Paperwork and Handouts

Sidney Schuttrow
Chapter 8
All participants have:
- completed a Participant Registration Form
- been given a copy of the SAIL Guide (Stay Active and Independent for Life: An Information Guide for Adults 65+)
- weights under their chair - for use in strength training
- a bottle of water under their chair - for regular hydration during class

1. WARM UP: 3-5 Minutes
   Slow pace music (approx 115 bpm)
   Examples:
   - Marching in place
   - Knee lifts
   - Side steps L+R
   - Heel tap
   - Toe tap: front, back and side
   - Hamstring curl
   - Walk around edge of classroom
   - Squats over chair
   - Shoulder shrugs
   - Shoulder rolls
   - Neck exercises

2. AEROBICS: 18-20 Minutes
   Faster music (approx 125 bpm)
   Examples:
   - Walk fast around classroom
   - Step-touch: include arms
   - side swings, reach up etc
   - Knee raise : touch with elbow
   - Step-kick : include arms
   - Walking backwards/forwards + arms

3. BALANCE/COOL DOWN: 10 Minutes
   Music approx 115 bpm
   "MANDATORY"
   Dynamic Balance:
   1. Walk slowly with head turns
   2. Walking and stepping over "obstacles"
   3. Heel-to-toe walk, forwards and backwards
   4. (by chair) turn circle X1 in each direction
   5. Sit-to-stand for 30 seconds

   Static Balance:
   1. Clock sway (feet close together)
   2. Head turns and/or trunk turns fig
   3. Heel-to-toe stand (Romber)
   4. Reaches (forwards, sideways, etc)
   5. Single-leg stance

   Examples using a ball:
   - Throw and catch standing still
   - Throw and catch walking up and down
   - Bounce standing still
   - Bounce against wall
   - Bounce standing on one leg
   - Bounce walking around the circle

4. STRENGTH: 15-18 Minutes
   "MANDATORY"
   Upper Body
   1. Biceps curl
   2. Triceps extension
   3. Arm raise to side
   4. Shoulder flexion
   5. Overhead press
   6. Seated crunches

   Lower Body
   1. Knee extension
   2. Knee flexion
   3. Hip flexion
   4. Hip extension
   5. Side-leg raise
   6. Plantar flexion (toe stand)

5. FLEXIBILITY: 8-10 Minutes
   "MANDATORY"
   Each stretch: 20 - 30 seconds
   Upper Body
   1. Neck: side-to-side
   2. Shoulders: arm circles
   3. Shoulder: upper back clamp hands in front of body
   4. Chest: arm: clap hands behind head
   5. Wrist: "praying" position
   6. Hand: "fist and fling"

   Lower Body
   1. Quadriceps
   2. Hamstrings
   3. Inner thigh
   4. Calves

6. EDUCATION: one bullet point per class, from SAIL Guide

Clare Morrison MCSPT, NorthWest Orthopaedic Institute, 2007
Components of
The S.A.I.L. Fitness Class

1. Warm-up (3-5 mins)
2. Aerobics (18-20 mins)
3. Balance exercises (Mandatory) (10 mins)
4. Strength exercises (Mandatory) (15-18 mins)
5. Stretching and Education (8-10 mins)
Instructor Checklist for New Participants in S.A.I.L. Classes

☐ SAIL Participant Release form - this can be completed at home and brought to the next class. To be kept in the SAIL toolkit or a locked filing cabinet.

☐ SAIL Photo/Video Release form - this can be completed at home and brought to the next class. To be kept in the SAIL toolkit or a locked filing cabinet. Only needs to be signed once.

☐ Class Participant Enrollment form – this can be completed at home and brought to the next class. To be kept in the SAIL toolkit or a locked filing cabinet.

☐ Participant Information form – this can be completed at home and brought to the next class. To be kept in the SAIL toolkit or a locked filing cabinet. All forms should be sent to Sidney Schutrow on a monthly basis.

☐ “Ready to Exercise” – for the participant to keep as reference.

☐ “My Falls Free Plan” – for the participant to keep as reference.

☐ General Information flyer – encourage participant to share this with their healthcare provider, care givers and family members.

☐ Fitness Checks – within 2 weeks of joining the class and repeated every 6 months. Use the “Participant Copy” to encourage specific goals.

☐ Class Sign-in Sheets – participants must sign or initialed on this sheet to show attendance for each class. All individual SAIL class sign-in-sheets should be sent to Sidney Schuittrow on a monthly basis.

