, cerebral palsy, and visual impairments. Please review this information to make sure you understand what physical activity should look like for those residents.

### **Instructions for Determining Residents' Population Category:**

From the following categories, determine where the resident best fits.

- 1. General Population:** Resident has mild to moderate disability and is less than 50 years of age
- 2. Aging Population:** Resident has mild to moderate disability and is 50 years or older
- 3. Severe Disability Population:** Resident has one or a combination of the following: severe mobility limitations, non-verbal, have a feeding tube, or any other major restricting condition
  - Choose this category if the resident is considered aging and has severe disability.

Document which category the resident falls on their SANs Sheet discussed in Step 2.

## Step Four: Beginning Physical Activity Snapshot



It is important that we first know what physical activity the residents are currently performing in order to gradually increase activity. Just by knowing the residents, you might have a good idea about the types and the amount of physical activity they are performing. However, if your house has multiple staff that rotates throughout the day and weekends, it might not be so clear cut. This is a good time to get on the same page about the residents' activity.

### **Instructions:**

1. For one week, observe the residents physical activity during your shift.
2. At least one staff per shift will write down the residents' activities using the *Baseline Observation Sheet* on the following page
3. Include the following when documenting activity:
  - a. Type of physical activity (e.g., walking, swimming, aerobics, etc.)
  - b. Minutes of activity (e.g., 10 minutes, 20 minutes, 30 minutes, etc.)
  - c. Intensity: (i.e., light, moderate, or vigorous)
    - i. Look in the Physical Activity Education section in Step one (page 8) if you need help understanding intensity
4. Each resident will have their own *Baseline Observation Sheet*
5. Put the completed *Baseline Observation Sheet* in the *Document Section* starting on page 138

Understanding baseline activity will help you start the resident in the appropriate activity next week.

Great Job, we're almost ready to start Menu-Choice program planning!

# Baseline Physical Activity Observation Sheet (make copies)

Month: \_\_\_\_\_ Week: \_\_\_\_\_ to \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Name:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>
<b>Notes:</b> One staff on each shift write down the following for one week:  1. Type of physical activity (e.g., walking, swimming, aerobics, etc)  2. Minutes of activity  3. Intensity: light, moderate, vigorous  Put the completed form in the Document Section.	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>
	<b>Evening:</b>	<b>Evening:</b>	<b>Evening:</b>	<b>Evening:</b>	<b>Evening:</b>	<b>Evening:</b>	<b>Evening:</b>

## Step Five: Setting a Goal

*This section will help you understand goal setting and what types of goals you will be creating for the residents.*

One of the major points in this program is to help the residents increase and expand their physical activity endeavors. Setting goals is essential in that process. In fact, experts who study the way people make changes in their lives found that setting goals is one of the most important keys to success. The clearer the goal, the better the changes you'll see in the residents!



### **What is Goal Setting?**

In broad terms, it is the process of deciding on something you want, planning how to get it, and then working towards it.


### **Why set goals?**

It provides direction and purpose. It gives individuals something to work towards.

### **What are the benefits of goal setting?**

- To visualize and plan actions to achieve what you want
- Forces individuals to set priorities, thus limiting distracting things
- Defines real life actions -- separates it from just wishful thinking
- Makes people responsible for their own success or failures
- Serves as a guide in making decisions
- Makes people aware of their weaknesses so they can begin to improve them
- Makes people aware of their strengths
- Improves self-image
- Gives a sense of past victories of goals accomplished and motivation to succeed in current goals

## What types of Goals will I use with Menu-Choice?

<p><b>Participatory/collaborative</b> Goals are designed and chosen jointly by staff and resident.</p> <p><i>Strongly encouraged</i></p>	<p>The resident choice activities discussed in Step Six (page 30) will assist you in getting the residents involved in the goal setting process. After all, if the resident plays a role in designing their goals they will more likely want to accomplish them!</p>
<p><b>Guided</b> The staff designs multiple goal choices and the resident chooses one goal.</p> <p><i>Still a good option</i></p>	<p>With limited staff, resources, and time, providing feasible choices for the residents to choose from can still get the resident involved in the process, while also keeping you in charge of the schedule. We discuss this technique in <i>Step Six; Tips for including residents in weekly scheduling</i> (page 30).</p>
<p><b>Assigned/prescribed</b> Goals are designed and chosen by the support staff without input from resident</p> <p><i>May occur with severe disability population</i></p>	<p>This type of goal may occur in <i>Menu-Choice</i> if the resident has a severe disability that would not allow them to contribute in the goal setting process.</p> 
<p><b>Self-set</b> Goals are designed and chosen by the resident.</p> <p><i>Unlikely in Menu-Choice</i></p>	<p>The resident is in full control of what their goal is and how it will be achieved. Although resident participation is key, busy scheduling, staff availability, and the ability of the resident to create safe gradual goals make this type of goal unlikely.</p>
<p><b>Group-set</b> Goals are designed and chosen either by staff or group. Goal attainment is contingent on the performance of the group.</p> <p><i>Difficult for Menu-Choice</i></p>	<p>If you have a house with similar physical activity levels, abilities, and interests you may consider creating a group goal for the residents to achieve together. This will provide social support throughout the week. However, this type of goal won't work if you have residents with various medical conditions, physical activity levels, and conflicting schedules.</p>



## Tips for Goal Setting

It's not enough to simply say, "I want to be more active."

Learning exactly how to set goals can go a long way toward helping the residents succeed. Below are **three** tips that should help you set goals:

### 1. Be specific

For example, instead of saying, "This week John will try to get more exercise," set a specific goal of walking for 15 minutes after lunch and another 15 minutes after dinner. Below we discuss how to create SMART goals, which emphasizes making goals specific and measurable.

## Using SMART goal-setting techniques

### **S – Specific**

Goals should be clear-cut and describe exactly what you want the residents to achieve. For example, ask yourself:

- WHAT are they going to do?
- HOW are they going to do it?
- WHY is this goal important to them?

### **M – Measurable**

Your goal needs to be measurable so you know you are moving closer to reaching it.

- Remember - "You can't manage it if you can't measure it."

### **A – Adjustable**

You should have a plan to adjust (change) their goals in the face of barriers (e.g., changes in schedules, lack of time, etc) so they can still succeed.

### **R – Realistic**

Realistic doesn't mean effortless, it just means possible. A goal needs to be realistic for the residents' abilities at the moment, not in the future.

- Make sure to set a challenging goal that the residents feel a sense of accomplishment when they achieve it.

### **T – Timely**

Goals need to have a set time in which you'd like to achieve them. If you don't set a time frame for the goal, you may not feel that starting soon is important.

- For Menu-Choice the time frame is one week.

## Setting SMART goals will help you create specific and realistic goals for the residents

### Physical Activity SMART Goal

Physical activity goals are related to the frequency (i.e., number days per week), duration (i.e., how long), intensity (i.e., light, moderate or vigorous), and type of activity.

#### Example:

1. *Sue will briskly walk in the neighborhood with Kerri (staff) for 30 minutes after dinner on Monday, Wednesday, and Friday.*
  - Note:
    - Frequency- 3 days a week (i.e., Monday, Wednesday, Friday)
    - Duration- 30 minutes
    - Intensity- Brisk (i.e., moderate intensity)
    - Type of activity- Walking

This goal meets SMART principles, because it is *specific* describing where she will walk and with whom. It is *measurable*, because it can be checked off her visual calendar and weekly menu. It is also *adjustable*, because if something occurs on Wednesday night, Sue can walk Thursday evening instead. Lastly, based on Sue's abilities and previous goal attainment it is *realistic* for her to accomplish.

## 2. Set both short-term and long-term goals

**Short-term goals** are ones that you will achieve in the near future (e.g., in a day, within a week, or possibly within a month).

A journey of a thousand miles, the Chinese proverb goes, begins with the first step. Short-term goals, in other words, are important if you want to go the distance. If the goal is to walk an hour a day, five days a week, don't expect to reach that goal all at once. A good short-term goal might be to walk for two 15 minute bouts on Saturday, Tuesday, and Thursday, then gradually increase the number of minutes you spend and the number of days a week to walk.



In *Menu-Choice*, short term goals are goals the residents will accomplish in one week. By using the *weekly activity schedule* (front cover & page 39), you are already set up to make SMART goals. The more detail you provide in the weekly menu, the SMARTER the goal is. The weekly goals should be working towards meeting the standardized progressions on page 130 (i.e., long term goals).



You'll learn more about the specifics of goal setting in Menu-Choice in Step Seven: Documenting Weekly Goals on page 35.

**Long-term goals** are ones that you will achieve over a longer period of time (e.g., a few months, one year, five years).

Long-term goals often are our most meaningful and important goals. One problem, however, is that the achievement of these goals is usually far in the future. As a result, we often have trouble staying focused and maintaining a positive attitude toward reaching these goals. This is why short term goals that work toward long term goals are so important.

Standardized progressions or long term goals have been established based on the population category (page 130) Use these long term goals to keep the residents' on track. Remember, you want to gradually add physical activity to weekly schedules. Do not add too much too fast. The progressions were created for slow increases in activity each week.

### 3. Give feedback

Chances are you'll begin to see that there are times when the residents exceeded their goals and times when they have fallen behind. The value of monitoring progress is that you'll begin to see the pattern of ups and downs and understand that the downs are only temporary.

In *Menu-Choice*, we use the *visual activity calendar* (Step 7: page 43) and *weekly activity schedule* (Step 7: page 39) to monitor the residents' progress. We also use goal progress sheets (Supplemental Materials Section: page 136) to see if they're on track with their physical activity.

## Goals Setting Based on Activity Level



### Sedentary/ Low Active

- Start with light activity, or a mix of light to moderate-intensity activity.
- Avoid relatively vigorous-intensity activity
- Increasing Activity
  - o First, increase the number of minutes per session (duration)
  - o Second, increase the number of days per week (frequency) of moderate-intensity activity
  - o Third, if desired, increase intensity

### Moderate active

- Determine areas for improvement & create goals to meet guidelines
- Increasing Activity
  - o Duration: Does not have enough minutes of activity to meet guidelines. Add time to activity.
  - o Frequency: Only has 3 or less days of activity. Increase the number of days the resident performs activity.
  - o Intensity: Only performing activity in light or moderate intensity. Increase the pace, add weight, try intervals of quick to slower paces, encourage residents to push themselves harder and break a sweat!

### Active

- Additional activity provides additional gains in health!
- Increasing Activity
  - o Save time, try increasing the intensity (i.e., Increase the pace of activity, add weight, try intervals of quick to slower paces, encourage residents to push themselves harder and break a sweat!)
  - o Add variety (+1 new activity every 1-2 weeks)

### References:

- *Motivating People to be Physically Active- Bess Marcus & Forsyth 2009*
- *CDC 2008 Physical Activity Recommendations*
- *Goal Setting as a Strategy for Dietary and Physical Activity Behavior Change: A Review of the Literature (Shilts, Horowitz, & Townsend, 2004)*
- [http://www.hhpublishing.com/\\_onlinecourses/BSL/bsl\\_demo/bsl/motivation/D1.html](http://www.hhpublishing.com/_onlinecourses/BSL/bsl_demo/bsl/motivation/D1.html)

## Step Six: Choosing Activities

*This section includes tips for including residents in goal setting and an introduction on how to use Menu-Choice activity modules. Physical activity worksheets and activity modules discussed in this step can be found in the Supplemental Materials Section starting on page 45.*

### Resident Choice

One aspect promoted by our ‘Advisory Group,’ when designing *Menu-Choice*, was making sure the residents play an active role in their physical activity goals. Thus, they should have opportunities to choose activities, help with the goal setting process, and talk about physical activity with you!

The following information can be used to help get the residents motivated and excited about physical activity. These activities will also help you learn what activities the residents enjoy and would like to try.

#### **Tips for including residents in weekly goal setting:**

1. Take time each week to sit down with the residents and go through the activity modules / ‘post it’ pictures
  - Have them point out activities they might like to try or do for that week
  - If you know you don’t have the time, staff availability, equipment, etc., use the activity ‘Post it’ pictures to provide options.
    - Show the residents the feasible options for the week and allow them to choose from your selected list of activities.
2. Allow the residents to choose when and with whom they want to complete their activity.
3. Have the residents put ‘post it’ pictures on their visual activity calendar.
  - The physical act of posting their goals will make them more invested in their activity.
4. Complete the “Creating an Activity Plan” worksheet, found on page 66, with the residents so they understand the concept of goal setting
  - You can make this worksheet a contract with the residents if they are having a difficult time reaching their goals
  - Post it on the refrigerator, in their room, by their *visual activity calendar*
5. Complete the Physical Activity Worksheets provided in the supplemental materials section on page 64.

- These sheets are fun ways for the resident to talk about their physical activity with you.

By doing these sheets together, you are showing them you are interested in them becoming more active!

---

## Understanding Activity Modules, Sections, & Icons

This step's supplemental materials provide you with resources to help you and the residents choose activities they would enjoy participating in. We hope the examples we provide will give you a starting point for helping the residents begin activity!

The activities in the supplemental materials section (page 69) are separated by modules, sections, and icons for quick examples for aerobic/motor, strength, and flexibility activities for persons in the general population, persons who are aging or with physical disabilities, and those with more severe disability. Below are the descriptions of these sections.

### **Modules**

- Separated by activity type: aerobic/motor for severe disability, strength, and flexibility
- Each module has examples of activities the residents can perform
- The examples we provided are not all inclusive, meaning there are many ways to perform aerobic/motor, strength, and flexibility activities. We are providing a few examples to get you started!
  - Check out the additional resource section on page 115, local library resources, and the internet for more ideas!








### **Sections**

- For each module, we have provided examples of activities for the general, aging/physical disability population, and persons with severe disability.
- Although the sections are separated by these groups, persons in the aging/physical population and severe disability group can still look though the other sections to see if they can perform the other examples provided.

Residents in the aging/ physical disability or severe disability population are not restricted to their section for activities. Look through the other sections for activities they can perform or modify them to fit your residents' needs.

## Icons








- Based on our 'Advisory Group' suggestions, we have provided a way to identify activities based on weather, individual preferences, cost, equipment options, and time (See descriptions and icons below)
- These icons are included throughout the modules for each activity listed

Indoor Activities		Outdoor Activities	
Individual activities		Group activities	
Low cost activities		No equipment activities	
10 minutes or less activities (aerobic only)			

## Activity Module Descriptions

### Aerobic Module

- Includes a list of aerobic activities that are most common among adults living in the group home setting
  - Motor activities are provided for persons with severe disability. Still use the other sections for ideas
- The activity 'post it' pictures for aerobic/motor activity will match the pictures in this module. You'll find these on in the 'post it' binder. If an activity is not listed, have the resident draw it on the "You Draw it" post it.

Example	
Walking 	     

**NOTE:** Check the internet and local library for FREE aerobic videos!



## **Strength Module**

- These modules are separated by different muscle groups
  - For a full body workout, choose 1-2 (as specified) from each categories

**NOTE:** There are lots of ways to perform strength exercises. We only provided a short example list. The additional resources section on page 115 may help choose additional exercises. Try your local library for exercise videos! The internet is also a great resource.

- The activity 'post it' pictures for strength training will be the same regardless of which workout you and resident choose. In the 'post it' binder, you'll find the following picture for strength training:



Example			
Exercise	Description	Equipment	Icon
<b>1. Wall Sit</b> 	<p>-This exercise is performed with the participant leaning against a stable, flat wall surface (Step 1).</p> <p>-Once in place the participant slowly begins to move into a squatting position, with the knees at a 90° angle (Step 2).</p> <p>-The participant should remain in this position for the allotted time.</p> <p><b>-Note:</b> The participant may have to move their feet slightly forward to obtain this position.</p>	<b>A Wall</b>	

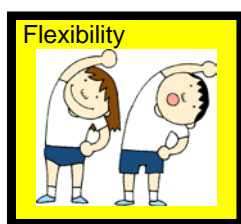
## **Flexibility Module**






- This module is separated by lower, upper, and back/abdominal stretches
  - Flexibility training is specific to the individual. Choose stretches that target areas of tightness.
  - To focus on full body flexibility, choose a combination of body stretches from the three categories based on their weekly goals.

**NOTE:** Persons with Down syndrome do not need to perform stretching due to hypermobility.

Use the additional resources section on page 115 to help you choose more stretches. The internet is also a great resource. Check your local library for yoga DVD's!

- The activity 'post it' for flexibility training will be the same regardless of which stretches you and the residents choose. In the 'post it' binder you'll find the following picture for flexibility training:



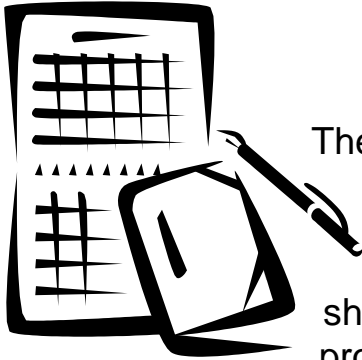
Example			
Exercise	Description	Equipment	Icon
<b>Hamstring Stretch</b> 	-Stand in front of a support between knee and hip height. -Extend your right leg and place it on the support, with the foot relaxed. -You should be at a distance that allows the left leg to be perpendicular to the floor. Now hinge forward from the hips, keeping the pelvis level and the right knee straight. Feel the stretch along the back of the thigh. Change to the left leg.	Bench	   



## Step Seven: Documenting Weekly Goals

After you and the resident have chosen activities they enjoy, it is time to start documenting goals! This section provides instructions for documenting goals for Menu-Choice.

***People who write down their goals  
are more likely to accomplish them!***



### Weekly Activity Schedule

The *weekly activity schedule* is to be used by staff to document weekly activity goals for the residents. We provided multiple sheets of the weekly activity schedule in the front of the binder for easy use. When you run out of sheets, make photo copies in order to continue with the program.

Writing down weekly goals is beneficial in order for all the staff to know what activity is occurring that week. It also provides an easy way to include physical activity in service plans for the residents, since you have all the information in place to track progress!

**NOTE:** Choose one staff who knows a resident really well to write their specific goals. Writing goals for one resident will reduce the burden for all staff involved in *Menu-Choice*.

### Instructions for Documenting Goals

- 1. Review the Resident's' *Special Activity Needs Sheet (SANs)***
  - Completed SANs sheets can be found in the *documentation* section on page 138 of *Menu-Choice*.
  - Look through the SANs sheet to see if there are any doctor recommendations/restrictions, see what the residents enjoy/dislike, types of assistance needed, and behavioral strategies used, etc.
  - Keep this information in mind when creating the residents' goals
- 2. Using the *Weekly Activity Schedule***
  - Get out the *Weekly Activity Schedule* (*front cover or page 39*). Fill in the date, name, and population category for the resident



- Based on the resident's baseline activity, create a weekly goal for aerobic/motor(severe disability), strength, and flexibility
  - Write the goals in the first column providing all the necessary information related to minutes, intensity, frequency, reps, etc.

**NOTE:** See physical activity education section on page 8 if you need assistance understanding these concepts

- **What to include in the weekly columns:**
  - Specific activity the resident will perform (e.g., walking, dancing, elliptical, yoga, etc.)
  - How many minutes of the activity?
  - Whom they will perform the activity with
  - Where they will perform the activity
- The activity in the weekly columns should equal the weekly goals in the first column



### 3. Review the *Weekly Activity Schedule* examples provided on page 40-42 for assistance

**NOTE:** Goals should NOT be the same as what the resident is currently doing. You want to create goals that increase activity gradually. Make them a challenge but also achievable!

### 4. How to adjust the weekly schedule

- As part of the SMART setting principles discussed on in Step Five page 26, being Addjustable is important.
- Feel free to move activities to new days if something comes up. As long as the resident is meeting the weekly goal, you can move activities to different days.
- Make a note of the changes in the notes section column for that week.

**NOTE:** Make sure to schedule at least one day of rest between strength training. See *Physical Activity Education Section Page 8* for additional information.

### 5. Checking weekly progress

- Identify if the participant met their activity goal for that week in the last column of the *Weekly Activity Schedule*.
- Provide notes about how the resident achieved or did not achieve their goal in the notes section

## 6. Making consecutive week goals

- Go through the steps above. Think about the following questions when creating the following week's goals:
  - Did they achieve the previous week's goals?
    - If yes, continue to gradually increase activity
  - They didn't meet the goal. Was it unrealistic for the resident?
    - If so, reduce activity goals, while still increasing their activity in smaller amounts.
    - Still provide encouragement for any increase in activity that week to avoid frustration.
  - They didn't meet the goal. Was it a reasonable goal, but the resident lacked motivation?
    - If so, try getting the resident more involved in the process by doing a Resident Choice activity on page 64 or use a motivational technique discussed on page 118.



**You can do it, making goals is fun and rewarding!**

## 7. Filing the weekly goals

- Use a three-hole punch and put each completed weekly goal sheet in the Documentation Section (page 138) for reference.

---

## Residents' Visual Activity Calendar

This visual activity calendar was created to increase the residents' involvement and motivation in their goal setting. The calendar is created for each resident, so they can post it wherever they will see it. It is an easy way for residents to post their weekly activity across the week and check off their completed tasks.

### Instructions:

1. **Have the resident choose their “post it” activity pictures that match their weekly goals.**
  - Post it pictures are found in a folder in the back of the binder.
2. **Using the *Visual Activity Calendar***
  - Use a dry erase marker to write in their name
  - Have the resident post the activity picture to the day they will perform the activity

- There are three spots in case the resident is performing aerobic/motor, strength, and flexibility activities in the same day

**NOTE:**

- Aerobic/ motor activities will have separate pictures in the 'post it' folder, depending on the activity. Strength and flexibility will have one strength and one flexibility picture for these activities.
- If there is a cardio/motor activity not in the activity module that the resident performs, have them draw it in the blank post it picture (use dry erase markers).
- Multiple pictures will be provided in the Menu-Choice binder to accommodate each resident and duplicate activity across the week.

**3. How to adjust the weekly schedule**

- Have the resident move the activity picture to another day if something comes up.
- This will let them know it still needs to be accomplished

**4. Checking weekly progress**

- Use a dry erase marker to check off activities when completed.
- Identify if the participant met their activity goal for that week in the last column of the *Visual Activity Calendar* with the happy/frown pictures found in the 'post it' folder at the end of the Menu-Choice binder.

As soon as the resident meets their goal for the week, put up their goal achieved marker!

**5. Making consecutive week goals**

- Remove the 'post it' pictures and repeat the previous steps

**6. Review the *Visual Activity Calendar* examples provided on page 44 for assistance**

**Make it fun!** Use the Motivation Section (page 118) for ideas to make goal setting rewarding for the residents.

*Perhaps you provide a small incentive for meeting their goal or simply acknowledge them on the house refrigerator.*

# Weekly Activity Schedule (make copies)

Month: \_\_\_\_\_ Week: \_\_\_\_\_ to \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	<i>Goal Achieved</i>
<b>Name:</b>  <b><u>Population Category:</u></b>	Morning:	Morning:	Morning:	Morning:	Morning:	Morning:	Morning:	No      Yes  <i>(circle one)</i>  <b><u>Notes:</u></b>
<b>Aerobic Goal:</b> <u>Minutes:</u> <u>Intensity:</u> <u>Frequency:</u>	Afternoon:	Afternoon:	Afternoon:	Afternoon:	Afternoon:	Afternoon:	Afternoon:	
<b>Strength Goal:</b> <u>Reps:</u> <u>Sets:</u> <u>Intensity:</u> <u>Frequency:</u> <u># Activities:</u>								
<b>Flexibility Goal:</b> <u>Reps:</u> <u>Duration:</u> <u>Frequency:</u> <u># Activities:</u>	Evening:	Evening:	Evening:	Evening:	Evening:	Evening:	Evening:	
<b>Motor Act. Goal:</b> <i>(severe disability only)</i> <u>Minutes:</u> <u>Intensity:</u> <u>Frequency:</u>								



# Weekly Activity Schedule (example)

Month: Feb. Week: 12 to 18

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Goal Achieved
<b>Name: John</b>  <u>Population Category:</u> Aging	<b>Morning:</b> 10 mins light walking around the block with Karen	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	No <input checked="" type="radio"/> Yes
<b>Aerobic Goal:</b> <u>Minutes:</u> 10 <u>Intensity:</u> light <u>Frequency:</u> 3 days								<b>Notes:</b>  John had a hard time biking, so we did a 10 min walk on Thursday instead
<b>Strength Goal:</b> Reps: 8-10 Sets: 2 <u>Intensity:</u> light <u>Frequency:</u> 1 day # <u>Activities:</u> 8	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	
<b>Flexibility Goal:</b> Reps: 2 <u>Duration:</u> 20 sec <u>Frequency:</u> 3 days # <u>Activities:</u> 6	<b>Evening:</b>	<b>Evening:</b> Flexibility at home with Carrie	<b>Evening:</b> 10 mins light biking in neighborhood with Sam and Jim	<b>Evening:</b> Strength workout at home with Sam and Jim  &  Flexibility at home with Sam and Jim	<b>Evening:</b>	<b>Evening:</b> 10 mins light walking around riverfront with Carrie  &  Flexibility at home with Carrie	<b>Evening:</b>	
<b>Motor Act. Goal:</b> <i>(severe disability only)</i> <u>Minutes:</u> <u>Intensity:</u> <u>Frequency:</u>								

# Weekly Activity Schedule (example)

Month: Dec. Week: 9 to 15

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Goal Achieved
<b>Name: Tom</b>  <b>Population Category:</b> Severe Disability	<b>Morning:</b> Strength workout at home with Karen	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	<b>Morning:</b>	No <input type="radio"/> Yes <input checked="" type="radio"/>
<b>Aerobic Goal:</b> <u>Minutes:</u> <u>Intensity:</u> <u>Frequency:</u>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Afternoon:</b>	<b>Notes:</b>  No problem, we should try adding more flexibility activities next week
<b>Strength Goal:</b> <u>Reps:</u> 8 <u>Sets:</u> 2 <u>Intensity:</u> light <u>Frequency:</u> 1 day <u># Activities:</u> 8								
<b>Flexibility Goal:</b> <u>Reps:</u> 2 <u>Duration:</u> 20 sec <u>Frequency:</u> 3 days <u># Activities:</u> 6								
<b>Motor Act. Goal:</b> <i>(severe disability only)</i> <u>Minutes:</u> 15 <u>Intensity:</u> light <u>Frequency:</u> 3 days	<b>Evening:</b> Flexibility at home with Sam	<b>Evening:</b> 15 mins Motor Activity at home with Carrie  &  Flexibility at home with Carrie	<b>Evening:</b>	<b>Evening:</b> 15 mins Motor Activity at home with Sam  &  Flexibility at home with Sam	<b>Evening:</b>	<b>Evening:</b> 15 mins Motor Activity at home with Carrie  &  Flexibility at home with Carrie	<b>Evening:</b>	

## Visual Activity Calendar

### *Menu-Choice* Visual Activity Calendar


























Name		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Goal
	<b>Aerobic/ Motor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reached  Not Reached
	<b>Strength</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Flexibility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Visual Activity Calendar Examples

Examples on this page match the examples in the *Weekly Activity Schedule* for residents Jim, John, and Tom found on pages 40-42. As you can see, they match the weekly goals documented by the staff.

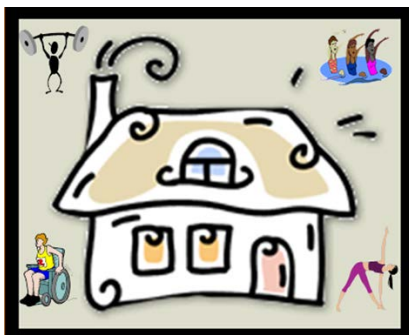
**NOTE:** Each resident will have their individual calendar to post where they will use it/see it, See Above. The calendars are connected below for example purposes.

Menu-Choice Visual Activity Calendar									
Name		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Goal
Jim	Aerobic/ Motor	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 <input type="checkbox"/>	<input type="checkbox"/>	Reached
	Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 Not Reached
	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>	<input type="checkbox"/>	 <input type="checkbox"/>	<input type="checkbox"/>	
John	Aerobic/ Motor	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	Reached
	Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 Not Reached
	Flexibility	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tom	Aerobic/ Motor	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	Reached
	Strength	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 Not Reached
	Flexibility	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	 <input checked="" type="checkbox"/>	<input type="checkbox"/>	

# Supplemental Materials Section

This section includes:

- **Step 1 Supplements**
  - Some is Better than None: Sedentary Health Hazards
  - What to know: Specific Disability & Activity
- **Step 6 Supplements**
  - Resident Choice Activity Sheets
  - Activity Modules
    - Cardio
    - Strength
    - Flexibility
  - Additional activity resources
- **Finding Motivation**
  - Staff & Resident Activity Champion
  - Positive Reinforcement
  - Rewards
  - Getting the “I can do it, you can do it” Mentality
  - Make Activity Fun: Creative Ways to Increase Activity!
- **Checking Activity Progress**
  - Physical Activity Progression (i.e., long term goals)
  - Goal Progression Sheets



## Some is better than none: Sedentary Health Hazards

### What is considered a sedentary lifestyle?

A sedentary lifestyle means no or irregular physical activity. Sedentary activities include sitting, reading, watching television, playing video games, and computer use for much of the day with little or no physical activity.

### What's so wrong with being inactive?

A sedentary lifestyle can contribute to many preventable causes of death. Thus, some activity is better than none, and more is better than some. Even light-intensity activity appears to provide benefit and is preferable to sitting still.

### Most American's are not very active.

- In fact, 60% of Americans are reported to lead sedentary lives
  - This means that they are not getting enough physical activity to gain health benefits
- If you aren't physically active you are at a greater risk of:
  - Having high blood pressure
  - Getting cardiovascular disease
  - Being obese
  - Having diabetes
  - Getting cancer
- Did you know?
  - Obesity is expected to become the leading cause of preventable death (the current leading cause is smoking).



### Couch Potatoes Arise

When most of us think of ways to improve our health and lower our risk for disease, activities like aerobic activity and resistance training come to mind. Recently, scientists have begun to recognize that the time we spend doing sedentary things can also directly impact our health.

Specifically, recent studies suggest that adults who exercise regularly, but spend most of their days sitting, whether at work or on the couch, have greater health risks than active people who are more likely to be walking or moving throughout the day.

## One Hour at the Gym, Five Hours on the Couch

A typical American adult watches more than 151 hours of television per month. They also spend 27 hours surfing the Internet monthly and seven hours watching time-shifted television (i.e., DVR, TiVo). And most adults drive their cars to work and sit behind a desk all day. It is clear that all of this time spent doing sedentary activities may partially explain the obesity epidemic in the U.S.

It is becoming clear that even people who have found a way to incorporate regular vigorous activity into their lives should look for strategies to reduce sedentary time. Research suggests that people who spend long, uninterrupted periods doing sedentary activities are at the greatest risk. So it may be helpful to look for strategies to break up the time spent in a low-energy state. Setting an hourly alarm to prompt you to go for a brief walk may help.

### More Television = Unhealthy Habits

You might also consider setting daily television and Internet allowances, which has proven to be effective in reducing sedentary time. After all, many of us may watch shows that are of little interest. An evening walk or bike ride would prove to be more enjoyable—and certainly more healthful—alternative to lounging on the couch.

#### Ways to Be More Active While Watching Television

- Throw the remote away and get up to change the channels.
- Walk up and down the stairs (or around the room) during commercials
- Perform exercises using resistance bands or body weight
- Get a treadmill, exercycle or other equipment so you can exercise while you watch
- Stand up and iron your clothes
- Sit on a stability ball instead of the couch

Try encouraging the residents get up during commercials and take a walk through the house or perform strength or flexibility activities!

Reference: <http://www.acefitness.org/acefit/fitness-fact-article/3135/couch-potatoes-arise/>

## What to know: Specific Disabilities & Activity

NOTE: Pay attention to the information in the boxes for *Menu-Choice* specific information.

### Down Syndrome & Activity

An individual with Down syndrome can participate in most forms of physical activity. Overall, this is a healthy population that enjoys the social aspects of physical activity.

*Physical characteristics to consider:*

- Muscle Hypotonia - muscles have the ability to be stretched far beyond normal limits

Do not plan activities beyond the capabilities of the resident. This could lead to injury. Work up strength training slowly increasing weight gradually.

- Hypermobility of the joints - increased flexibility in the joints associated with increased susceptibility to subluxation and dislocation

Due to this factor, persons with Down syndrome do **NOT** need to perform flexibility activities

- Mild to moderate obesity - greater among adult women than men
- Underdeveloped respiratory/ cardiovascular system - may be performing activities we think are light at higher intensities (e.g., walking may be a moderate activity for adults with down syndrome)
- Short stature - short legs and arms in relation to torso
- Poor balance and perceptual difficulties
  - Important to make environments safe to avoid falls, incorporating balancing activities into their workouts could be beneficial.
- Poor vision and hearing

### **Atlantoaxial instability (AAI)**

AAI is a severe cervical disorder that occurs in 17% of the population with Down syndrome and is characterized by increased laxity between the first and second cervical vertebrae. This condition exposes persons with Down syndrome to the possibility of injury if they participate in activities that hyperextend or radically flex the neck or upper spine.

**Find out if they have AAI.** Document in SANs sheet in Step 2 (page 18). Contact sports are avoided when AAI is present

**Medical concerns associated with Down syndrome** include congenital heart disease, mitral valve prolapse, leukemia, bowel defects, and Alzheimer's disease. Other medical factors to consider in relation to exercise capacity are: thyroid hormonal deficiencies, abnormal energy expenditure, and anemia

If the resident does not pass the *Physical Activity Readiness Questionnaire* in Step 3 (page 20), ask their physician if they can perform moderate to vigorous activity. Most modifications for these medical concerns would be to decrease activity intensity.

*This information should be documented in the SAN Sheet Step 2 (page 18) for all staff to view.*

### **General Activity Guidelines for Adults with Down Syndrome**

Some general activity guidelines for individuals with Down syndrome include:

- Obtain physician consent
- Understand the effects of medications on the body in relation to exercise
- Provide supervision
- Incorporate behavioral and motivational techniques (i.e., token reward system) to improve adherence
- Start the program with light activity that is enjoyable and pain-free

## Aerobic Training

Recommended activities include: walking, jogging, stationary cycling, and low impact aerobic dance. A suggested starting protocol is a 5-10 minute continuous activity, 1-2 days a week. Once the participant achieves this level, the intensity can be increased to 10-30 minutes, 3-4 days a week. In the later stages of the training program, intensity should be increased for 15-60 minutes, 3-5 days a week.

The progressions established in this program were created with persons with Down syndrome in mind. They provide a safe range for persons with Down syndrome to increase their aerobic training. **Staying on the lower range of the progressions is advised.**

## Strength Training

The goal should be to maximize strength in the large muscle groups. Training intensity should be 3 sets of 8-12 repetitions.



## Flexibility

Flexibility is **NOT** recommended for this population.

**Ignore the flexibility progressions in Menu-Choice for persons with Down syndrome.**

References: <http://www.ncpad.org/117/909/Down~Syndrome~and~Exercise>

## Autism and Activity

Physical activity is an important component of a healthy lifestyle. This is especially true for individuals with autism. Physical activity can be instrumental for a person with autism to assist with his or her sensory integration, coordination, muscle tone, and social skills.

- Specific benefits of activity for persons with autism
  - Increased aerobic exercise may significantly decrease the frequency of negative, self-stimulation behaviors.



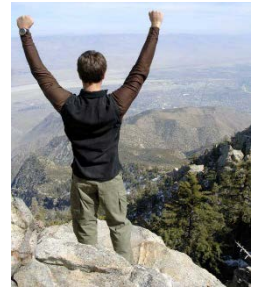
## Step One Supplement

- Exercise can discourage aggressive and self-injurious behavior while improving attention span.
- Highly structured routines, or repetitive behaviors involved in running or swimming, may be similar to and/or distract from those self-stimulating, repetitive behaviors associated with autism.
  - Aerobic activities can be instrumental in decreasing anxiety and depression.

*To improve these behaviors, vigorous aerobic activity is recommended, for instance, a 20-minute or longer aerobic workout, 3 to 4 days a week. Light to moderate aerobic activity may have little effect on behavior.*

### **Social Advantages of Activity**

Physical activity can promote self-esteem, increase general levels of happiness, and can lead to positive social outcomes, all highly beneficial outcomes for individuals with autism. For those with autism who are able to participate in team sports, this presents an opportunity to develop social relationships among teammates and learn how to recognize the social cues required for successful performance on the field or court. However, individuals that prefer individual sports such as running or swimming that do not rely as heavily on social cues may still benefit from the positive attributes of physical activity while forming social relationships with coaches or trainers. In all cases, participating in sports provides individuals with autism with a role in society that may not have existed otherwise.



### **General Guidelines for those with Autism**

#### **Aerobic Guidelines**

Aerobic activity is important for individuals with autism not only for physical fitness and the resulting health benefits, but because studies have indicated that vigorous aerobic activity decreases inappropriate behaviors and increases appropriate behaviors.

Incorporating vigorous activity into this population's goals would be beneficial.



However, just like everyone, if your resident with Autism has been previously sedentary or has other medical conditions based on the PAR-Q (page 20) you'll still need to start slowly to avoid injury.

Build up the residents' ability to perform vigorous intensity activity and then see these amazing benefits!

### Strength Training Guidelines

Core strength is especially important for individuals with autism, because their trunk muscles are typically weak. Core muscles have an effect on other activities, such as balance and coordination.

When developing a strength-training program, incorporate activities that focus on activities in the same order and remember to prepare the individual for changes in the program. Since individuals with autism respond best to structured learning, it is important to develop a sequential and consistent strength-training program. Visual cuing and exercise diagrams can be an important component of proper exercise form and foster the ability to exercise independently.

Our activity modules provide examples of full body strengthening workouts, which include core (i.e., back and abdominal activities, page 80). However, you may consider adding additional core strengthening activities found in the *additional resource section* (page 115) or on the internet.

### Flexibility Guidelines

Flexibility is important to address for individuals with autism as they often have low muscle tone. For example, individuals who have low muscle tone may walk on their toes to stimulate their proprioceptive system, which can result in high tone in their calf muscles. Incorporating flexibility exercises which stretch the legs and feet are helpful.



### Creating a Physical Activity Schedule or Daily Routine

Every individual with autism is different. Each activity plan should be tailored to the needs and likes of the individual. For example, one individual

may need heavier and active routines incorporated into the mornings and more calming, soothing activities in the afternoons, while another may need calming activities throughout the day.