☐ S.A.I.L. Guide – remind them that you will be discussing topics from the guide during stretching at the end of each class.
SAIL Participant Release Form

Date: ____________________ Class Site: ____________________

I ______________________ (please print your name legibly here) understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk.

I hereby agree that neither the Tennessee Commission on Aging and Disability (TCAD) or the East Tennessee Area Agency on Aging and Disability (ETAAAD), nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Staying Active and Independent for Life (SAIL) program.

I hereby discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future program.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of TCAD/ETAAAD and the co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end TCAD/ETAAAD and the co-sponsoring agency reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to TCAD/ETAAAD as well as any co-sponsoring agency or facility.

I understand that this SAIL Participant Release Form has important legal consequences and limits my ability to recover if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

My signature below indicates I have read and fully accept the terms of this release.

_____________________________    __________________________
(Participants Printed Name)    (Phone Number)

_____________________________    __________________________
(Participants Signature)    (Date)  10/11/2018

1st folder in your Toolkit
Tennessee Commission on Aging and Disability (TCAD)
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, TN 37243

Permission to Use Photograph/Video

Event: ____________________________________

Location: ________________________________

I grant permission to the Tennessee Commission on Aging and Disability, its representatives and employees the right to take photographs and/or videos of me in connection with the above identified event. I authorize that Tennessee Commission on Aging and Disability, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Tennessee Commission on Aging and Disability may use such photographs and/or video of me with or without my name and for any lawful purpose, including example such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

_________________________________________  __________________________
(Participants Printed Name)                     (Phone Number)

_________________________________________  __________________________
(Participants Signature)                        (Date)
1st Toolkit

Folder in your

Thank you for completing this form. Your information will be kept confidential.
1st folder in your Toolkit
Very Important Form
2nd folder in your Toolkit
As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented. Use this to learn what to do to stay active, independent, and falls-free.

<table>
<thead>
<tr>
<th>Check &quot;Yes&quot; if you experience this (even if only sometimes)</th>
<th>No</th>
<th>Yes</th>
<th>What to do if you checked &quot;Yes&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any falls in the last six months?</td>
<td></td>
<td></td>
<td>Talk with your doctor(s) about your falls and/or concerns.</td>
</tr>
<tr>
<td>Do you take four or more prescription or over-the-counter medications daily?</td>
<td></td>
<td></td>
<td>Review your medications with your doctor(s) and your pharmacist at each visit, and with each new prescription.</td>
</tr>
<tr>
<td>Do you have any difficulty walking or standing?</td>
<td></td>
<td></td>
<td>Tell your doctor(s) about any difficulty walking to discuss treatment.</td>
</tr>
<tr>
<td>Do you use a cane, walker, or crutches, or have to hold onto things when you walk?</td>
<td></td>
<td></td>
<td>Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it.</td>
</tr>
<tr>
<td>Do you have to use your arms to be able to stand up from a chair?</td>
<td></td>
<td></td>
<td>Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles.</td>
</tr>
<tr>
<td>Do you ever feel unsteady on your feet, weak, or dizzy?</td>
<td></td>
<td></td>
<td>Tell your doctor, and ask if treatment by a specialist or physical therapist would help improve your condition.</td>
</tr>
<tr>
<td>Has it been more than two years since you had an eye exam?</td>
<td></td>
<td></td>
<td>Schedule an eye exam every two years to protect your eyesight and your balance.</td>
</tr>
<tr>
<td>Has your hearing gotten worse with age, or do you have a hearing problem?</td>
<td></td>
<td></td>
<td>Schedule a hearing test every two years.</td>
</tr>
<tr>
<td>Do you usually exercise less than two days a week? (for 30 minutes total each of the days you exercise)</td>
<td></td>
<td></td>
<td>Ask your doctor(s) what types of exercise would be good for improving your strength and balance.</td>
</tr>
<tr>
<td>Do you drink any alcohol daily?</td>
<td></td>
<td></td>
<td>Find some activities that you enjoy and people to exercise with two or three days/week for 30 min.</td>
</tr>
<tr>
<td>Do you have more than three chronic health conditions? (such as heart or lung problems, diabetes, high blood pressure, arrhythmias, etc.)</td>
<td></td>
<td></td>
<td>Ask your doctor(s) if you are unsure.</td>
</tr>
</tbody>
</table>