### **A model activity plan for an individual with autism would include activities that:**

- Are of interest and fun to the individual
- Work on core muscle strength
- Use the large muscle groups and provide continuous in motion, such as climbing, jumping, and running
- Include aquatics activities when appropriate, it provides sensory exercise
- Build on the individual's strengths, such as martial arts, which offer visual cues with the instructor modeling movement or forms for students, or swimming, which can offer deep pressure for individuals who may need this type of sensory stimulation
- Promote positive experiences which an individual will want to repeat
- Are well organized because unstructured time/ waiting are usually difficult

#### *References:*

- [http://www.autism.com/index.php/treating\\_exercise](http://www.autism.com/index.php/treating_exercise)
- <http://www.ncpad.org/315/1452/Autism~and~Considerations~in~Recreation~and~Physical~Activity~Settings>
- <http://www.autismspeaks.org/science/science-news/sports-exercise-and-benefits-physical-activity-individuals-autism>

## **Cerebral Palsy & Activity**

There are a variety of health and social benefits associated with exercise in this population, including increased participation in individual and community activities; improved sense of well-being; reduction in anxiety; increased lung and heart efficiency; increased strength, flexibility, mobility, and coordination; improved bone health; weight control; and a reduction of chronic diseases.

## Characteristics to consider

- Lack of muscle coordination when performing voluntary movements (ataxia)
- Stiff or tight muscles and exaggerated reflexes (spasticity)
- Walking with one foot or leg dragging
- Walking on the toes, crouched or "scissored" gait
- Muscle tone that is either too stiff or too "floppy."



**NOTE:** Not all persons with cerebral palsy exhibit the same symptoms.

## General Activity Guidelines for persons with cerebral palsy

Even though the design of the exercise training program should be based on the same principles as the general population, "modifications to the training protocol may have to be made based on the person's functional mobility level, number and type of associated conditions, and degree of involvement of each limb."

### Aerobic Guidelines

Aerobic training programs should start with frequent, but short bouts of moderate-intensity activity. Due to lack of motor control, this population may be performing activities we believe are light intensity at higher intensity levels.

Since persons with CP fatigue easily because of poor efficacy of movement, it is important to tailor the activity, intensity, and duration to your residents' needs.

Types of aerobic activity can include arm cycling, chair aerobics, dancing, jogging, leg cycling, rowing, swimming, walking, water aerobics, and wheeling.

### Strength Training Guidelines

These exercises should be designed to target weak muscle groups. Resistance training programs should include range of motion activities to enhance and/or maintain good range of motion in affected limbs.

## When developing a strengthening program for adults with CP

- Greater emphasis on strengthening the hip abductors. This does not mean that the hip adductors do not need to be strengthened. While the adductor muscles are often very tight due to spasticity, they may also be very weak. Therefore, both sets of muscle groups must be strengthened even though the abductors might need a greater amount of work.
- A common type of cerebral palsy that results in weakness or paralysis to the right or left side of the body is spastic hemiplegia. This condition will require greater attention to developing strength on the weaker side. Determining how much improvement can be made to the hemiplegic side will depend on the amount of damage that was sustained to that part of the central nervous system. If the person has complete paralysis to one side of the body, resistance training should be substituted with flexibility training.
- Balance is often impaired in ambulatory persons with cerebral palsy, it is important to protect clients from injury by developing safe resistance training programs that do not expose them to a high risk of injury.
- Certain individuals with cerebral palsy have a condition known as athetosis. This condition results in involuntary movements that occur in one or more of the person's limbs.

For residents with involuntary movements, **DO NOT** use free weights or elastic bands. Cuff weights, machines, or active assistance (i.e., holding on to the weight, band, etc during the activity) is advised.

### Flexibility training guidelines

Flexibility is important for this population due to spasticity (i.e., tight muscles). Thus, it is important to include a proper warm-up and cool-down, before and after aerobic and strength activities.

A complete stretching session can help maintain muscle length and flexibility; bouncing stretching should be avoided.

### Don't be alarmed!

For individuals who have spastic cerebral palsy, work with the resident in assuring the smoothest movement possible, but don't be alarmed if there is jerkiness during the movement phase. This is normal for persons who have CP.

## Important to know:

Activity programs should change with changes in muscle tone, rehabilitation, and medical interventions. Good positioning of the head, trunk, and proximal joints of extremities is advised. Try inexpensive modifications that enable good position, such as Velcro gloves to attach the hands to equipment. Finally, it's important to be aware that individuals with CP are more susceptible to overuse injuries because of inactivity and other associated conditions, such as contractures and joint pain.

Reference: <http://www.ncpad.org/869/4965/Exercise~Programming~for~Clients~with>

## **Physical Disability & Activity for Wheelchair Users**

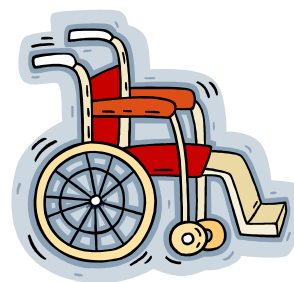
The benefits of activity are not limited to people who have full mobility. While there are many challenges that come with having mobility issues, by adopting a creative approach, you can help residents overcome their physical limitations and find enjoyable ways to exercise.

### **Conditions to be aware of:**

Manual wheelchair users are particularly prone to rotator cuff tears, lateral epicondylitis, and carpal tunnel syndrome, which result from repetitive motions as a result of propelling the wheelchair

### **Guidelines for Wheelchair Users Aerobic Activity Guidelines**

Since overuse injuries can occur due to overworking chest and shoulder muscles, it is important to not overwork these muscle groups unless they are low in strength. Pain or soreness 24 to 48 hours after activity is an indication that the joint and muscle may have been over worked.



Some activities to perform may include cycling, dancing, tennis, swimming, water aerobics, or “aqua-jogging.”

Many people with mobility issues find exercising in water especially beneficial as it supports the body and reduces the risk of muscle or joint discomfort. Many swimming pools and health clubs offer pool-therapy

## Step One Supplement

programs with access for wheelchair users. If the resident has some leg function, try a water aerobics class.

Two swimming strokes that are recommended to work on opposing muscles are the backstroke and breaststroke. If a pool is not available, these arm patterns can be performed on a bench or mat. Hand weights or pulley weights can be used to control resistance.



Another aerobic activity that is beneficial for opposing muscle groups is rowing. Rowing machines are at most gyms and again this activity can be performed without equipment with hand weights or pulleys.

### **Aerobic exercise in a chair or wheelchair**

Chair aerobics, a series of seated repetitive movements, will raise the heart rate, as will many strength training exercises when performed at a fast pace with a high number of repetitions. In fact any rapid, repetitive movements offer aerobic benefits and can also help to loosen up stiff joints.

#### **Examples:**

Wrapping a lightweight resistance band under their chair (or bed or couch, even) and performing rapid resistance exercises, such as chest presses, for a count of one second up and two seconds down. Try several different exercises to start, with 20 to 30 reps per exercise, and gradually increase the number of exercises, reps, and total workout time as their endurance improves.

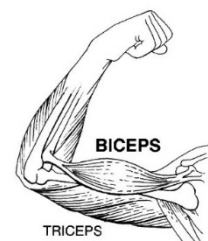
Simple air-punching, with or without hand weights, is an easy cardio exercise from a seated position, and can be fun when playing along with a Nintendo Wii or Xbox 360 video game.

Some gyms offer wheelchair-training machines that make arm-bicycling and rowing possible. For a similar exercise at home, some portable pedal machines can be used with the hands when secured to a table in front of you.

## Strength Training Guidelines

Performing strengthening exercises for the abs and back are beneficial to balance muscles from propelling a wheelchair.

Transfers and seated push-ups (used to prevent pressure sores) are essential movements that should be performed several times a day. Two important muscle groups that are needed to perform these tasks are the **triceps** and **biceps**. These two muscle groups should also be a focal point in strength training. Improved strength in these muscle groups is also very important for getting up from the floor.



For manual wheelchair users, focus on core (i.e. back and abdominal muscles) and biceps and triceps exercises, to help balance muscle usage and aid in transfers and falls.

Many traditional upper body exercises can be done from a seated position using dumbbells, resistant bands, or anything that is weighted and fits in the residents' hand, like soup cans.

Resistance bands can be attached to furniture, a doorknob, or their chair. Use these for pull-downs, shoulder rotations, and arm and leg-extensions.

Persons who use wheelchairs will often exhibit poor sitting posture. Emphasize good sitting posture while performing the resistance training program. Mirrors will often facilitate good body awareness and might assist the resident in becoming more aware of his or her sitting posture.

We have provided some examples of activities for physical disabilities in the activity modules (page 88).

## Summary of Resistance Training Guidelines for Persons with Physical Disabilities

1. Know and understand the pathology of each condition and how it may interact with a resistance training program (i.e., progressive disorders often result in increased weakness and high levels of fatigue).
2. Determine which muscle groups are still functional, which muscle groups are weak, and/or paralyzed.



## Step One Supplement

3. Focus on muscle groups that are essential for performing activities of daily living (i.e., shoulder abductors for combing hair and dressing) and instrumental activities of daily living (i.e., triceps and forearm and shoulder stabilizers for wheelchair transfers).
4. Make sure that associated conditions (i.e., other conditions indicated on the PAR-Q form (page 20) are dealt with properly.
5. In order to use certain pieces of equipment, you may have to transfer the residents to machines or the floor. Although one-person transfers are done routinely, they are difficult to perform and present a high risk of injury to both you and the resident. Whenever possible, perform a two-person wheelchair transfer.
6. Make sure that the exercise facility is accessible for wheelchair users. Guidelines can be obtained from the Americans with Disabilities Act.

## Flexibility Guidelines

Establishing and maintaining optimal range of motion in the affected limbs is paramount. Wheelchair users often have limited range of motion from sitting in the chair for long periods of time. Try to work with the resident by working through these affected limbs extending and flexing the joints.

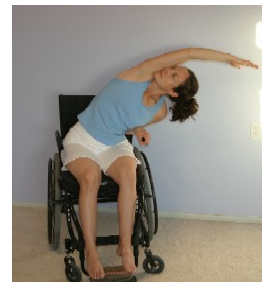
If the resident has contractures (i.e., not able to move their joint), have them perform isometric exercises by having them squeeze and hold the muscle for a period of time 10-60 seconds.

Stretching can be done while lying down or practicing yoga in a chair can also help increase flexibility and improve range of motion. To ensure yoga is practiced correctly, it's best to learn by attending group classes, hiring a private teacher, or at least following video instructions.

Other stretches should be done as directed, but as always, focus on the areas of tightness.

### Reference:

- <http://www.ncpad.org/94/701/Resistance~Training~for~Persons~with~Physical~Disabilities>
- [http://www.helpguide.org/life/workouts\\_exercise\\_overweight\\_disabled.htm](http://www.helpguide.org/life/workouts_exercise_overweight_disabled.htm)
- Winnick- *Adapted Physical Education 4<sup>th</sup> Edition*





## **Visual Impairments & Activity**

Most frequently, fear and lack of confidence tend to be factors stopping people with visual impairments from becoming physically active.

- **Motor and physical characteristics**
  - The lack of sight does not directly cause any unique motor or physical characteristics. However, reduced opportunity to move may result in distinct characteristics.
- **Postural deviations**
  - This may occur if the individual holds their head in a unique position to maximize vision.
  - Postural exercises might help to improve posture and reduce stress on the body. Using verbal or physical prompts can remind the person to correct their posture.
- **Decreased body image and balance**
  - Participation in dance, yoga, and movement activities can be excellent ways to develop body image and balance.
- **Shuffling gait**
  - Try to increase stride length. This can be improved by using a guide-walker/runner technique presented below.
- **Lower health-related fitness**
  - Studies have shown that individuals with visual impairments exhibit lower levels of fitness than sighted individuals. It has also been reported that activities of daily living tend to demand more energy for these individuals. Decreased level of fitness typically occurs due to lack of opportunity to be active.

### **Guidelines for Residents with Visual Impairments**

There are no specific exercise guidelines for people with visual impairments; however, it is important to take into consideration other health concerns that may be present. If no additional health concerns are present, exercise guidelines for otherwise healthy populations can be applied; keeping in mind that modifications are needed to increase safety.

Check with the residents' physician if he or she has had recent eye operations or at risk for eye bleeding, from conditions such as diabetes or

age-related macular degeneration. If so, they will need to avoid vigorous activity and possibly heavy strength exercises.

This is important to include in the SANs Sheet on page 18 for that resident.

## Aerobic Activity Considerations

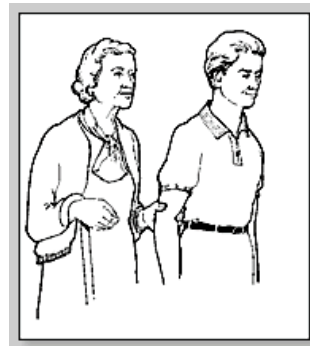
Common aerobic activities, such as walking, running, and cycling, are all very feasible for individuals with visual impairments. Here are several techniques and modifications that may be helpful when creating an activity program.

- **Guidewire** (string set up for guidance)

- This system can be set up virtually anywhere: a track, in a gym, or even in a backyard. Advantages to using this system include independence and efficient running gait.

- **Sighted Guide**

- When using a sighted guide, the resident can hold on to your elbow, shoulder, or hand while walking or jogging.
- Wearing a brightly colored shirt and leading the resident may also be a possibility. However, in order to use this technique safely, it is important that the sighted guide be trained in guiding, communication techniques, and appropriate running terrain.



- **Caller**

- This technique requires a runner who is visually impaired to run towards a caller's voice. The runner is not restricted in any way and is able to run freely. The caller can stand on one end of a gym, on a track or run with the resident, and use a bell, keys, or verbal cues.

- **Treadmills**

- It has been suggested that any individual can run on a treadmill. However, it is highly recommended that when starting out, your resident should start slowly in order to get a feel for the motion.

- **Tandem Bicycling**

- This is a great and safe way for individuals with visual impairments to participate in aerobic activity. They are able to ride without fear of an accident, as well as



benefiting from increased socialization between you and the resident.

### • **Stationary Bike**

- Stationary bikes can be used by anyone with functional use of their legs. These bikes are common in health clubs and are typically easy to use.

It is important to keep in mind that not all individuals with visual disabilities will have the same level of impairment or abilities. Some may be able to run or bike independently or with some assistance.

### **Strengthening Activity Considerations**

The safest way to strength-train is to utilize a circuit of stationary machines. Depending on the level of impairment, free weights and other techniques may be an option.

### **Tips for Changing/ Understanding the Activity Environment**

In order to accommodate individuals of varying levels of visual impairment, several changes to the physical environment may be necessary. These may include:

- Pictorials/Braille instructions
- Visual/tactual perimeter (i.e., visual border or something they can touch to indicate walls)
- Adaptations to equipment (i.e., having balls that jingle, beepers, making equipment brightly colored, and various other sound devices)
- Numbering equipment stations

If the resident will be exercising at a gym, ask for a facility orientation. Determine if doors are completely closed or open. Are exercise areas well-lit with as much glare control as possible? Is the facility large enough to assure ample space between equipment and minimal clutter?

### **When to stop or modify an activity**

If the resident has had a recent eye operation, serious illnesses, or a change in their vision, modify their activity program to reduce the risk of complications. Reduce the intensity of activity and avoid heavy lifting.

## Step One Supplement

Stop activity and call the residents' physician if they experience loss or dimming of vision, new floaters (spots or shapes floating through vision) or light flashes or other symptoms.

When helping a person with a visual impairment, **remember....**

- What seems like everyday happenings might need to be explained. Narrate during the activity so they can understand what everyone is doing and how the environment is changing.
- Some experiences are not part of every resident's direct experience. Tell them about new activities and allow them to experience it.
- They may need help putting parts together to form a whole. Allow these individuals to feel around the gym, activity room, or new equipment.
- Imitation is hard. Physically guide or touch the resident (if they allow) through the movements rather than showing them.
- Feedback is needed because persons with a vision impairment can't always tell how they are doing. Tell them where they threw the ball. Even better use a beeper ball so they know where it went.

**RING RING!**



### References:

- <http://www.ncpad.org/838/4261/Guidelines~for~Trainers~with~Clients~with~Visual~Impairments>
- [http://www.acefitness.org/fitfacts/pdfs/fitfacts/itemid\\_2598.pdf](http://www.acefitness.org/fitfacts/pdfs/fitfacts/itemid_2598.pdf)
- Winnick *Adapted physical education and sport* 4<sup>th</sup> edition

## Resident Choice Activity Sheets: Enjoy Activity Time: Creating a Favorite Activities List

One way to get the residents to enjoy physical activity is to get them involved. An easy way to do this is to add some of their favorite activities to their weekly schedule. Doing this simple project will help to create new activity goals, add activities to their *weekly activity schedule*, and increase the joy and excitement of activity time.

### How it is done:

1. Make a copy of the next page for each resident.
2. Take a couple minutes to sit down with the residents to talk about their favorite activities.
3. Circle the pictures they enjoy on this handout.
4. Talk about their choices and why they enjoy the selected activities.
5. Take this information and incorporate favorite activities into the weekly plan.

Have the resident create a picture on the blank 'post it' for any new activities not included in the activity modules found on page 79, so they can put it on their visual activity board.

## Step Six Supplement

Name \_\_\_\_\_



# Resident Choice Activity Sheets: Creating an Activity Plan

I have decided that I will spend \_\_\_\_\_ minutes per day exercising.

I would like to do activity on the following days: (circle days)

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

The exercise(s) I would like to do (or try) are:

\_\_\_\_\_ Gym Activities:



\_\_\_\_\_ Class Activities:



\_\_\_\_\_ Outside Activities

Walking



Biking



Sport



\_\_\_\_\_ Other:

---



---

I want to do my exercises in the:

\_\_\_\_\_ Morning

\_\_\_\_\_ Afternoon

\_\_\_\_\_ Evening

I want to do my exercises at:

\_\_\_\_\_ Home

\_\_\_\_\_ Work









\_\_\_\_\_ Other: \_\_\_\_\_



## Step Six Supplement

# Resident Choice Activity Sheets: Activities I like, dislike, or would like to try

Directions: State whether you like this activity, do not like the activity, or would like to try it. Put an "X" by the appropriate choice.







ACTIVITY	Like	Don't like	Want to try
1. Weight training/fitness training 			
2. Walking/jogging/running 			
3. Dancing/doing aerobics 			
4. Bowling 			
5. Snow skiing/water skiing 			
6. Playing volleyball 			
7. Playing baseball 			
8. Golfing 			



## Step Six Supplement


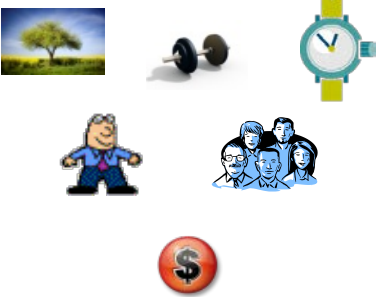


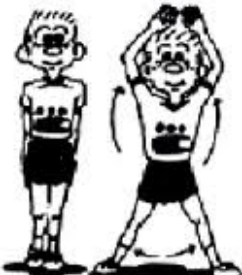

### Activities I like, dislike, or would like to try (cont.)

Directions: State whether you like this activity, do not like the activity, or would like to try it. Put an "X" by the appropriate choice.

9. Rollerblading/ice skating				
10. Riding a horse				
11. Bike riding (stationary bike/ outdoor riding)				
12. Recreational water sports				
13. Playing football/basketball				
14. Swimming/aerobic swimming				
Other:				
Other:				

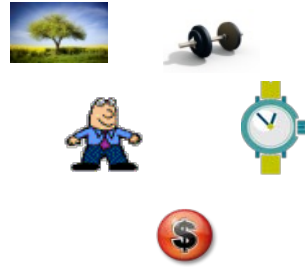
# Menu-Choice Activity Module

## Aerobic: General

Exercise	Icon Guide
<p>Walking</p> 	
<p>Running</p> 	
<p>Jumping Jacks</p> 	

## Step Six Supplement

### Jump Rope



### Swimming



### Basketball























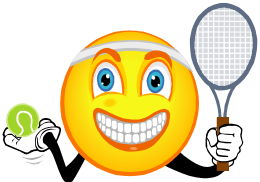










### Soccer

























### Biking (outdoor or exercise bike)



## Step Six Supplement

<p>Cross-Country Skiing</p> 	  
<p>Roller Skating</p> 	  
<p>Bowling</p> 	  
<p>Dancing</p> 	      
<p>Tennis</p> 	 
<p>Skipping</p> 	      

## Step Six Supplement

<p>Treadmill</p> 	  
<p>Elliptical</p> 	  
<p>Aerobic Video</p> 	    
<p>Golfing</p> 	  
<p>Volleyball</p> 	  




























## Step Six Supplement

<h3>Hiking</h3> 	    
<h3>Wii Sports</h3> 	   
<h3>Aerobics Class</h3> 	   
<h3>OTHER:</h3> <hr/>          <p>You Draw!</p>	

# Menu-Choice Activity Module

## Aerobic: Aging/Physical Disability

**NOTE:** Resident can choose from activities listed in “general” & activities listed below.

Exercise	Icon Guide
<p>Arm Bike</p> 	  
<p>Water aerobics</p> 	 
<p>Chair aerobics (dancing)</p> 	     
<p>Walking (wheelchair)</p> 	     
<p>Adapted Biking</p> 	    

## Step Six Supplement

Wheelchair Sports:  
Tennis, basketball, skiing, etc.



Rowing



Seated punches



Ball exchange



Seated arm circles



OTHER:

\_\_\_\_\_


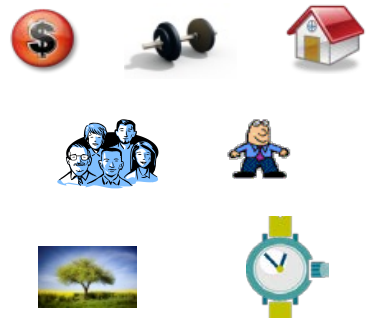




You Draw!





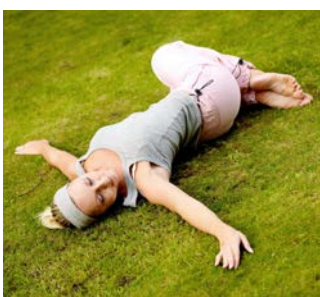





# Menu-Choice Activity Module

## Motor Activities: Severe Disability








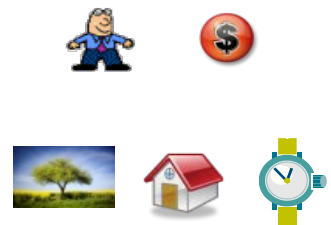


**NOTE:** Resident can choose from activities listed in “general”, “aging/physical disability,” & activities listed below

Exercise	Description	Icon Guide
<b>Dance</b> 	-Put music on and ask residents to move with the music. -Start with arm movements and then move to other body parts. -The point is to extend the amount of time engaged in continuous movement.	
<b>Leg lifts</b> 	To make this aerobic, have the residents, switch from leg to leg in a continuous patterns for a timed period (start with 20 seconds and increase).	
<b>Arm lifts</b> 	To make this aerobic, have the residents switch from arm to arm in a continuous patterns for a timed period (start with 20 seconds and increase).	





## Step Six Supplement

<p><b>Ball pushes</b></p> 	<ul style="list-style-type: none"> <li>-Have the resident push a ball or large object with their chair or body.</li> <li>-You can also have them push objects off of the table if they are unable to move their chair/body.</li> <li>-Change the weight and size of the object to process the activity.</li> </ul>	
<p><b>Body rolls</b></p> 	<ul style="list-style-type: none"> <li>-Resident is lying face down on a mat or soft surface. Arms are at their side or extended overhead.</li> <li>-Give the verbal cue, "Roll over" to a face up position, then have them continue rolling in the same direction back to face down position.</li> <li>-If assistance is needed, start by turning the resident's head in one direction and pushing with the hand at the shoulder and hips in the direction the resident is facing. With each attempt, reduce assistance as much as possible.</li> </ul>	
<p><b>Throwing</b></p> 	<p>Have the resident throw objects or push objects down a ramp.</p>	
<p><b>Catching</b></p> 	<p>Have the residents try to catch an object either from you throwing them or the resident can track suspended balls or reach for balloons to catch.</p>	

## Step Six Supplement

<b>Self-propelled movement</b> 	<p>-This could be sliding, scooting, pushing their chair, crawling, etc.</p> <p>-However the resident can move their body.</p>	
<b>Toe touches</b> 	<p>-Have the resident in their chair or mat try to grab their toes.</p> <p>-To get the heart rate up, have them try to touch them continuously.</p>	
<b>"Follow me"</b> 	<p>-Have the resident follow your movements in a timed activity.</p> <p>-You can raise your hands, touch your toes, your face, your legs, arms, etc.</p> <p>-Start by doing this for 20 seconds and increase the time.</p>	
<b>Striking</b> 	<p>-Hitting ball off tee, hitting suspended ball, hitting objects using only a hand.</p>	
<b>Kicking</b> 	<p>-Touching balloon taped to floor, push ball along with foot</p>	

























### Step Six Supplement

<p>Jumping/hopping</p> 	<p>-Lifting body or head up and down while being pushed in a wheelchair or in a seated position.</p>	
<p>Sit and Pull</p> 	<p>-Have the resident hold on to an end of a rope with two hands.          -They will need to be either in a wheelchair or scooter that allows them to move.          -Have the resident pull themselves along the rope.</p>	
<p>OTHER:</p> <hr/> <p>You Draw!</p>		

# Menu-Choice Module







## Strength Routines: General

### Choose 1 Multi-Joint Leg Exercise



























Exercise	Description	Equipment	Icon
<b>Wall Sit</b> 	<ul style="list-style-type: none"> <li>-This exercise is performed with the participant leaning against a stable, flat wall surface.</li> <li>-Once in place the participant slowly begins to move into a squatting position, with the knees at a 90° angle.</li> <li>-The participant should remain in this position for the allotted time.</li> <li>-Note: The participant may have to move their feet slightly forward to obtain this position.</li> </ul>	A Wall	    
<b>Leg Press</b> 	<ul style="list-style-type: none"> <li>-Position your body so that feet are hip-width apart, toes pointing forward, knees are above the ankles, back is straight, and abs are engaged.</li> <li>-Make sure your knees and hips are bent at 90 degrees.</li> <li>-Exhale, extend your knees to push your body away from the foot stand.</li> <li>-Inhale while slowly bending the knees to return to the start position to complete one rep.</li> </ul>	Machine	    
<b>Lunges</b> 	<ul style="list-style-type: none"> <li>-Stand with your feet about 6 inches apart from each other toes pointed forward.</li> <li>-Step forward with one leg and lower your body to 90 degrees at both knees.</li> <li>-Keep your weight on your heels and don't allow your knees to cross the plane of your toes. Push up and back to the starting position to complete one rep.</li> <li>-Repeat all reps on one leg, then switch.</li> </ul>	None	    
<b>Step-Ups</b> 	<ul style="list-style-type: none"> <li>-You can do this exercise on a staircase with rails or on a step if you have one. If you're on a staircase, stand at the bottom step and step up with your right foot.</li> <li>-Bring your left foot up onto the stair next to your right and then step back down on the floor</li> <li>-Perform reps by stepping up and down with the right foot.</li> <li>-Then switch sides and start with your left foot.</li> </ul>	A step	    
































## Step Six Supplement

<b>Chair Squat</b> 	<ul style="list-style-type: none"> <li>-Stand in front of a chair with feet about shoulder-width apart.</li> <li>-Sit down and, as soon as you make contact with the chair, stand back up and try to do so without rocking back or using momentum.</li> <li>-You can place your hands on your thighs if you need to.</li> </ul>	Chair	    
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















## Choose 1 Chest Exercise

Exercise	Description	Equipment	Icon
<b>Wall Push Up</b> 	<ul style="list-style-type: none"> <li>-The participant begins by facing the wall and the hands should be placed just slightly further apart than shoulder width.</li> <li>-Take a step with back with their feet so that they are leaning into the wall.</li> <li>-Then by slowly bending the elbows the participant moves in closer to the wall.</li> <li>-Return to start.</li> </ul>	A Wall	    
<b>Chest Press</b> 	<ul style="list-style-type: none"> <li>-Sit so feet are flat on floor, knees are above ankles, back is straight and supported on pad.</li> <li>-Grip the handles near your chest, palms facing downward.</li> <li>-Push the handles forward by straightening the elbows.</li> <li>-Slowly bend the elbows to return to the start position, with hands near the chest, to complete one rep.</li> </ul>	Machine or free weights	    
<b>Pec Fly</b> 	<ul style="list-style-type: none"> <li>-Sit so that feet are flat on the floor, back is supported by the back pad, abs are engaged, and knees are above ankles.</li> <li>-Grip the handles, palms facing outward, elbows in line with the shoulders.</li> <li>-Squeezing your chest muscles, pull the handles towards each other (i.e., together in front of you).</li> <li>-Slowly return arms out to the sides to the start position to complete one rep.</li> </ul>	Machine or free weights	    
<b>Floor Push-Up</b>   <b>Modified Push-Up</b> 	<ul style="list-style-type: none"> <li>-Get down on the hands and knees, positioning the hands a bit wider than the shoulders.</li> <li>-Push the knees up so that you're resting on the hands and toes. Keep the abs engaged and make sure your body is in a straight line from the head to the heels.</li> <li>-Bend the elbows and lower into a pushup until your elbows are at about 90 degrees.</li> <li>-Press back to start</li> </ul>	None	     







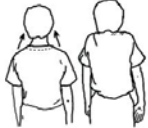











## Choose 1 Back Exercise

Exercise	Description	Equipment	Icon
<b>Lat Pull-Down</b> 	<p>-Sit so feet are flat on floor, knees are above ankles, back is straight and supported on pad. Grab the handles overhead, palms facing forward. Engage abs and keep spine straight.</p> <p>-Pull the handles down, bending elbows towards the sides of your waist.</p> <p>-Slowly release the bar overhead by straightening at the elbows to complete one rep.</p>	Machine	   
<b>Row</b> 	<p>-Sit so feet are flat on floor, knees are above ankles, abs are engaged, back is straight and front of torso is supported by pad. Grip the handles by reaching in front of you, palms facing each other.</p> <p>-Pull the handles, bending elbows and pointing them behind you as you focus on squeezing your shoulder blades towards each other.</p> <p>-Slowly straighten the arms to the starting position</p>	Machine or free weights	    
<b>Reverse Fly</b> 	<p>-Sit with your feet flat on the floor and dumbbells to your sides, palms facing inwards. Lean over so your chest is slightly above your knees.</p> <p>-Raise your arms to your side, bringing the dumbbells up to shoulder level height.</p> <p>-Keep your arms as straight as possible but do not lock your elbows.</p> <p>-Slowly lower the dumbbells back to the starting position.</p>	Free weights	    
<b>Back Extension</b> 	<p>-Lie face down, legs together and extended straight, arms bent with hands behind neck, head and neck in a neutral position.</p> <p>-Exhale: lift the upper body (chest, shoulders) off the ground, "crunching" towards the hips.</p> <p>-Hold for 1-2 counts at highest position.</p> <p>-Inhale: Slowly lower to start to complete one rep.</p>	None	    
<b>Up-Right Row</b> 	<p>-Stand holding a barbell (or dumbbells), hands close together and palms facing you.</p> <p>-Bend the elbows and pull the weights up until they're at about chest level or higher, if you have the flexibility.</p> <p>-Your elbows should be slightly above the shoulders and the wrists straight.</p> <p>-Lower the weight and repeat.</p>	Free weights	    

## Step Six Supplement



<b>Bird Dog</b> 	<ul style="list-style-type: none"> <li>-Begin on hands and knees with the back straight and the abs pulled in.</li> <li>-Lift the right arm up until it is level with the body and, at the same time, lift the left leg up and straighten it until it is parallel to the floor.</li> <li>-Hold for several seconds, lower &amp; repeat on other side</li> </ul>	None	     
<b>Bridge</b> 	<ul style="list-style-type: none"> <li>-Lie on your back, feet flat and hip-width apart, arms relaxed, and knees bent.</li> <li>-Squeeze your buttocks as you lift your hips, creating a straight line from the knees to the shoulders.</li> <li>-Hold for a slow count of two, then lower slowly.</li> </ul>	None	     
<b>Superman</b> 	<ul style="list-style-type: none"> <li>-Lay flat on your stomach with your arms extended in front of you on the ground as your legs are lying flat.</li> <li>-Lift both your arms and legs at the same time, as if you were flying, and contract the lower back.</li> </ul>	None	     



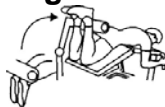




## Choose 1 Shoulder Exercise

Exercise	Description	Equipment	Icon
<b>Shoulder Raise</b> 	<ul style="list-style-type: none"> <li>-Sitting, raise dumbbells to shoulder level with palms facing out and your elbows bent &amp; pulled into your sides.</li> <li>-Press the weights up and toward each other as you straighten your arms, keeping a slight bend in your elbows at the top.</li> <li>-Slowly bring down and return to the starting position.</li> </ul>	Free weights	    
<b>Shoulder Shrug</b> 	<ul style="list-style-type: none"> <li>-Begin by standing with your feet shoulder width apart and your knees slightly bent. Hold the dumbbells to your side with your palms facing inward.</li> <li>-Slowly lift your shoulders straight up, keeping your arms straight. Hold for 1-2 seconds.</li> <li>-Slowly lower down to starting position.</li> </ul>	Free weights	    
<b>Lateral Raise</b> 	<ul style="list-style-type: none"> <li>-Sit or stand and hold light-medium weights at the sides.</li> <li>-Keeping a slight bend in the elbow, lift the arms out to the sides, stopping at shoulder level.</li> <li>-Lower back to start and repeat.</li> </ul>	Free weights	    


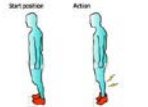























## Step Six Supplement

<b>Front raise</b> 	<p>-Standing, hold dumbbells in front of you with your palms facing your legs.</p> <p>-Keep your elbows and knees slightly bent as you raise your arms straight in front of you to shoulder level.</p> <p>-Slowly return to the starting position.</p>	<p>Free weights</p>	
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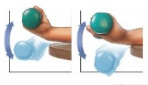

Choose 1 Single Joint Leg Exercise/Combo			
Exercise	Description	Equipment	Icon
<b>Leg Extension (Seated)</b> 	<p>-Adjust the leg extension machine so that the center of the knee joint is aligned with the axis of the machine.</p> <p>-Sit on the machine with your lower back against the backrest and the shins against the ankle pads.</p> <p>-Straighten the legs forward and up</p> <p>-Lower back and repeat.</p> <p>*You can use ankle weights and a chair at home to perform this exercise</p>	<p>Ankle weights, machine</p>	
<b>Leg Curl</b> 	<p>-Adjust the machine so that when lying down the ankle pads are aligned with the ankle.</p> <p>-Lie face-down and grip handles.</p> <p>-Position the head either to the side of the face or with the chin on the pad.</p> <p>-Curl the legs upward bringing the heels to the buttocks.</p> <p>-Slowly straighten the legs down to the starting position</p> <p>*You can use ankle weights and stand against a wall at home to perform this exercise.</p>		
<b>Hip Abduction: Side Leg Lifts</b> 	<p>-Stand sideways to a chair or wall for support and tie a resistance band around your ankles (optional).</p> <p>-Lift the left leg out to the side, foot flexed and hips, knees and feet in alignment.</p> <p>-Try to lift the leg without tilting at the torso--hold the torso upright as you lift the leg a few inches off the ground.</p> <p>-Lower back down and repeat.</p> <p>*You can use ankle weights if you don't have a band.</p>	<p>Machine, band, leg weight, no weight</p>	
<b>Hip Adduction</b> 	<p>-Sit in machine with heels on bars.</p> <p>-Pull in on lever to position legs apart comfortably.</p> <p>-Release lever into position and grasp bars to sides.</p> <p>-Squeeze legs toward one another by adduction the hip.</p> <p>-Return to original position. Repeat.</p> <p><b>OR</b></p>	<p>Machine</p>	

## Step Six Supplement

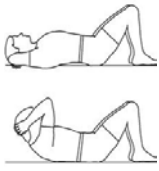





	<ul style="list-style-type: none"> <li>-Securely attach one end of the band to a sturdy object.</li> <li>-Attach the band above your ankle.</li> <li>-Keeping your knee straight, bring your leg inward toward the opposite leg.</li> <li>-Hold and slowly return.</li> </ul>	Band	
<b>Calf Raises</b> 	<ul style="list-style-type: none"> <li>-Start the participant with their feet placed evenly on the floor about hip width apart.</li> <li>-Have them rise up on to their tip-toes and back down</li> </ul>	None, but a step is optional	 
<b>Dorsi Flexion</b> 	<ul style="list-style-type: none"> <li>-Start by attaching the two ends of the resistance band around something firm around ankle height (a table etc.)</li> <li>-Sit onto a chair in front of where you attached the band</li> <li>-Place one foot on the inside of the band</li> <li>-Sit yourself back further to create more tension in the band if necessary</li> <li>- Move your ankle toward you against the resistance</li> </ul>	Band	  
<b>Hip flexion</b> 	<ul style="list-style-type: none"> <li>-Stand with your left side toward the wall, left hand on the wall for support.</li> <li>-Raise your right leg up as if you were marching.</li> <li>-Lower your foot to the floor.</li> <li>-Turn around &amp; perform the exercise with your right leg.</li> </ul>	None, but a band can be used	 
<b>Hip Extension</b> 	<ul style="list-style-type: none"> <li>-Stand facing a wall, hands on the wall for support, feet hip-width apart.</li> <li>-Keep your knees straight (but not locked), and slowly raise your right leg behind you, keeping your back straight. Avoid leaning forward.</li> <li>-Rreturn your leg to start &amp; perform with your left leg.</li> </ul>	None, but a band can be used	   
<b>Leg Raise</b> 	<ul style="list-style-type: none"> <li>-Lie on back with right leg straight and left leg bent so foot is flat on the ground.</li> <li>-Relax head and neck on mat or ground.</li> <li>-Lift right leg to the top of the left knee, keeping the right leg straight.</li> <li>-Hold for 2 seconds and return to starting position.</li> </ul>	None	     