The more "Yes" answers you have, the greater your chance of having a fall. Be aware of what can cause falls, and take care of yourself to stay independent and falls-free!
2nd folder in your Toolkit
3rd folder in your Toolkit

Very Important Form
**Stay Active & Independent for Life**

A strength and balance fitness class for adults 65+

### Normal Values for Fitness Checks

* (Ravak and Jones 2001)

#### Timed 8 foot Up & Go

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>3.8-5.6</td>
<td>4.4-6.0</td>
</tr>
<tr>
<td>65-69</td>
<td>4.3-5.9</td>
<td>4.8-6.4</td>
</tr>
<tr>
<td>70-74</td>
<td>4.4-6.2</td>
<td>4.9-7.1</td>
</tr>
<tr>
<td>75-79</td>
<td>4.6-7.2</td>
<td>5.2-7.4</td>
</tr>
<tr>
<td>80-84</td>
<td>5.2-7.6</td>
<td>5.7-8.7</td>
</tr>
<tr>
<td>85-90</td>
<td>5.5-8.9</td>
<td>6.2-9.6</td>
</tr>
<tr>
<td>90-94</td>
<td>6.2-10.0</td>
<td>7.3-11.5</td>
</tr>
</tbody>
</table>

**Instructions:** Stand up, walk around the cone 8 feet away, then back to chair, sit down. How long does it take?

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Bicep Curl

<table>
<thead>
<tr>
<th>Age</th>
<th>Male (lbs)</th>
<th>Female (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>16-22</td>
<td>13-19</td>
</tr>
<tr>
<td>65-69</td>
<td>15-21</td>
<td>12-19</td>
</tr>
<tr>
<td>70-74</td>
<td>14-21</td>
<td>12-17</td>
</tr>
<tr>
<td>75-79</td>
<td>13-19</td>
<td>11-17</td>
</tr>
<tr>
<td>80-84</td>
<td>13-19</td>
<td>10-16</td>
</tr>
<tr>
<td>85-90</td>
<td>11-17</td>
<td>10-15</td>
</tr>
<tr>
<td>90-94</td>
<td>10-14</td>
<td>8-13</td>
</tr>
</tbody>
</table>

**Instructions:** Sitting in a chair, arm straight down, holding weight, bend elbow to lift weight up and down. How many in 30 seconds?

<table>
<thead>
<tr>
<th>Date</th>
<th>Reps</th>
<th>Date</th>
<th>Reps</th>
<th>Date</th>
<th>Reps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sit to Stand

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>14-19</td>
<td>12-17</td>
</tr>
<tr>
<td>65-69</td>
<td>12-18</td>
<td>11-16</td>
</tr>
<tr>
<td>70-74</td>
<td>12-17</td>
<td>10-15</td>
</tr>
<tr>
<td>75-79</td>
<td>11-17</td>
<td>10-15</td>
</tr>
<tr>
<td>80-84</td>
<td>10-16</td>
<td>9-14</td>
</tr>
<tr>
<td>85-90</td>
<td>8-14</td>
<td>6-13</td>
</tr>
<tr>
<td>90-94</td>
<td>7-12</td>
<td>4-11</td>
</tr>
</tbody>
</table>

**Instructions:** Sit in a chair, feet firmly on floor, arms folded. Stand up and sit down. How many in 30 seconds?

<table>
<thead>
<tr>
<th>Date</th>
<th>Reps</th>
<th>Date</th>
<th>Reps</th>
<th>Date</th>
<th>Reps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WE ENCOURAGE YOU TO SHARE YOUR RESULTS WITH YOUR DOCTOR!!!
5th folder in your Toolkit
Not in your manual
6th folder in your Toolkit
Not in your manual

SAIL Exercise Music

<table>
<thead>
<tr>
<th>Music</th>
<th>Time</th>
<th>BPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Banana Boat Song</td>
<td>5:11</td>
<td>110-120</td>
</tr>
<tr>
<td>3. That'll be the Day</td>
<td>4:29</td>
<td>110-120</td>
</tr>
<tr>
<td>5. Duke of Earl</td>
<td>3:50</td>
<td>135</td>
</tr>
<tr>
<td>7. There Goes My Baby</td>
<td>4:38</td>
<td>108-110</td>
</tr>
<tr>
<td>9. Stand By Me</td>
<td>4:30</td>
<td>108</td>
</tr>
<tr>
<td>11. Electronic Garbage</td>
<td>4:33</td>
<td>110-120</td>
</tr>
<tr>
<td>13. Leader of the Pack</td>
<td>4:29</td>
<td>132</td>
</tr>
<tr>
<td>15. Sherry</td>
<td>3:42</td>
<td>132</td>
</tr>
<tr>
<td>17. What Happened?</td>
<td>5:01</td>
<td>136</td>
</tr>
<tr>
<td>19. Kansas City Here I Come</td>
<td>4:38</td>
<td>126</td>
</tr>
<tr>
<td>23. Blueberry Hill</td>
<td>4:43</td>
<td>114</td>
</tr>
</tbody>
</table>