## Step Six Supplement

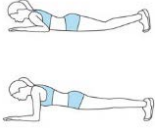

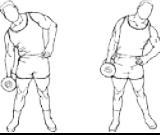







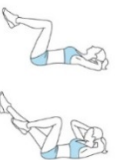



# Choose 1 Single Joint Arm Exercise/Combo

Exercise	Description	Equipment	Icon
<b>Bicep Curls</b> 	-Stand upright with weights or a band in hands. -Slowly raise the weighted object toward the shoulder, and slowly lower it back down.	Weighted Object	    
<b>Tricep-Dips</b> 	-Position your hands shoulder width apart on a bench. -Have the participant move forward so that their butt is in front of the bench with their legs bent and feet placed about hip width apart on the floor. -Have them straighten out their arms -Slowly bending at the elbow and lower their upper body down towards the floor until their arms are at about 90 degree angle -Press off with hands & push back up to start.	Bench	
<b>Wrist Curl</b> 	-Kneel beside a flat weight bench with your forearm supported by the pad & your wrist along the edge. -With the palm facing upward, curl the dumbbell moving only your wrist.	Free weight	
<b>Wrist Extension</b> 	-Same exact placement as the dumbbell wrist curl aside from your palm will be facing down and you'll curl the back of your hand towards the back of the forearm.	Free weight	

# Choose 1-2 Abdominal Exercise

Exercise	Description	Equipment	Icon
<b>Crunches</b> 	-Lie on back with knees bent, & hands behind neck. -Raise shoulders up until they clear the floor and return to start position for one set.	None	    

## Step Six Supplement

<b>Planks</b> 	<ul style="list-style-type: none"> <li>-Lie on your stomach with arms bent, palms and forearms on the ground, fingers pointed forward, legs extended, and toes tucked under (top illustration).</li> <li>-Work your back and abs by contracting your core muscles and slowly lifting your entire torso off the floor, keeping palms, forearms, and toes on the ground (bottom illustration).</li> <li>-Hold for 10 to 30 seconds, gradually build up to 1 min..</li> </ul>	None	
<b>Side Bends</b> 	<ul style="list-style-type: none"> <li>-Stand, holding weight in left hand.</li> <li>-Bend to right.</li> <li>-Return to start position and repeat.</li> <li>-Repeat sets with weight in right hand and bending to left.</li> </ul>	Free weights	
<b>Toe-touch</b> 	<ul style="list-style-type: none"> <li>-Laying on back and extend legs up.</li> <li>-Arms are also extended up, have the participant attempt to touch their toes.</li> <li>-Then have them return to the beginning position.</li> </ul>	None, but a weighted objected is optional	
<b>Reserve Crunch</b> 	<ul style="list-style-type: none"> <li>-Lie on your back keep hands behind your head</li> <li>-Raise your knees and feet so they create a 90-degree angle.</li> <li>-Contract your abdominals and exhale as you lift your hips off the floor with control; your knees will move toward your head.</li> <li>-Inhale and slowly lower.</li> </ul>	None	
<b>Seated-Twists</b> 	<ul style="list-style-type: none"> <li>-Start seated with knees slightly bent out in front of them. While leaning back with a straight back and chest lifted, have the participant twist slowly from one side, and then return to center.</li> <li>-Have them twist to the other side and then return to center, continue to alternate sides.</li> </ul>	None, but a weight is optional	
<b>Bicycle Abs</b> 	<ul style="list-style-type: none"> <li>-Lie on your back with fingertips behind ears, legs in the air, and knees pulled toward chest.</li> <li>-Contract as you lift your shoulder off the ground.</li> <li>-Straighten your right leg at a 45-degree angle and rotate your upper body to the left, bringing the right elbow toward the left knee.</li> <li>-Alternate sides in a pedaling motion.</li> </ul>	None	
<b>Crunch/B all Toss</b> 	<ul style="list-style-type: none"> <li>-Lie on your back, knees bent, lower back pressed against the mat, medicine ball in front of chest.</li> <li>-Lift shoulder blades off the floor in a crunch.</li> <li>-Come back down &amp; toss the ball over chest</li> <li>-Skip the toss if you're a beginner/not comfortable</li> <li>-Repeat the series (crunch and toss) for the desired length of time.</li> </ul>	None	
























# Menu-Choice Module

## Strength Exercises: Aging/Physical Disability

\*Persons aging or with physical disability should try other section exercises.











-Suggested exercises from general section are included

-Examples below emphasize seated and theraband exercises











Choose 1 Multi-Joint Leg Exercise			
Exercise	Description	Equipment	Icon
<b>Marches:</b> <b>Seated</b>  <b>Standing</b> 	<p>-While seated, place your hands on your legs or on the sides of your chair and raise your left knee, then lower it.</p> <p>-Raise your right knee, then lower it. Repeat on each leg, one at a time.</p> <p>-From a standing position, raise one leg up until the upper thigh becomes parallel to the ground.</p> <p>-Lower to floor and raise the other leg up. Continue as if marching on the spot.</p>	None	    
<b>Seated Ball Taps</b> 	<p>-In a seated position, put a ball on the floor by your feet.</p> <p>-Holding onto the chair for balance, place your right foot on top of the ball</p> <p>-Hold for 3 to 4 seconds.</p> <p>-Switch feet and repeat with the opposite foot. Keep alternating feet.</p>	Ball	   
<b>Arm to Knee</b> 	<p>-Seated toward the edge of a chair, start with your right arm extended up overhead.</p> <p>-Slowly lift the left knee up as you lower your right elbow down toward your left knee</p> <p>-Release and go back to the starting position.</p>	None	   
<b>Sit to Stand</b> 	<p>-In a seated position feet flat on the floor, cross your arms over your chest</p> <p>-Keeping your weight on your heels, stand up, using your hands as little as possible or not at all.</p> <p>-Take at least 3 seconds to sit back down.</p>	None	    
<b>Leg Press</b>	*See general section		
<b>Step-ups</b>	*See general section		

## Step Six Supplement

### Choose 1 Chest Exercise






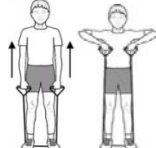




Exercise	Description	Equipment	Icon
<b>Duck Wing Squeeze</b> 	-In a seated position with good posture, place a ball underneath your right arm in the armpit region -Squeeze the upper arm and elbow onto the ball like a duck folding its wing, feeling the chest and arm muscles tighten as you squeeze.	Ball	   
<b>Chest Press (Seated)</b> 	-Wrap the band around something stable behind you and hold handles in both hands so that the bands run along the inside of the arms. -Position yourself far enough away so that you have tension on the bands. -Begin movement with arms bent, palms facing down. -Squeeze chest and press arms out in front of you	Band	   
<b>Wall Push up</b>	*See general section		
<b>Chest Press</b>	*See general section		

### Choose 1 Back Exercise











Exercise	Description	Equipment	Icon
<b>Lat Pulldown</b> 	-Stand or sit and hold a band in both hands above your head. Hands are a bit wider than shoulder-width. -Sit up straight and keep the abs engaged. -Keeping the left hand stable, contract the lat muscles on the right side to pull the elbow down towards the ribcage.	Band	   
<b>Row (Seated)</b> 	-Swing the band around a very sturdy pole or anchor. -Position your chair a few feet away so that the band is not too slack or too tight when reaching for it. -Grab ends of the band in hands with palms facing down. -Exhale and pull your hands towards your chest by bending at the elbows. -Squeeze the shoulder blades together. -Inhale and return to starting position	Band	   


























## Step Six Supplement

<b>Back Forward Bend</b> 	<ul style="list-style-type: none"> <li>-Inhale, lengthen through your spine</li> <li>-Exhale, bend forward from your waist placing your hands on your wheelchair for support</li> <li>-You can use a band by wrapping it around the back of the chair and holding on to the ends while you bend forward.</li> </ul>	Band (optional)	   
<b>Up Right Row (band)</b> 	<ul style="list-style-type: none"> <li>-Stand on a band so tension begins at arm's length.</li> <li>-Grasp the handles with palms facing your thighs, grip that is slightly less than shoulder width.</li> <li>-Use your shoulders to lift the handles as you exhale.</li> <li>-The handles should be close to the body as you move them up.</li> <li>-Lift the handles until they nearly touch your chin.</li> <li>-Lower the handles back down the starting position.</li> </ul>	Band	   
<b>Bridge</b>	*See general section		
<b>Supermans</b>	*See general section		
<b>Reverse Fly (seated)</b>	*See general section		

## Choose 1 Shoulder Exercise






Exercise	Description	Equipment	Icon
<b>Shoulder Raise (seated)</b> 	<ul style="list-style-type: none"> <li>-Sitting, raise dumbbells to shoulder level with palms facing out &amp; your elbows bent and pulled into your sides.</li> <li>-Press the weights up and toward each other as you straighten your arms, keeping a slight bend in your elbows at the top.</li> <li>-Slowly bring down and return to the starting position.</li> </ul>	Band	   
<b>Front Raise (Seated)</b> 	<ul style="list-style-type: none"> <li>-In a seated position, hold a ball in hands with palms facing each other.</li> <li>-Extend the arms out in front of your body, keep elbows slightly bent.</li> <li>-Starting with the ball lowered toward the knees, slowly raise your arms to lift the ball up to shoulder level, then lower the ball back to the starting position</li> </ul>	Ball, free weight	   
<b>Shoulder Shrug</b>	- *See general section		
<b>Lateral Raise (Seated)</b>	- *See general section		




















## Step Six Supplement

Choose 1 Single Joint Leg Exercise/Combo			
Exercise	Description	Equipment	Icon
<b>Leg Extension (seated)</b> 	-Sitting toward the edge of a chair with good posture and bent knees, hold on to the sides of the chair -Extend the right knee out so that the toes come up toward the ceiling -Lower the leg back to a bent position & repeat -Switch to the opposite leg	Theraband, ankle weights, machine	   
<b>Single leg slides</b> 	-Lift heel of one leg off the mat by flexing hip and knee to chest -Straighten leg out to an extended position, keeping heel off mat -Repeat with other leg	None	    
<b>Ball Squeeze</b> 	-Sitting toward the edge of a chair, place a ball in between your knees; press the knees together to squeeze the ball, taking 1 to 2 seconds to squeeze. -Slowly release, keeping slight tension on the ball so that it does not fall.	Ball, towel	   
<b>Heel Lifts</b> 	-Seated toward the edge of a chair with good posture and knees bent, place feet flat on the floor. -Raise heels up off the floor, coming up onto the balls of the feet. -Hold for 1 second, then release.	None	    
<b>Seated Toe Rise</b> 	-Keep the heel down. -Seated on a chair with your feet rested on the ground, lift the toes of one foot up as high as you can. -Then return it to the floor.		
<b>Hip Flex/Exten</b>	*See general section		
<b>Leg Raise</b>	*See general section		





















## Step Six Supplement

Choose 1 Single Joint Arm Exercise/Combo			
Exercise	Description	Equipment	Icon
<b>Bicep Curls (seated)</b>  <b>Overhead Arm Extension</b> 	*See general section  -Seated in a chair, hold a ball with both hands and raise it up over your head -Keeping the elbows pulled in toward the head, slowly bend the elbows to lower the ball down along the back of the neck, using about 2 seconds to go down, then 2 seconds to push the ball back up over your head.	weights  Ball/Band/weighted object	   
<b>Wrist Curl/Exten</b>	*See general section		

Choose 1-2 Abdominal Exercise			
Exercise	Description	Equipment	Icon
<b>Abdominal Crunch (seated)</b>  	-Rotate torso forward, side, and upright through while contracting abdominal muscles.	None	    
<b>Reverse Crunch (seated)</b> 	-Lean your torso back to around 45°. -Hold your feet out in front of you. -Maintain balance – grip the edge of the bench for support. -Draw your knees in to your chest, maintaining balance.	None	    
<b>Side Bends (seated)</b> 	-Seated in a chair, reach your arms up overhead. -Slowly lean to the right and reach your left arm over your head to the right. Hold for 8 to 10 seconds. -Come back up to the center position, pulling both arms overhead again. -Repeat by bending to the opposite side	None	    

## Step Six Supplement

<b>Bicycle Crunch seated</b> 	-Begin sitting in a chair. Lift both legs up, and point your knees up to the ceiling. -Then extend your right leg out as you cross your right elbow to your left knee. -Switch to the other side, extending your right leg and crossing your left elbow to your right knee.	None	    
<b>Seated Rotation with Ball</b> 	-Seated in a chair, hold a ball with both hands close to the body -Slowly rotate your torso to the right as far as you comfortably can -Rotate back to the center and repeat in the opposite direction.	Ball	    
<b>Abdominal Crunch</b> 	-Put the theraband behind a chair have the resident hold onto the ends and lean their body forward and back to an upright position.	Band	    

## Menu-Choice Module







### Strength Exercises: Severe Disability

Persons with severe disability should try other section exercises.












-Suggested exercise from other sections are included

-Theraband exercises are helpful for this group if they have good grip strength












-Examples below emphasize partner assisted and partner performed exercises.

Choose 1 Multi-Joint Leg Exercise			
Exercise	Description	Equipment	Icon
<b>Chair Marches (partner assisted)</b> 	-Staff puts their hands on the resident's knees providing resistance. -Have the resident try to lift their legs as if they were marching	None	    







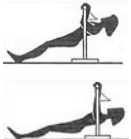




## Step Six Supplement







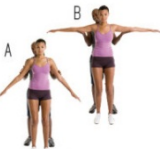






<b>Leg Press</b> <b>(push into chair/floor/block)</b> 	-Have the resident push against a block or foot plate as they try to push themselves back into their chair.	Block, chair, floor, foot plate	   
<b>Leg Wall Pushes</b> 	-Have the resident put their feet against the wall at a 90 degree angle and push. -Have a staff member or object behind the resident's back so they don't move. -Push for 10-20 seconds.	Wall	    
<b>Seated Ball Taps</b>	*See Aging/Physical Disability section		

## Choose 1 Chest Exercise



Exercise	Description	Equipment	Icon
<b>Chest Squeeze</b> <b>(Seated)</b> 	-Have the resident squeeze a ball in front of their chest and hold it for 10 seconds. -Repeat.	Ball	   
<b>Chest Press</b> <b>(partner/wall assisted)</b> 	-Have the resident push into your hands or a wall as hard as they can. -Resident's arms should be at chest level. -Hold the exercise up to 10 seconds and release.	Wall	    
<b>Chest Press</b> <b>(Seated)</b>	*See Aging/Physical Disability section		
<b>Duck Wing Squeeze</b>	*See Aging/Physical Disability section		

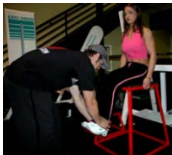



## Step Six Supplement

Choose 1 Back Exercise			
Exercise	Description	Equipment	Icon
<b>Towel Row (partner assisted)</b> 	-Lifter and partner sit across from each other. -Lifter should grab the towel with an underhand grip, while the partner grabs the towel at either end -The lifter should then "row" the towel into their body,	Towel	    
<b>Pull Ups</b> 	-Have the resident grab a stationary object (bar, couch, bed etc) above them to pull them up. -Hold the pull up in a bent arm position for 10-20 seconds OR pull themselves completely up and come back down to repeat	Bar, Couch, Bed, etc.	   
<b>Lat Pull-down</b>	*See Aging/Physical Disability Section		
<b>Row (Seated)</b>	*See Aging/Physical Disability Section		
<b>Back Exten/ Flex</b>	*See Aging/Physical Disability Section		
<b>Up-right Row</b>	*See Aging/Physical Disability Section		
















Choose 1 Shoulder Exercise			
Exercise	Description	Equipment	Icon
<b>Shoulder Raise (partner assisted)</b> 	-Lifter can sit on a chair or whatever is available as long as there is room behind them -Lifter starts by putting upper arms parallel with the ground and arms bent 90 degrees at the elbow. -Partner places hands on top of lifter's hands and partner provides resistance	Bench, Chair	    
<b>Lateral Raise (partner assisted/performed)</b> 	-Assisted: provide resistance on the resident's arms as they try to lift their arms out to the side. -Performed: If the resident cannot lift their arms, move their arms out to the side and have the resident provide as much resistance as possible	None	     













## Step Six Supplement

<b>Front Raise (partner assisted/performed)</b> 	-Assisted: provide resistance on the resident's arms as they try to lift their arms out in front of them. -Performed: If the resident cannot lift their arms, move their arms out in front of them and have the resident provide as much resistance as possible.	None	
<b>Shoulder Shrugs</b>	*See Aging/Physical Disability Section		

Choose 1 Single Joint Leg Exercise/Combo			
Exercise	Description	Equipment	Icon
<b>Leg Extension/ Curl (partner assisted)</b> 	<b>Leg Extension</b> -Lifter sits in a chair. -Partner grabs ankles. -As lifter performs a leg extension, partner resists the lifting portion of the movement. <b>Leg Curl</b> -Lifter sits in a chair. -Partner grabs back of the ankles -As lifter performs a leg curl, partner resists the lowering portion of the movement.	None	
<b>Hip Abduction - stepping to side</b>  <b>Ball Squeeze Hip Add</b>	-Have the resident in a seated position move one leg out to the side and returning to starting position. -Repeat on each side -If they cannot move their legs perform this activity for them & have them help as much as possible.  *See Aging/Physical Disability Section	Band	
<b>Seated Heel Lifts</b>	*See Aging/Physical Disability Section		
<b>Seated Toe Rise</b>	*See Aging/Physical Disability Section		

## Step Six Supplement











Choose 1 Single Joint Arm Exercise/Combo			
Exercise	Description	Equipment	Icon
<b>Bicep Curls</b> (assisted/performed) 	-To perform a bicep curl, have the participant resist your resistance in the up phase. -Hold the resistance for 5-10 seconds and repeat.	Weighted Object	   
<b>Tricep Lifts (seated)</b> 	-Have the resident try to push themselves up out of their chair.	None	   
<b>Squeeze &amp; Release</b> 	-Squeeze a small object for a few seconds. -Release and repeat.	Small Object	   

Choose 1-2 Abdominal Exercise			
Exercise	Description	Equipment	Icon
<b>Reaching to the Side (seated)</b> 	-Have the resident reach down to their side and come back to the upright position. -Then reach down to the other side alternating. -Having an object on the floor to pick up to reach for may be helpful.	None	    
<b>Ab Holds</b> 	-Sit upright in your wheelchair. -Begin this exercise by slowly breathing in and out. -Tighten your abdominals -Move your lower back into the back of your chair. -Hold this position for five seconds.	None	    
<b>Ab Crunch</b>	*See Aging/Physical Disability Section		
<b>Seated Rotation w/ Ball</b>	*See Aging/Physical Disability Section		

# Menu-Choice Module







## Flexibility Routines: General

### Lower Body Stretches





Exercise	Description	Equipment	Icon
<b>Hamstring</b> 	-Stand in front of a support between knee and hip height. -Extend your right leg and place it on the support, with the foot relaxed. -You should be at a distance that allows the left leg to be perpendicular to the floor. Now hinge forward from the hips, keeping the pelvis level and the right knee straight. Feel the stretch along the back of the thigh. Change to the left leg.	Bench	
<b>Seated Hamstring</b> 	-Bend knee of left leg and keep right leg extended with knee slightly bent. -Bend at the waist towards your left foot. Hold your lower leg for support.	None	
<b>Quadricep</b> 	-Stand tall with feet parallel and then lift your right heel, taking your right hand behind you to grab the foot, bringing it towards your buttocks. -Keep the pelvis in a neutral position and gently press the foot into your hand, keeping knees close together. It doesn't matter if your stretching thigh is in front of the supporting one (this indicates tightness), as long as you feel a stretch. -Swap sides.	Wall	
<b>Calves</b> 	-Standing in front of a wall, take a lunge forward with the left leg, keeping the right leg straight out behind you, with the heel on the floor. -Use the wall for support and keep your pelvis in line with your back -Repeat stretch on the left leg.	Curb or bench	
<b>Hip Adductors</b> 	-Gently push knees to floor until stretch is felt. -Keep back straight.	None	



## Step Six Supplement




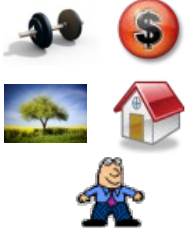





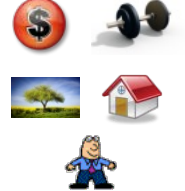



<b>Hip Abductors</b> 	-Cross your right leg over your left leg. Look over your right shoulder while turning your trunk and pushing back on knee with left elbow	None	
<b>Hip Flex/Exten</b> 	-Slowly lean and push hip to floor until stretch is felt on front of hip.	None	
<b>Cross-Legged Forward Bend</b> 	-Sit tall with back straight and legs crossed naturally in front of you. Place your palms on the floor in front of your legs. -Allow the spine to curve naturally as you walk your hands forward, relaxing the head and neck. Relax the shoulders down.	None	
<b>Lying Hip/ Glut Hug</b> 	-Lie on your back with your legs extended and your back straight. Bend your left knee, placing left foot flat on the floor (not pictured). Cross your right ankle at your left knee. -Grab the back of your left thigh and hug your legs towards your chest. Place your right elbow on the inner portion of your right knee and push it slightly to the side.	None	
<b>Seated Butterfly</b> 	-Sit on the floor, back straight, shoulders down, abs engaged, soles of the feet together in front of you, and knees bent to the sides. -Pull your heels towards you while simultaneously relaxing your knees towards the floor.	None	

## Upper Body Stretches




























Exercise	Description	Equipment	
<b>Shoulder</b> 	-Bring your right arm across the body, just below shoulder height, and use your left hand (holding above the right elbow) to gently press the arm towards the chest. -Don't hunch the shoulder up. Swap sides.	None	
<b>Chest Stretch</b> 	-Place both arms directly behind you against a flat surface with arms parallel to the floor. -Push against a flat service until stretch is felt in chest.	None	















## Step Six Supplement

<b>Standing Chest Stretch</b> 	<p>-Stand tall or sit upright. Interlace your fingers behind your back and straighten your arms.</p> <p>-With arms straight, lift arms up behind you while keeping your back straight and your shoulders down.</p> <p>-Keep shoulders relaxed away from the ears.</p>	None	
<b>Seated Trapezius Stretch</b> 	<p>-Turn your chin to the right and toward your chest.</p> <p>-Place your right hand over the top of your head, and gently pull your head down toward the right.</p> <p>-Switch chin direction to the left. Place your left hand over the top of your head, and gently pull down to stretch your right side.</p>	None	
<b>Neck Forward Tilt</b> 	<p>-Stand up with your back straight and tilt your head down towards your chest.</p> <p>-Tilt your head back to its starting position after a short pause.</p> <p>-Be careful not to tilt your head back too far.</p>	None	
<b>Neck Rotation</b> 	<p>-Stand up with your back straight and rotate your head to the left.</p> <p>-Rotate your head back and continue on to the right side.</p> <p>-Chain together these steps to accomplish fluid and smooth movements.</p>	None	
<b>Side Bend</b> 	<p>-Stand up and raise your right arm straight up.</p> <p>-Tilt your upper body at the hips to your left in order to stretch the entire right side of your body. Alternate sides when done.</p> <p>-This exercise stretches your back and your abdominal muscles.</p>	None	
<b>Side Mermaid</b> 	<p>-Sit on the floor, both knees bent, with your left leg in front and your right leg behind you. Lengthen your spine and place your fingertips on the floor at your sides.</p> <p>-Lift your left arm up in line with the shoulder as you bend laterally towards the right side as if bringing your right shoulder towards your right hip.</p>	None	
<b>Triceps Stretch</b>	<p>-With your feet shoulder width apart, raise your right arm straight up and over your head.</p> <p>-Bend your elbow so that your right hand is reaching for your left shoulder.</p>	None	


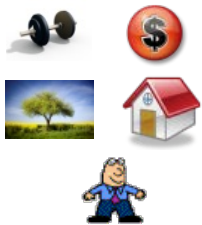













## Step Six Supplement

	<ul style="list-style-type: none"> <li>-Use your left hand to press back on your right elbow. You will feel a great stretch in the back of your arm and upper shoulder.</li> </ul>		 
<b>Reaching Stretch</b> 	<ul style="list-style-type: none"> <li>-Interlace your fingers out in front of you at shoulder height.</li> <li>-Turn your palms outward as you reach forward.</li> <li>-Hold for 5-10 seconds, then relax and repeat.</li> </ul>	None	    
<b>Chest and Shoulders</b> 	<ul style="list-style-type: none"> <li>-Interlace your fingers above your head.</li> <li>-Turn your palms upward as you push your arms back and up.</li> <li>-Hold for 5-10 seconds, then relax and repeat.</li> </ul>	None	    
<b>Chest/ Back</b> 	<ul style="list-style-type: none"> <li>-Clasp your hands behind your back.</li> <li>-Slowly turn your elbows inward and straighten arms.</li> <li>-Lift your arms up behind you until you feel a stretch.</li> </ul>	None	    
<b>Standing Wrist /Bicep</b> 	<ul style="list-style-type: none"> <li>-Stand tall or sit upright. Extend left arm in front of you, palm facing outward and fingertips pointing downward.</li> <li>-Use your right hand to apply light pressure to the hand, as if pulling your fingertips towards your elbow. Keep the shoulders relaxed away from the ears.</li> </ul>	None	    


## Back/Abdominal Stretches

Exercise	Description	Equipment	Icon
<b>Camel Stretch</b> 	<ul style="list-style-type: none"> <li>-Come to hands and knees with your hands shoulder-width apart, knees hip-width apart, abs engaged, and back flat (spine neutral).</li> <li>-Relax the abdominals as if dropping your belly towards the floor beneath you, arching your back, tilting your pelvic bone back and lifting your chest. Look towards the ceiling</li> </ul>	None	    
<b>Cat Stretch</b> 	<ul style="list-style-type: none"> <li>-Come to hands and knees with your hands shoulder-width apart, knees hip-width apart, abs engaged, and back flat (spine neutral).</li> <li>-Engage your abdominals as if pulling your navel towards your spine and round your back towards</li> </ul>	None	    

## Step Six Supplement

	the ceiling. Allow the head and neck to fall naturally between the arms.		
<b>Child's Pose</b> 	-Come to hands and knees with your hands shoulder-width apart, knees hip-width apart, abs engaged, and back flat (spine neutral). -Keep your knees and ankles separated and the tops of your feet on the floor as you shift your weight back over your heels, lengthening your spine, relaxing your head and neck, and reaching forward through your fingertips.	None	
<b>Lower back stretch</b> 	-Sit down on the floor, back straight, legs in front of you wide from each other with your knees bent in front of your chest. -Stretch by tilting your upper body forward. -This exercise will stretch your lower back.	None	
<b>Hip twist stretch</b> 	-Lie on your back on the floor and cross your right leg all the way over your left, both fully extended. -Stretch by rotating your upper body as far as you can by pushing your leg as far as you can. Alternate sides when done.	None	
<b>Ball roll stretch</b> 	-Lie on your back on the floor, thighs propped up over your chest, knees bent. -Stretch by pulling on the back of your thighs with your hands.	None	
<b>Lower back</b> 	-With hands on the small of the back, slightly bend back until stretch is felt.	None	
<b>Chair Rotation</b> 	-Sit in chair. Wrap feet around chair legs to stabilize your body. -Reach across body, grab the back of the chair. -Pull gently to increase the stretch in the middle of your back. -Hold 5-10 seconds. Repeat on opposite side.	None	
<b>Abdominal Stretch</b> 	-Lie on from side and push upper torso upwards with arms until stretch is felt.	None	
<b>Laying Abdominal Stretch</b>	-Lie flat on your back with your legs extended and your arms stretched overhead. -Relax the abs and imagine stretching through the center of your body, reaching your toes and	None	

## Step Six Supplement



















	fingertips towards opposite sides of the room.		
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# Menu-Choice Module

## Flexibility Routines: Aging/Physical Disability













**NOTE:** Persons aging or with physical disability should try other section exercises.

- Suggested exercises from general section are included
- Examples below emphasize seated stretches













Lower Body Stretches			
Exercise	Description	Equipment	Icon
<b>Seated Hamstring</b> 	-Sit in your chair -Extend one leg out straightening your knee and placing your heel on the ground. You can bend your knee slightly to avoid unwanted stress on this joint. -Place your hands on your thighs to support your body and slowly slide your hands down until you feel the stretch. Keep your back straight. -Repeat this stretch on the other side.	None	    
<b>Assisted Quad</b> 	-While standing and holding onto the back of a chair bend the leg to be stretched behind. -Have your partner gently and slowly pull the heel towards your bottom as illustrated.	None	    
<b>Hip Flexor</b> 	-Pull your knee toward your chest until an easy stretch is felt. -Hold this easy stretch until the tension disappears, then stretch a little further until a mild, comfortable tension is felt again. -Repeat for other leg.	None	    












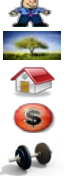
## Step Six Supplement

<b>Hip Abductor</b> 	<ul style="list-style-type: none"> <li>-Pull your knee across your body toward the opposite shoulder to stretch the outside of your upper leg.</li> <li>-Hold for 30-40 seconds</li> <li>-Repeat for other leg.</li> </ul>	None	    
<b>Hip Stretch</b> 	<ul style="list-style-type: none"> <li>-Inhale, lift one leg and cross it over the other</li> <li>-If you want a deeper stretch and you have good trunk stability, exhale and lean forward from your hips</li> <li>-Continue to breathe as you hold the stretch for 3-5 breaths</li> <li>-Gently release your leg and move to stretch the other side</li> </ul>	None	    
<b>Seated Butterfly</b>	*See general section		
<b>Seated Hamstring</b>	*See general section		
<b>Calves</b>	*See general section		











## Upper Body Stretches

Exercise	Description	Equipment	Icon
<b>Shoulder</b> 	<ul style="list-style-type: none"> <li>-Bring your left hand up onto your right shoulder.</li> <li>-Support your elbow with your right hand.</li> <li>-Gently pull left elbow toward right shoulder.</li> <li>-When a stretch is felt, hold for 10 to 15 seconds.</li> <li>-Repeat with the other side.</li> <li>-Gently pull right elbow toward left shoulder.</li> </ul>	None	    
<b>Seated Chest</b> 	<ul style="list-style-type: none"> <li>-Sit comfortably in your chair.</li> <li>-Raise arms and place hands behind your head.</li> <li>-Breathe in while bringing your neck and shoulders back.</li> <li>-Hold briefly, then exhale, relax, and repeat three more times.</li> </ul>	None	    






## Step Six Supplement

<b>Reach Back</b> 	<ul style="list-style-type: none"> <li>-Stand with a chair behind you.</li> <li>-Inhale as you interlace your hands behind your back.</li> <li>-Exhale and gently move arms backward.</li> <li>-Pause, then return to the start position.</li> </ul>	None	
<b>Seated Arm Raise</b> 	<ul style="list-style-type: none"> <li>-While seated upright in good posture raise your arms straight over your head.</li> </ul>	None	
<b>Shoulder Shrug</b> 	<ul style="list-style-type: none"> <li>-Pull the top of your shoulders up towards your earlobes and hold for 5-8 seconds.</li> <li>-Relax completely and allow your shoulders to drop down naturally.</li> </ul>	None	
<b>Triceps</b> 	<ul style="list-style-type: none"> <li>-Sit in a chair while extending your left arm with your palm up.</li> <li>-Bring your left arm overhead and pat yourself on the back. For doing a great job of course!</li> <li>-Bring your right hand to your left elbow.</li> <li>-Gently press the elbow back until a stretch is felt.</li> <li>-Repeat with the other arm.</li> </ul>	None	
<b>Seated Neck</b> 	<ul style="list-style-type: none"> <li>-Use good posture while sitting in the chair.</li> <li>-Tilt your head to the left side, and at the same time, allow your right shoulder to move downward.</li> <li>-Repeat on other side.</li> </ul>		





































## Step Six Supplement

<b>Forearm</b> 	<p>-Start with your arms straight, palms flat on the chair seat, and your thumbs on the outside with your fingers pointed back.</p> <p>-In this position, slowly lean back to stretch the forearm, keeping your palms flat</p>	None	   
<b>Shoulder Blade</b> 	<p>-Interlace your fingers behind your head, keeping your elbows straight out to the side.</p> <p>-Keep your upper body in an upright position in the center.</p> <p>-Pull the shoulder blades together to create a feeling of tension through your upper back and shoulder blades.</p> <p>-Hold this for 8-12 seconds, then relax.</p>	None	   
<b>Seated Trapezius</b>	*See general section		
<b>Neck Forward Tilt</b>	*See general section		
<b>Reaching Stretch</b>	*See general section		
<b>Overhead Stretch</b>	*See general section		
<b>Chest and Back</b>	*See general section		
<b>Standing Wrist/Bicep</b>	*See general section		

## Back/Abdominal Stretches



















Exercise	Description	Equipment	Icon
<b>Shoulder/Upper Back</b> 	<p>-Bring palms together in front of chest.</p> <p>-Take a breath in through your nose.</p> <p>-Exhale as you bring arms up.</p> <p>-Straighten arms overhead with palms forward.</p> <p>-Lower your arms out to the side and back to the starting position.</p>	None	   

## Step Six Supplement

<b>Seated Trunk Bend</b> 	<ul style="list-style-type: none"> <li>-Reach the hand overhead and bend the trunk to the side.</li> <li>-Return to center.</li> <li>-Repeat on other side.</li> </ul>	None	    
<b>Shoulder and Back</b> 	<ul style="list-style-type: none"> <li>-Gently pull your elbow behind your head until an easy stretch is felt.</li> <li>-Gently lean sideways from your hips to stretch along the side of your upper body.</li> <li>-Caution: Trunk weakness may require you to use a safety strap or for someone to watch you to prevent falls during this stretch.</li> </ul>	None	    
<b>Cat Pose</b> 	<ul style="list-style-type: none"> <li>-Grip your chair or place your hands on your thighs.</li> <li>-Exhale as you round your upper body forward, dropping your chin toward your chest, arching your spine like a cat.</li> <li>-Hold in this position for a few deep breaths.</li> </ul>	None	    
<b>Cow Pose</b> 	<ul style="list-style-type: none"> <li>-Place your hands on your thighs or hold your chair.</li> <li>-Inhale as you expand through the front of your chest, lifting your head toward the ceiling and gently arching your back.</li> <li>-Hold the pose as you continue to breathe for a few deep breaths.</li> </ul>	None	    
<b>Forward Bend</b> 	<ul style="list-style-type: none"> <li>-Bend forward to stretch the areas from the neck through the lower back.</li> <li>-Find a comfortable position and hold it for about 1-2 minutes.</li> <li>-To sit up, put your hands on your thighs and push your upper body to an upright position.</li> </ul>	None	    
<b>Chair Rotation</b> 	<ul style="list-style-type: none"> <li>-Sit in chair. Wrap feet around chair legs to stabilize your body.</li> <li>-Reach across body and grab the back of the chair.</li> <li>-Pull gently to increase the stretch in the middle of your back.</li> <li>-Hold 5-10 seconds. Repeat reaching to opposite side.</li> </ul>	None	    



## Step Six Supplement

<b>Side Stretch</b> 	<ul style="list-style-type: none"> <li>-Inhale and lift one arm up over your head, bring your other arm to your hip, or on your arm rest for support.</li> <li>-Exhale your body to the opposite side.</li> <li>-Hold the pose for 3-5 breaths as you continue to breathe deeply.</li> <li>-Inhale come back to center and switch sides.</li> </ul>	None	    
<b>Eagle Pose</b> 	<ul style="list-style-type: none"> <li>-Inhale and lift your arms</li> <li>-Exhale and cross your arms at the elbows so your hands are back-to-back</li> <li>-Hold in this position as you continue to breathe for 20-30 seconds</li> </ul>	None	    
<b>Forward Bend</b> 	<ul style="list-style-type: none"> <li>-Inhale, lengthen through your spine</li> <li>-Exhale, bend forward from your waist placing your hands on your wheelchair for support</li> <li>-Hold for 3-5 breaths. Continue breathing deeply as you hold the stretch</li> </ul>	None	    
<b>Laying Abdominal</b>	*See general section		
















# Menu-Choice Module

## Flexibility Routines: Severe Disability
















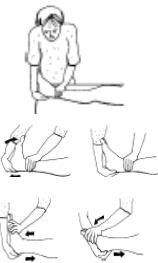









**NOTE:** Persons with severe disability should try other section exercises.

-Suggested exercises from other sections are included.






-Examples below emphasize assisted stretching.