Total Time: 52:06
### Normal Values for Fitness Checks

(Rikli and Jones 2001)

#### Eight Foot Timed Up and Go

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>5.6 – 3.8</td>
<td>6.0 – 4.4</td>
</tr>
<tr>
<td>65-69</td>
<td>5.9 – 4.3</td>
<td>6.4 – 4.8</td>
</tr>
<tr>
<td>70-74</td>
<td>6.2 – 4.4</td>
<td>7.1 – 4.9</td>
</tr>
<tr>
<td>75-79</td>
<td>7.2 – 4.6</td>
<td>7.4 – 5.2</td>
</tr>
<tr>
<td>80-84</td>
<td>7.6 – 5.2</td>
<td>8.7 – 5.7</td>
</tr>
<tr>
<td>85-89</td>
<td>8.9 – 5.5</td>
<td>9.6 – 6.2</td>
</tr>
<tr>
<td>90-94</td>
<td>10.0 – 6.2</td>
<td>11.5 – 7.3</td>
</tr>
</tbody>
</table>

#### Biceps Curl

<table>
<thead>
<tr>
<th>Age</th>
<th>Male (8lb)</th>
<th>Female (5lb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>16 – 22</td>
<td>13 – 19</td>
</tr>
<tr>
<td>65-69</td>
<td>15 – 21</td>
<td>12 – 19</td>
</tr>
<tr>
<td>70-74</td>
<td>14 – 21</td>
<td>12 – 17</td>
</tr>
<tr>
<td>75-79</td>
<td>13 – 19</td>
<td>11 – 17</td>
</tr>
<tr>
<td>80-84</td>
<td>13 – 19</td>
<td>10 – 16</td>
</tr>
<tr>
<td>85-89</td>
<td>11 – 17</td>
<td>10 – 15</td>
</tr>
<tr>
<td>90-94</td>
<td>10 – 14</td>
<td>8 – 13</td>
</tr>
</tbody>
</table>

#### Chair Stand

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>14 – 19</td>
<td>12 – 17</td>
</tr>
<tr>
<td>65-69</td>
<td>12 – 18</td>
<td>11 – 16</td>
</tr>
<tr>
<td>70-74</td>
<td>12 – 17</td>
<td>10 – 15</td>
</tr>
<tr>
<td>75-79</td>
<td>11 – 17</td>
<td>10 – 15</td>
</tr>
<tr>
<td>80-84</td>
<td>10 – 15</td>
<td>9 – 14</td>
</tr>
<tr>
<td>85-89</td>
<td>8 – 14</td>
<td>8 – 13</td>
</tr>
<tr>
<td>90-94</td>
<td>7 – 12</td>
<td>4 – 11</td>
</tr>
</tbody>
</table>
Timed Up and Go (TUG)

Purpose: To check walking ability and balance.

Equipment:
- Stop watch
- Tape measure
- Chair pushed securely against a wall
- Gait belt
- Cone (garbage can or water bottle could also be used)

Procedure:
- Place gait belt around the subject’s waist for safety.
- Measure 8 feet from the front of the chair, mark the floor and set the cone.
- Participants begin by sitting in a chair, feet flat on the floor.
- When the instructor starts the watch and says “begin,” the participant stands up from a seated position, walks as quickly as they can around the cone, returns to the chair and sits down.
- The instructor starts the timer on the signal “begin” whether or not the participant has started to move, and stops the timer when the participant sits on the chair.
- Record the time taken in seconds.

Instructions to participants:
- Now we are going to check your agility and balance.
- When I say “begin” I want you to stand up from this chair, walk as quickly as you can around the cone, walk back and sit down.
- Walk as quickly as you safely can, but do not run.
- Do you understand what I want you to do?
- Get ready “begin”.

Repeat twice. The better of the two scores is recorded

Score: Number of seconds to complete the test.