Lower Body Stretches			
Exercise	Description	Equipment	Icon
<b>Assisted Hip Abduction</b> 	-Person lying on back. -Place one hand under the knee, and cup the heel with your other hand. -Keep the knee straight and lift the leg so that the heel is about 4 inches above the bed. -Bring the leg outward toward you. -Take a small step back; don't try to lean back. *Be careful not to bend too far over the person. Adjust the bed height if able or place your knee on the bed to lend yourself more support.	None	   
<b>Assisted Hip Extension</b> 	-Person lying on stomach, leg straight. -Slide your hand under the leg just above the knee, and place your other hand under the lower leg just above the ankle. -Keep the knee straight and lift the leg straight up so that the knee is about 4-6 inches above the mattress.	None	   
<b>Assisted Knee Flex</b> 	-Person lying on stomach, legs straight. -Helper slowly lifts at ankle to bend knee and stretch the front of the thigh. -Move slowly and hold when gentle resistance is felt. -Don't roll the leg in or out as this may strain the knee joint.	None	   











## Step Six Supplement

<b>Assisted Rectus Femoris</b> 	<p>-From lying position, have partner gently raise leg until stretch is felt.</p> <p>-Hold several seconds.</p> <p>-Repeat on other leg.</p>	None	   
<b>Assisted Hamstring</b> 	<p>-Person on back</p> <p>-Slowly raises one leg – keep both knees straight.</p> <p>-If uncomfortable, the straight leg may be bent at knee with foot on floor. (This may be a very small stretch if person's thigh/hamstrings are tight.)</p>	None	   
<b>Assisted Hip Adductor Stretch</b> 	<p>-Person on back with knees bent up and feet flat.</p> <p>-Helper slowly spreads knees apart.</p> <p>-Let gravity do the work if possible; otherwise gently apply pressure to inside of knees.</p> <p>-Move hands to outside of knees and slowly return to the starting position.</p>	None	   
<b>Assisted Ankle Flex/Exten</b> 	<p>-Cup the heel with one hand, your forearm resting against the ball of the foot.</p> <p>-Steady the angle by placing your other hand on the leg just above the ankle.</p> <p>-Press your arm against the ball of the foot, bringing the foot up. At the same time pull the heel forward.</p> <p>-Relax your arm and hand and return to start position.</p> <p>-Slide your hand up to the top of the foot (just below the toes), pressing the forefoot down. At the same time, push against the heel with the cupping hand.</p> <p>-Hold 5-10 seconds being careful not to cause a spasm.</p>	None	   
<b>Assisted Ankle Eversion/Inversion</b> 	<p>-Person lying on back.</p> <p>-Grasp person's forefoot with one hand, palm of your hand against ball of foot. Hold the ankle firmly with your other hand.</p> <p>-Turn the foot in so that the sole faces toward the other foot.</p> <p>-Return to starting position.</p> <p>-Turn the foot out so that the sole faces away from the other foot.</p> <p>-Hold 5-10 seconds being careful not to cause a spasm.</p>	None	   











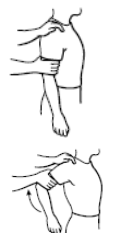









## Step Six Supplement

<b>Assisted Toe Flex/Exten</b> 	-Person lying on back. -Grasp the toes with one hand. -Grasp the foot firmly with your other hand. -Curl the toes down. -Straighten the toes and gently stretch them back.	None	   
<b>Seated Hamstring</b>	*See Aging/Physical Disability section		
<b>Hip Flexor</b>	*See Aging/Physical Disability section		
<b>Hip Abductor</b>	*See Aging/Physical Disability section		
<b>Hip Stretch</b>	*See Aging/Physical Disability section		











## Upper Body Stretches

Exercise	Description	Equipment	Icon
<b>Assisted Chest</b> 	-Clasp hands behind head. -Have partner pull arms back until stretch is felt.	None	   
<b>Assisted Shoulder Flexion</b> 	-Person lying on back, arm at side, palm down. -Place one hand under shoulder to stabilize it. -Position the thumb of that hand on top of shoulder, to monitor the joint movement. -With other hand, hold the wrist. -Keep the elbow straight and lift arm until hand points to the ceiling, with palm toward the center of the body. -Continue to move the arm back until it rests on the bed next to the person's head, or until you meet resistance.	None	   

## Step Six Supplement

<b>Assisted Shoulder Abduction</b> 	<ul style="list-style-type: none"> <li>-Person lying on back, arm at side.</li> <li>-Place one hand under shoulder to stabilize it.</li> <li>-Position thumb of that hand on top of shoulder, to monitor the joint movement.</li> <li>-With other hand, hold the wrist.</li> <li>-Keep the elbow straight and move arm out, away from the body.</li> <li>-Rotate the arm so that the person's palm faces up.</li> <li>-Continue moving the arm back until it rests on the bed next to the person's head, or until you meet resistance.</li> </ul>	None	   
<b>Assisted Shoulder Rotation</b> 	<ul style="list-style-type: none"> <li>-Person lying on back.</li> <li>-Arm out to the side even with the shoulder.</li> <li>-Place one hand under shoulder with thumb of that hand on top of shoulder.</li> <li>-With other hand, hold wrist, making sure the elbow rests on the bed and forearm points up.</li> <li>-With your hand on the wrist, keep person's elbow bent and slowly move forearm down, palm down, until it rests on the bed, or you meet resistance. (Note: The hand may not touch the bed in one or both directions.)</li> <li>-Hold for 30-40 seconds, then return to starting position.</li> <li>-With your hand still on the wrist slowly move the forearm back, palm up, until it rests on the bed or you meet resistance.</li> </ul>	None	   
<b>Assisted Shoulder Extension</b> 	<ul style="list-style-type: none"> <li>-Person lies on one side or sits in a chair.</li> <li>-Stabilize shoulder with one hand and cup arm just above the elbow with the other.</li> <li>-Move arm straight back, allowing forearm to dangle.</li> <li>-Return to starting position.</li> </ul>	None	   
<b>Assisted Bicep Stretch</b> 	<ul style="list-style-type: none"> <li>-With hands behind back and fingers interlaced, have partner raise hands until stretch is felt.</li> <li>-Hold for several seconds.</li> </ul>	None	   







## Step Six Supplement

<b>Assisted Forearm Rotation</b> 	-Person lies on back, arms at sides, palms turned toward body. -Hold wrist and hand with one hand and stabilize the elbow with your other hand. -Gently raise hand as close to the shoulder as possible, keeping elbow and upper arm on the bed. -Return to starting position.	None	
<b>Assisted Hand/Wrist</b> 	-Person lying on back, arm out from shoulder, elbow bent, hand pointing toward the ceiling. Hold person's hand with one hand and hold wrist with your other hand. -Bend wrist forward as far as comfortable without pain. -Bend wrist back as far as comfortable without pain. -Return to starting position. -Bend wrist sideways as far as comfortable without pain in the direction of the little finger. -Bend wrist sideways as far as comfortable without pain in the direction of the thumb.	None	
<b>Hand Stretches</b> 	-Hold the hand by the knuckles and gently push up with one hand and down with the other. -This will glide the hand bones past each other to stretch the palm.	None	
<b>Thumb Range of Motion</b> 	-Holding the hand and thumb, move thumb in and out to side.	None	
<b>Finger Flex/Exten</b> 	-Hold the hand to stabilize the wrist. -Fold fingers forward; try to get all the joints to bend. -Then return to the straight positions.	None	
<b>Shoulder</b>	*See Aging/Physical Disability section		
<b>Reach Back</b>	*See Aging/Physical Disability section		
<b>Neck Forward Tilt</b>	*See General section		
<b>Seated Arm Raise</b>	*See Aging/Physical Disability section		

## Step Six Supplement

<b>Shoulder Shrug</b>	*See Aging/Physical Disability section		
<b>Triceps</b>	*See Aging/Physical Disability section		
<b>Seated Neck</b>	*See Aging/Physical Disability section		
<b>Wrist/ Bicep</b>	*See General section		
<b>Forearm</b>	*See Aging/Physical Disability section		
<b>Shoulder Blade</b>	*See Aging/Physical Disability section		

## Back/Abdominal Stretches

Exercise	Description	Equipment	Icon
<b>Assisted Knee to Chest</b> 	-Person lying on back. -Helper bends hip and knee toward chest. If uncomfortable, the straight leg may be bent at knee with foot on floor. -Helper should stabilize straight leg to get hip extension stretch by placing one hand on knee.	None	
<b>Assisted Low Trunk Rotation</b> 	-Person on back, looking up. -Arms may be as shown or lying at the sides with knees up and feet flat on bed. -Helper slowly rolls knees to one side, back up to starting position, then to the other side.	None	
<b>Assisted Forward Bend</b> 	-Support the resident as you lean them forward. -You can add a pillow on their lap for support. -Lean the resident forward and to each side to stretch their sides.	None	
<b>Shoulder/ Upper Back</b>	*See Aging/Physical Disability section		
<b>Seated Trunk Bend</b>	*See Aging/Physical Disability section		
<b>Shoulder/ Back</b>	*See Aging/Physical Disability section		
<b>Cat Pose</b>	*See Aging/Physical Disability section		
<b>Cow Pose</b>	*See Aging/Physical Disability section		
<b>Chair Rotation</b>	*See Aging/Physical Disability section		
<b>Side stretch</b>	*See Aging/Physical Disability section		
<b>Eagle Pose</b>	*See Aging/Physical Disability section		



## Additional Activity Resources

### Physical activity Guidelines—CDC

[https://www.youtube.com/watch?v=lEutFrar1dl&playnext=1&list=PL43D95102E29BC901&feature=results\\_main](https://www.youtube.com/watch?v=lEutFrar1dl&playnext=1&list=PL43D95102E29BC901&feature=results_main)

### Aging/Physical Disabilities: Aerobic Exercises

#### Chair aerobics:

- [http://www.youtube.com/watch?v=FqILrBTIYeE&feature=player\\_embedded--consider](http://www.youtube.com/watch?v=FqILrBTIYeE&feature=player_embedded--consider)
- <http://www.youtube.com/watch?v=-1y3oly6V4Y>
- <http://www.youtube.com/watch?v=-Bu6YZIt60k>

#### Cardio/strength combo:

- <http://www.youtube.com/watch?v=m7zCDiiTBtk&feature=related>
- <http://www.youtube.com/watch?v=YJisTCwzhJM&feature=relmfu>

#### Chair ZUMBA:

- <http://www.youtube.com/watch?v=1eUmRwRyWD8&feature=related>
- <http://www.youtube.com/watch?v=u7IMHF-ib4k&feature=related>

#### Chair Yoga:

- <http://www.youtube.com/watch?v=BuXkY6kbhYQ>
- <http://www.youtube.com/watch?v=mTv05j0bvYQ>
- [http://www.youtube.com/watch?v=PL8\\_V1rvCk&feature=channel&list=UL](http://www.youtube.com/watch?v=PL8_V1rvCk&feature=channel&list=UL)

#### Aerobic exercise videos for those with ID and physical disabilities:

Part 1- <http://www.youtube.com/watch?v=zTBBVJsksal>

Part 2- <http://www.youtube.com/watch?v=IQOilFnoyfc&feature=channel&list=UL>

Part 3 -<http://www.youtube.com/watch?v=HbCJEL55VZc&feature=channel&list=UL>

### General: Strength Exercises

#### 15-minute strength workouts

- <http://www.realsimple.com/health/fitness-exercise/workouts/15-minute-workouts-00000000030641/index.html>

#### Upper-body Activities

##### Chest:

- <http://exercise.about.com/library/blsamplechest.htm>

##### Back:

- <http://exercise.about.com/library/blbackexercises.htm>

##### Shoulders:

## Step Six Supplement

- <http://exercise.about.com/cs/weightlifting/l/blshoulders.htm>

### **Biceps:**

- <http://exercise.about.com/cs/weightlifting/l/blsamplebicep.htm>

### **Triceps:**

- <http://exercise.about.com/cs/weightlifting/l/blsampletricep.htm>

### **Upper and lower back:**

- [http://www.youtube.com/watch?v=YMwi\\_eDYG9U&feature=player\\_embedded](http://www.youtube.com/watch?v=YMwi_eDYG9U&feature=player_embedded)
- [http://www.sparkpeople.com/resource/exercise\\_demos.asp?exercise\\_type=uppe](http://www.sparkpeople.com/resource/exercise_demos.asp?exercise_type=uppe)

### **Abdominal:**

- <http://stronger-slimmer.com/abdominal-exercise.html#14>

### **Lower-body Activities**

- <http://exercise.about.com/cs/butthipsthighs/a/bestbodybutt.htm>

## **Aging/Physical Disabilities: Strength Exercises**

### **Core:**

- <http://www.youtube.com/watch?v=Z60tgJAZZnl&feature=channel&list=UL>
- <http://www.youtube.com/watch?v=eIOyApQYwuw&feature=BFa&list=ULUQO5OdmD4sE>
- <http://www.youtube.com/watch?v=6yrG77GgwF4>
- <http://www.youtube.com/watch?v=d2-B-BPmlPA>

### **Upper-body:**

- [http://www.sparkpeople.com/resource/exercise\\_demos.asp?exercise\\_type=uppe](http://www.sparkpeople.com/resource/exercise_demos.asp?exercise_type=uppe)
- <http://exercise.about.com/library/blseatedupperbody.htm>
- <http://www.livewellagewell.info/study/2007/12-ChairExercisesUGA113006.pdf>

### **Lower-body:**

- [http://www.sparkpeople.com/resource/exercise\\_demos.asp?exercise\\_type=lower](http://www.sparkpeople.com/resource/exercise_demos.asp?exercise_type=lower)
- <http://exercise.about.com/cs/exerciseworkouts/l/blobeseexercise.htm>
- [http://www.youtube.com/watch?v=B\\_mPn7HICUI](http://www.youtube.com/watch?v=B_mPn7HICUI)
- [http://www.youtube.com/watch?v=-24ulyuJK1Y&feature=player\\_embedded](http://www.youtube.com/watch?v=-24ulyuJK1Y&feature=player_embedded)

## **General: Flexibility Exercises**

### **CDC strength exercises:**

- <http://www.cdc.gov/physicalactivity/growingstronger/exercises/index.html>

### **Flexibility workout:** <http://www.wikihow.com/Stretch>

### **Upper-body stretches:**

- <http://www.stretch-exercises.com/exercises/upper-body/index.html>

### **Upper and lower body stretches:**

- <http://www.stretch-exercises.com/exercises/upper-body/index.html>

### **Arm stretching biceps:**

- [http://www.youtube.com/watch?feature=player\\_embedded&v=ihOqwYV0\\_Ko#](http://www.youtube.com/watch?feature=player_embedded&v=ihOqwYV0_Ko#)

## **Step Six Supplement**

### **Aging/Physical Disability: Flexibility Exercises**

#### **Arm circles and stretching for senior (seated):**

- [http://www.youtube.com/watch?v=JSVnlg0HINE&feature=player\\_embedded](http://www.youtube.com/watch?v=JSVnlg0HINE&feature=player_embedded)

#### **Low back stretches for seniors:**

- [http://www.youtube.com/watch?feature=player\\_embedded&v=l1avDEQ8NAE](http://www.youtube.com/watch?feature=player_embedded&v=l1avDEQ8NAE)

#### **Chair stretches:**

- <http://www.youtube.com/watch?v=42-dOsAxurE>

#### **Senior lower body stretching on mat video:**

- [http://www.youtube.com/watch?v=NXzJx1bYtGE&feature=player\\_embedded](http://www.youtube.com/watch?v=NXzJx1bYtGE&feature=player_embedded)

#### **Seated hamstring stretch (seniors):**

- [http://www.youtube.com/watch?v=JSVnlg0HINE&feature=player\\_embedded](http://www.youtube.com/watch?v=JSVnlg0HINE&feature=player_embedded)

#### **Stretching for Seniors–Videos, pictures, descriptions:**

- <http://www.eldergym.com/elderly-flexibility.html>

#### **Stretching over 50 video:**

- <http://www.youtube.com/watch?v=TTQK9aWZVds>

#### **Stretching Information and seated stretches NCHPAD:**

- [http://www.youtube.com/watch?v=HeAGtVfi2TU&feature=player\\_embedded](http://www.youtube.com/watch?v=HeAGtVfi2TU&feature=player_embedded)

#### **Yoga for Wheelchair Users:**

- <http://mayallbehappy.org/wheelchair-yoga/>

#### **Yoga for wheelchair users:**

- [http://www.ehow.com/video\\_7952874\\_yoga-exercises-someone-wheelchair.html](http://www.ehow.com/video_7952874_yoga-exercises-someone-wheelchair.html)

### **Severe Disability: Flexibility Exercises**

#### **Assisted Stretches-Videos:**

- [http://www.physicalfitnet.com/exercise\\_video/assisted\\_chest\\_stretch\\_on\\_table.aspx](http://www.physicalfitnet.com/exercise_video/assisted_chest_stretch_on_table.aspx)

## Finding Motivation Section

Motivating someone to be physically active can be a difficult task. In fact, when talking with our 'Advisory Group' the residents' lack of motivation for physical activity was one of the biggest barriers described by staff and program coordinators. This section will hopefully help you discover ways to increase resident motivation by establishing staff and resident champions, being an active role model, encouraging and praising the residents' activity, and by making physical activity fun!

### Choosing your staff and Resident Champion

The staff and resident champions are very important for the success of *Menu-Choice*. These individuals will motivate other staff and residents to complete their goals and program materials.



#### Staff Champion Role:

- This staff person within the house takes the lead with Menu-choice.
- They remind other staff to assist with the residents' needs sheets, PAR-Qs, weekly goals, and goal progress sheets.
- They make copies of paperwork and keep the documentation section tidy and complete.
- They help to assign staff to a resident for weekly goal setting.
- They may decide to start a motivational house activity. (Read through the following section for ideas)
- Most importantly, this person is the physical activity supporter/cheerleader for the residents and staff!

#### A good candidate for staff champion are:

- Someone interested in physical activity.
- Has flexibility with their hours on the job (e.g. has a night shift)
- Someone who is outgoing and a natural motivator!

This position can switch around or include multiple staff that would like to do this together.

## Resident Champion Role:

This resident is someone who can remind their housemates about their weekly goals, motivate other residents and staff to participate in physical activity, and performs activity with others.

### A good candidate for resident champion is:

- Someone who is interested in physical activity.
- Someone who is outgoing and motivating.
- Someone who gets along with their housemates.

This position can switch to allow others an opportunity to be the champion. One suggestion would be to have this position be a reward for goals accomplished!



**Try to make this position honorable and desirable. Make a champion medal or object that can be passed on for new champions.**

## Positive Reinforcement

Praise and encouragement can help anyone feel good about themselves. This is particularly true for those with intellectual and developmental disabilities. Positive encouragement boosts self-esteem and confidence for being active. Sometimes rewards can be useful too! Below are descriptions of how you can increase confidence through praise, encouragement, and rewards.

### Praise

Praise is when you tell the resident what you like about his or her behavior. It goes a long way towards helping residents feel good about their activity.

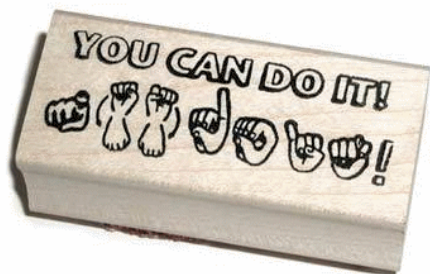
**Descriptive praise** is when you tell them exactly what it is that you like. For example, 'I like how you decided to go on a walk this evening'.

Descriptive praise is best for boosting self-esteem and building positive behavior

**When people get praise for their actions, they are more likely to perform the activity again.**

## Encouragement

Encouragement is **praise for effort** – for example, ‘You worked hard to finish your strength activities.’



Praising effort can encourage the resident to try hard in the future. But you can also use encouragement before and during an activity to help them do the activity. For example, ‘You worked really hard at swimming last week, let’s go do it again!’

**Some individuals, especially those who are less confident, need more encouragement than others.**

## Tips for using praise & encouragement

- **When you see the residents performing activity, acknowledge it!** If you can give the resident some form of encouragement every day, they see that physical activity is an important part of everyday life.
- **Describe what it is that you like.** Use ‘descriptive praise’ to let the residents know exactly what you like.
- **Praise the residents for their strengths.** Everyone has their own unique set of strengths when performing certain activities. Try to appreciate the good points about their activity and avoid pointing out their weaknesses.
- **It takes a lot of praise to outweigh one criticism.** Experts suggest trying to praise someone six times for every one time you criticize.
- **Look for little changes and successes.** A huge change in activity won’t occur overnight. Look for the small steps towards pursuing activity and acknowledge the resident for ANY step toward an active lifestyle.
- **Praise effort as well as achievement.** Recognize and praise how hard the resident is trying despite struggling through the activity or not coming in first place—for example, ‘You ran really hard today at track practice, you’re starting to get faster!’

## Rewards

A reward is a consequence of good behavior. A reward could be a token, selecting music for activity, new walking shoes, a pedometer, etc.

Rewards can make your praise and encouragement more effective in encouraging good behavior. Most behavior is influenced by the consequences that follow it, so when you reward the residents' behavior, it is more likely to happen again in the future.

### ***Appropriate Rewards are important!***

- They can help the resident move closer to their goals
  - Example: Buying new workout clothes or shoes can make physical activity more enjoyable or exciting.
- Inappropriate rewards, at times, can move you further away from your goal
  - Example: If the resident's goal is to have better heart health or lose weight, a cheeseburger and fries after exercising wouldn't be a healthy reward for their hard work.