Tips
Ask the participant which side of the cone they intend to walk around. That way, you’ll know which side to stand.

You walk on the outside of the cone.
Chair Stand

Purpose: To check leg strength.

Equipment:
- Stop watch
- Chair set securely against a wall so that the chair cannot slide

Procedure:
- Participants begin by sitting in the middle of the chair with their feet on the floor and their arms across their chest.
- On the signal “begin”, participants rise to a full standing position, then return to a fully seated position.
- The test is scored on the number of times a participant is able to stand correctly in 30 seconds.
- If a participant is unable to stand without using their arms, the test may be performed using arms, but the subject receives a score of “0” on the data sheet.

Instructions to Participant:
- Now we are going to check your leg strength.
- Start by sitting in this chair with your arms across your chest, your feet flat on the floor.
- When I say “begin”, I want you to stand up, then sit down, and repeat this as many times as you can until I say “stop”.
- Do you understand what I want you to do?
- Get ready, “begin”.

Score: Number of chair stands in 30 seconds.

Tips:
- Sit in a chair facing the participant and demonstrate the procedure.
- If you get to the end of 30 seconds and the participant is more than half way up, that does count as one stand.
Biceps Curl

Purpose: To check arm strength.

Equipment:
- Stop watch
- Hand-held weight (5lb for female, 8lb for male)
- Chair with no arms

Procedure:
- Participants begin sitting upright on the chair, feet firmly on floor.
- They hold a weight appropriate to their gender in their dominant hand.
- Their arm is hanging down straight, palm of hand facing forwards.
- On the signal “begin”, participants bend elbow to bring weight up to shoulder, then lower to starting position.
- The test is scored on the number of times the participant is able to lift and lower the weight in 30 seconds.

Instructions to participant:
- Now we are going to check your arm strength.
- Sit in this chair with your feet flat on the floor.
- Hold this weight in your dominant hand.
- When I say “begin”, I want you to lift the weight up to your shoulder and then all the way back down. Repeat this as many times as you can until I say “stop”.
- Do you understand what I want you to do?
- Get ready, “begin”.

Score: Number of biceps curls in 30 seconds.

Tips

Ask the participant to demonstrate the movement without the weight: you get to see what their full range of movement is before starting the check.

The weight must be lifted all the way up and all the way down to count as one rep. If you get to the end of 30 seconds and the weight is up by their shoulder, it does not count.
SAIL Participant Post Program Survey

Today's date: __________/______/______

Participant I.D. ______/_______/______ (first two letters of your first name, first two letters of your last name, last two numbers of your birth year)

1. In general, would you say that your health is:
   - ○ Excellent
   - ○ Very good
   - ○ Good
   - ○ Fair
   - ○ Poor

The next few questions ask about falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

2. Since this program began, how many times have you fallen? ○ none ○ ______

   If you fell since the program began:
   a. how many of these falls caused an injury? (By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor)
      - ○ Indoors
      - ○ Outdoors
      - ○ Both indoors and outdoors
   b. where did the fall(s) occur? (Please check all that apply)
      - ○ Indoors
      - ○ Outdoors
      - ○ Both indoors and outdoors
   c. what happened after you fell and had an injury? (Please check all that apply)
      - ○ Went to the Emergency Room
      - ○ Was admitted to the hospital
      - ○ Visited my Primary Care Physician
      - ○ Did not seek medical care

3. How fearful are you of falling?
   - ○ Not at all
   - ○ A little
   - ○ Somewhat
   - ○ A lot

4. Please mark the circle that tells us how sure you are that you can do the following activities.

   How sure are you that:
   - ○ Very sure
   - ○ Sure
   - ○ Somewhat
   - ○ Not at all

   Please turn this paper over and fill out the other side.