### **Creative Rewards**

Stumped for ideas on how to reward the residents for meeting activity goals? Here are a few examples:

<b>Preferred Appropriate Rewards</b>		
Pedometer	New walking shoes	Dance class
New bike	New workout clothes	Sport equipment
Therabands/ weights	Music for workouts	New aerobic DVD
iPod for walking	Gym membership or gift cards for fitness classes, bowling, etc.	An active outing: beach to walk the boardwalk, hiking trail, kayaking, etc.
Medals	Award certificate	Recognition at an event

<b>Rewards that work, but don't help continued activity</b>		
Theater/ sports tickets	New hairdo	Bubble bath
Movie	Visit with friends	Trip to a museum
Dinner at a favorite restaurant	New magazine subscription	New CD
New portable music player	Bracelet	Gift cards for shopping, coffee shops, etc



## Getting the “I can do it, you can do it” Mentality

The residents look to you as an example, and no amount of encouragement to be more active will work if they see the opposite in you. If they see you making physical activity a priority for yourself, they'll usually come along for the ride (or for the run, as the case may be.)

Below are key concepts to avoid and focus on when being a physical activity role model for the residents:

### Try to avoid:

Talking negatively about physical activity or making it sound like a chore or unpleasant.

Refusing to participate in games and activities. Giving the impression that it is not normal for adults to be active.

### Focus on:

Letting residents see you being active (e.g. walking, running, biking) and enjoying it.

Joining residents in group fitness classes or performing exercise videos with them in the evening

## Providing the appropriate support for physical activity

Beyond being a good role model, research shows that general social support is a crucial ingredient to making a successful lifestyle change.

**The more support the residents feel in their house and from their peers, family, and staff the more likely they will succeed in making an active change in their lives.**

There are many types of support that you can offer or help recruit for residents to assist them along their active lifestyle journey.

### Listening Support



Listen to triumphs and troubles without giving advice or making judgments about thoughts or behavior. Listen to the residents talk about their physical activity triumphs and struggles.

## Shared Experience Support

Try to encourage the residents to talk to one another about their physical activity, and if possible pursue activities together. Peers in the house who are also working to achieving their activity goals can provide a sense of reassurance that they are not doing this alone

## Technical Support

Comes from a person with expertise who can offer useful tips and good advice. Health professionals and adapted physical activity specialists are good sources of information, so are books, videos, newspapers, magazines, or television. Be careful, though: Not all information is accurate or well balanced. Talk with the *Menu-Choice* team during open call times if you need technical support for activities, ways to motivate participants, or have questions about activity for the residents.

## Partnering Support

This comes from a partner who does activity with the resident. When someone else is depending on the resident for moral support, it should be more difficult to blow it off and say no.



## Motivation Support

These kinds of help come from somebody who can pump up the residents' determination or confidence (see encouragement tips on page 120)



## Tips for Role Modeling & Support

- **Partner up:** Have a staff or another peer partner up with a resident to do physical activities together.
- **Make physical activity a daily routine** by taking group walks or playing active games together.
- **Get the house going:** Organize active house activities such as camping, hiking, and outdoor games.
- When prompted, try to **find time to make physical activity a priority** to encourage the residents' choice to being active — This may not always

be feasible. If it isn't feasible, schedule the suggested activity during free time and don't forget to respond positively to the request.

- **Talk about physical activity** frequently:
  - Talk about their physical activity events and workouts-Get interested!
  - Talk about your physical activity- How did your activity feel? How did you feel after being active? Did you perform activity at home that you could talk about with the residents?
- **Talk with the residents' caregivers about *Menu-Choice*.** Describe that your house is pursuing physical activity to increase a healthy lifestyle. Ask them to also be encouraging and supporting when they are visiting.
- Encourage the residents to take up an **organized sport or group lessons** in swimming or dancing (e.g. Special Olympics or adapted water aerobics). Look up community programs and talk about new opportunities.
- **Helping the residents find activities that they like** is one of the keys to continued physical activity. Try lots of different activities to find something the resident enjoys and is good at. Help them develop a sense of pride in their choices and activities.
- Include the residents in **daily chores** around the house, such as gardening, washing the car and cleaning. Not only do these activities keep everyone physically active, they help the house running smoothly.
- Keep an **activities box** at home and in the car with balls, frisbees, ball gloves, so that you're always prepared for spontaneous activity
- Take residents to **places where they can be active**, such as public parks, community baseball fields, or basketball courts.
- **Encourage small increments of activity** as to not interrupt schedules.
- **Going from Point A to Point B-** Park further away at the grocery store, use stairs instead of elevators, take an extra lap around the store to get more walking, or walk or bike on various errands.
- **Try to reduce TV time.** Instead of watching television after dinner, encourage residents to find fun activities to do like walking, riding bikes, dancing to an exercise video or music to name a few.

## Making Activity Fun!

We have identified some ideas below that can help make physical activity fun and rewarding in your house! What's more fun than a little competition or receiving a reward for your efforts? The residents in our 'Advisory Group' agreed that receiving rewards and winning are BIG motivators for being active. Try some of these ideas in your house to increase motivation!

### Token Economy

- Tokens can be any, age appropriate, small object/coin that the residents can save/receive for a positive activity
- You can choose how and when the residents receive tokens.

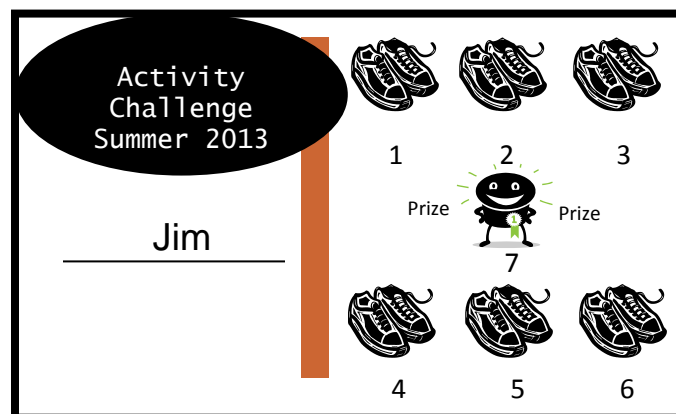
Examples: After completing weekly goals, completing their activity for the day, encouraging someone else to be active, when a staff sees a positive step for increasing physical activity, etc.

- Tokens can be 'cashed' in for rewards (See rewards on page 121)



### Punch Cards

- Create punch cards on index cards or with Microsoft Office publisher/Word.
- Each week the resident meets their goal, they can get a hole punched out of their card.
- Example below:



- There are 6 punch out spots, with the 7th being a reward (see rewards page 121)

## Activity Challengers

- This can be as easy as choosing another resident or staff in the house to be a “challenger” with the resident.
- Of the paired challengers, whoever meets their activity goals for the week will win that week’s challenge.
- You can use tokens, rewards, punch cards, for weekly challenge winners!
- The key for this activity is that the pair should be checking in with each other daily to see if the other person is meeting their goal. You need to measure up your competition!



## Goal Breaker Lanyards

- Create goal breaker necklaces for residents who achieve their weekly goals!
- Just by having this reward may motivate the residents to meet their goals, so they can keep it for the next week.
- Example below:



## Recognition

Simple recognition goes a long way!

- Publish activity awards in your group home agency newsletter or on a house bulletin board.
- Recognize activity awards at meetings or events.



- Some examples of activity awards could include:
  - **Physical Activity Star** – Someone who achieves their activity goals 4 out of 5 weeks.
  - **Most Improved**- Someone who has improved their activity the most since the beginning of *Menu-Choice*.
  - **House motivator**-Someone who is the house activity cheerleader.
  - **Most likely to try something new**- Person who has started a new sport or tried new activities.

## House Challenges

- Compete against other houses in the group home agency to see which house is meeting their activity goals the most!
- This will provide a sense of support within the house, because the residents and staff will want to encourage the whole house to obtain their goals as a team!
- Example:
  - Each house could have an activity thermometer.
  - Each time a resident reaches their goal, the staff can fill in their house thermometer by one.
  - At five weeks, the houses compare their thermometers. The winning house can receive a reward or recognition.



**A good time to check and reward the house or residents is during the 5 week goal check in (See Checking Progress on page 135).**

### References:

- <http://www.sparkpe.org/blog/how-parents-encourage-kids-to-be-physically-active/>
- [http://raisingchildren.net.au/articles/encouraging\\_kids\\_to\\_be\\_active.html/context/221](http://raisingchildren.net.au/articles/encouraging_kids_to_be_active.html/context/221)
- [www.healthunit.org/school/resources/Tools\\_for\\_Teachers.pdf](http://www.healthunit.org/school/resources/Tools_for_Teachers.pdf)
- *Motivating People to be Physically Active* --Marcus & Forsyth (2009)

# Checking Activity Progress Section

## Introduction to Activity Progressions

We have included a template on how to safely increase physical activity for residents in the general population, aging, and those with severe disability. The activity progressions can help you create weekly goals by demonstrating how much the residents should be increasing activity. Use these with the goal progression sheets to keep yourself on track with goal setting and increasing physical activity.

### How are they set up?

- Each population category is broken up in 5 week goal markers.
- These progressions show how much the residents can safely increase their activity within 5 weeks.
- Since every resident is different, a range of activity is provided. The residents are successfully increasing their activity if they are within the range of aerobic/motor, strength, and flexibility activity specified on their population progression sheet.
- At Week 25+/ Week 30+(aging) , the resident should be meeting activity guidelines and will continue with this maintenance phase

<b>General population progression</b>	A total of five progressions in five week intervals (i.e., week 5, 10, 15, 20, 25+) Activity is broken into aerobic, strength, and flexibility
<b>Aging population progression</b>	A total of six progressions in five week intervals (i.e., week 5, 10, 15, 20, 25, 30+) <ul style="list-style-type: none"><li>• An additional 5 week progression was added to slowly increase activity for this aging group</li></ul> Activity is broken into aerobic, strength, and flexibility
<b>Severe disability progression</b>	A total of five progressions in five week intervals (i.e., week 5, 10, 15, 20, 25+) Activity is broken into motor, strength, and flexibility <ul style="list-style-type: none"><li>• Motor activities are an appropriate form of activity for persons with more severe limitations, where aerobic activities may not be feasible.</li><li>• Flexibility is emphasized for this population. This type of activity will likely consist of active stretching from staff if the resident is unable to move their limbs.</li></ul>

**NOTE: If you are having difficulties understanding terminology on the progression sheets (i.e., frequency, intensity, reps, sets, etc.) refer to the PA Education section starting on page 8 for descriptions.**



## Instructions: How to use the progressions?

After determining the residents' current activity, choose the appropriate population progression, and see where they fit within the progression. Then, use the activity progressions as a reference for safe, gradual increases in physical activity.

**NOTE:** Know that each resident may not be a cookie cutter fit within these progressions. You may have a resident that fits the aerobic activity progression but lacks in strength and flexibility.

Look at the examples below for additional direction:

**Example 1:** You have an aging resident who is performing 20 minutes of light aerobic activity (e.g., walking) three days a week, one day of strength activities, and she stretches after her walks.

- Current progression: Week 10
- When creating goals, you'll want to gradually increase her activity to meet the Week 15 progression in five weeks, following the aerobic, strength, and flexibility recommendations.

**Example 2:** You have a resident, in the general population, performing 30 minutes of moderate activity four days a week (e.g., brisk walking and dancing), but does no strengthening or flexibility activities.

- Current progression: Aerobic Week 15, Strength & Flexibility Week 5
- For this resident, use the progressions as a guide to safely increase BOTH his aerobic activity and his strength and flexibility to the next 5 week goal marker, regardless of differences in weekly progression.

**Example 3:** Staff performs active stretching with a resident with severe disability three days a week, doing 6 stretches (e.g., 3 upper body stretches and 3 lower body stretches). The staff, however, did not realize that she could be performing motor and strength activities.

- Current progression: Flexibility Week 10, Motor & Strength Week 5
- Again, for this resident, use the progressions as a guide to safely increase BOTH her flexibility and her motor and strength to the next 5 week goal marker, regardless of differences in weekly progression.

***Use the progressions as a safe guideline for how you set the residents' goals and track their progress.***

## **Menu-Choice Physical Activity Progressions**

### **General Population**

Week 5 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	10 to 15	light	3 days/week	
Total: 30-45 min/wk				
Strength Activity	Reps	Sets	Intensity	Frequency
	8 to 10	1 to 3	Light	1 day/week
Total: 8-10 activities				
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week

Week 10 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	20 to 25	Mix of light to moderate	3 days/week	
Total: 60-75 min/wk				
Strength Activity	Reps		Intensity	Frequency
	8 to 10		Mod	1 day/week
Total: 8-10 activities				
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week

Week 15 Progression				
<b>Aerobic Activity</b>	Minutes 30	Intensity Moderate	Frequency 4-5 days/week	
Total: 120-150 min/wk				
<b>Strength Activity</b>	Reps 8 to 10		Intensity Mod	Frequency 2 days/week
Total: 8-10 activities				
<b>Flexibility</b>	Reps 2 to 4	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency Minimum 2 days/week
Week 20 Progression				
<b>Aerobic Activity</b>	Minutes 35-40	Intensity Moderate to vigorous	Frequency 3-5 days/week	
Total: 120-150 min/wk				
<b>Strength Activity</b>	Reps 8 to 10	Sets 1 to 3	Intensity Mod	Frequency 2 days/week
Total: 8-10 activities				
<b>Flexibility</b>	Reps 2 to 4	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency Minimum 2 days/week
Week 25+ Progression--Maintenance Phase				
<b>Aerobic Activity</b>	Minutes 20-60	Intensity Moderate to vigorous	Frequency 3-5 days/week	
Total: At least 150 min mod/wk OR 75 min vigorous/wk				
<b>Strength Activity</b>	Reps 8 to 10	Sets 1 to 3	Intensity Mod	Frequency 2 days/week
Total: 8-10 activities				
<b>Flexibility</b>	Reps 2 to 4	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency Minimum 2 days/week

## **Menu-Choice Physical Activity Progressions Aging Population**

Week 5 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	5 to 10	light	3 days/week	
Total: 15-30 min/wk				
Strength Activity	Reps	Sets	Intensity	Frequency
	8 to 10	1 to 3	light	1 day/week
Total: 4-6 activities				
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week
Week 10 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	15-20	Light	3 days/week	
Total: 45-60 min/wk				
Strength Activity	Reps	Sets	Intensity	Frequency
	8 to 10	1 to 3	light	1 day/week
Total: 6-8 activities				
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week
Week 15 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	25-30	Light to moderate	3 days/week	
Total: 75-90 min/wk				
Strength Activity	Reps	Sets	Intensity	Frequency
	10 to 15	1 to 3	light	1 days/week
Total: 8 to 10 activities				
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week

Week 20 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	25-30	Light- moderate	4 days/week	
	Total: 100-120 min/wk			
Strength Activity	Reps	Sets	Intensity	Frequency
	10 to 15	1 to 3	light	2 days/week
	Total: 8- 10 activities			
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week
Week 25 Progression				
Aerobic Activity	Minutes	Intensity	Frequency	
	30	Moderate	4-5 days/week	
	Total: 120-180 min/wk			
Strength Activity	Reps	Sets	Intensity	Frequency
	8 to 10	1 to 3	mod	2 days/week
	Total: 8-10 activities			
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week
Week 30+ Progression--Maintaince Phase				
Aerobic Activity	Minutes	Intensity	Frequency	
	20-60	Moderate to vigorous	3-5 days/week	
	Total: At least 150 min mod/wk			
Strength Activity	OR 75 mi	Sets	Intensity	Frequency
	Reps	1 to 3	Mod	2 days/week
	Total: 8-10 activities			
Flexibility	Reps	Duration	Intensity	Frequency
	2 to 4	15 to 30 second hold	Mild discomfort	Minimum 2 days/week

## **Menu-Choice Physical Activity Progressions Severe Disability Population**

### **Week 5 Progression**

<b>Motor Activity</b>	Minutes 10 to 15	Intensity light	Frequency 2 days/wk	
<b>Strength Activity</b>	Reps 8 to 10 Total: 4-6 activities	Sets 1 to 3	Intensity light	Frequency 1 day/week
<b>Flexibility</b>	Reps 2 to 4 Total: 4-6 stretches	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency 2 days/week

### **Week 10 Progression**

<b>Motor Activity</b>	Minutes 15 to 20	Intensity light	Frequency 3 days/wk	
<b>Strength Activity</b>	Reps 8 to 10 Total: 8-10 activities	Sets 1 to 3	Intensity light	Frequency 2 day/week
<b>Flexibility</b>	Reps 2 to 4 Total: 6-8 stretches	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency 3-4 days/week

Week 15 Progression				
<b>Motor Activity</b>	Minutes 20 to 25	Intensity light	Frequency 3 days/wk	
<b>Strength Activity</b>	Reps 8 to 10 Total: 8-10 activities	Sets 1 to 3	Intensity light -Mod	Frequency 2 days/week
<b>Flexibility</b>	Reps 2 to 4 Total: 8-10 stretches	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency 4-5 days/week
Week 20 Progression				
<b>Motor Activity</b>	Minutes 20 to 25	Intensity light	Frequency 4 days/wk	
<b>Strength Activity</b>	Reps 8 to 10 Total: 8-10 activities	Sets 1 to 3	Intensity Mod	Frequency 2 days/week
<b>Flexibility</b>	Reps 2 to 4 Total: 8-10 stretches	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency 5-7 days/week
Week 25+ Progression--Maintenance Phase				
<b>Motor Activity</b>	Minutes 20 to 25	Intensity light to mod	Frequency 4-5 days/wk	
<b>Strength Activity</b>	Reps 8 to 10 Total: 8-10 activities	Sets 1 to 3	Intensity Mod	Frequency 2-3 days/week
<b>Flexibility</b>	Reps 2 to 4 Total: 8-10 stretches	Duration 15 to 30 second hold	Intensity Mild discomfort	Frequency 7 days/week



# Checking Activity Progress: Goal Progress Sheets



Taking time to check the residents' progress is essential in order to avoid long periods of insignificant change or decreases in activity. This section will discuss a goal progress sheet that will help you see if the residents are proceeding to an active lifestyle.

## Instructions:

- Take out the *Goal Progress Sheet (page 137)*
  - Make copies of this sheet to have for future use
- Fill in the resident's name and date
- Proceed by filling out the flow chart
  - Use the suggestions provided, if the resident is not reaching their activity goals
- Take notes to why the resident did or did not achieve their goals.
  - Other things to note:
    - If you're going to try a new motivational technique
    - Decide to integrate more resident choice activities
    - Change goal setting strategies
    - Received specific information from the resident during a discussion about their progress
- Put the completed form in the Documentation Section (page 138).

Check the residents' progress every five weeks!

# Goal Progress Sheet

(Make Copies)

Complete every 5 weeks

Resident's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Has the resident increased activity consistent with their activity progression found on page 130-135?

NO

YES

Have you determined why the resident was unable to reach their goals?

Excellent, continue to increase activity for the next 5 weeks referring to their activity progression

NO

YES

1. Talk with the resident
2. Use the resident choice activities found on page 64 to get them more invested in their goals
3. Refer to *Menu-Choice's Motivation Section* (page 118) to find ways to motivate the resident
4. Review the goal setting section to revisit how to create successful goals
5. Talk with other staff that were successful in increasing their residents' activity

**Have you completed one or all of the following suggestions to determine why the resident did not meet their goal?**

- Make necessary changes in goal setting or motivation
- Begin increasing activity for the next 5 weeks referring to their activity progression

YES

Excellent, continue to increase activity for the next 5 weeks referring to their activity progression

**NOTES:**

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## Documentation Section

Include the following in this section for each resident:

- Special Activity Needs sheets (SANS)
- Physical Activity Readiness Questionnaires
- Baseline Observation sheets
- Weekly Activity Schedule sheets
- Goal Progress Sheets