SAIL Participant Post Program Survey (continued)

5. During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups?
   - ○ Extremely
   - ○ Quite a bit
   - ○ Moderately
   - ○ Slightly
   - ○ Not at all

6. Please tell us your thoughts about this program. Check one circle for each question.

   As a result of this program:
   - ○ I feel more comfortable talking to my healthcare provider about my medications and other possible risks for falling
   - ○ I feel more comfortable talking to my family and friends about falling
   - ○ I feel more comfortable increasing my activity
   - ○ I would recommend this program to a friend or relative

7. Since this program began, what have you done to reduce your chance of a fall? Check all that apply.
   - ○ Talked to a family member or friend about how I can reduce my risk of falling
   - ○ Talked to a healthcare provider about how I can reduce my risk of falling
   - ○ Had my vision checked
   - ○ Had my medications reviewed by a healthcare provider or pharmacist
   - ○ Participated in another fall prevention program in my community

8. I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling. ___ True ___ False

9. What best describes your activity level?
   - ○ Vigorously active for at least 30 min, 3 times per week
   - ○ Moderately active at least 3 times per week
   - ○ Seldom active, preferring sedentary activities
7th Folder in Toolkit

Stay Active and Independent for Life (SAIL): EXERCISE PROGRAM EVALUATION SURVEY

This is a confidential survey about the SAIL class you are in that is being sponsored by the Tennessee Commission on Aging and Disability. Your feedback is very important for us to help improve this program for other adults 65+

First name (optional): __________________________ Date: __________________________ Class site: __________________________

1. How long have you attended this SAIL class? Please mark 1 option:  
   ____ Less than 1 year  ____ 1-2 years  ____ 3-4 years  ____ 5 or more years

2. How many days a week do you attend your local SAIL class? Please mark 1 option:  
   ____ 1 day a week  ____ 2 days a week  ____ 3 days a week  ____ 4 days or more a week

3. What do you enjoy MOST about the classes? Check all that apply:
   ____ Instructor  ____ Class location  ____ Exercising  ____ Classmates  ____ It's fun  ____ Other (describe): __________________________

4. What do you enjoy LEAST about the classes? Check all that apply:
   ____ Instructor  ____ Class location  ____ Exercising  ____ Classmates  ____ It's fun  ____ Other (describe): __________________________

5. How would you rate the Warm Up exercises of your SAIL class?  
   ____ Easy  ____ Just right (challenging but not difficult)  ____ Somewhat difficult  ____ Difficult

6. How would you rate the Aerobic exercises of your SAIL class?  
   ____ Easy  ____ Just right (challenging but not difficult)  ____ Somewhat difficult  ____ Difficult

7. How would you rate the Balance exercises of your SAIL class?  
   ____ Easy  ____ Just right (challenging but not difficult)  ____ Somewhat difficult  ____ Difficult

8. How would you rate the Strength exercises of your SAIL class?  
   ____ Easy  ____ Just right (challenging but not difficult)  ____ Somewhat difficult  ____ Difficult

9. How would you rate the Stretching and Education exercises of your SAIL class?  
   ____ Easy  ____ Just right (challenging but not difficult)  ____ Somewhat difficult  ____ Difficult

10. How would you rate the Fitness Checks of your SAIL class?
    ____ Easy  ____ Just right (challenging but not difficult)  ____ Somewhat difficult  ____ Difficult

11. Do you feel that the instructor encourages and challenges you?  
    ____ Not enough  ____ Just right  ____ Too much

12. Does the instructor give you clear instructions that are easy to follow?  
    ____ Yes  ____ No

13. Does the instructor give you enough help if you need individual assistance/attention with exercises?  
    ____ Yes  ____ No

14. Is your instructor easy to approach and talk to about your questions and concerns?  
    ____ Yes  ____ No

15. Is the instructor discussing information from the SAIL Information Guide in the classes?  
    ____ Yes  ____ No  ____ I do not know what this is.

16. If your instructor is discussing the SAIL Information Guide in the classes, which information do you find helpful? (Check all that apply):
    ____ Exercise  ____ Health conditions and exercise  ____ Medication  ____ Food and nutrition  ____ Walker or cane use  ____ Home safety  ____ Other (describe): __________________________

17. Since starting this class, do you now feel: (Check all that apply)
    ____ Stronger  ____ Fitter  ____ Better balance  ____ Improved flexibility  ____ More confident  ____ Less afraid of falling  ____ Other (describe): __________________________

18. Can you do any of your daily activities easier or better as a result of the SAIL class?  
    ____ Yes  ____ No  ____ If yes, what activities can you now do easier or better? (ex. walk further, sleep better, etc.) Please describe: __________________________

19. If you miss classes (due to vacation/other reasons), do you do any exercises at home to make up for this?  
    ____ Yes  ____ No  ____ If yes, what exercise(s) do you do? (describe) __________________________

20. How long do you do these exercises? (in minutes) __________________________

21. Would you recommend this class to other adults 65+?  
    ____ Yes  ____ No

22. Please feel free to share any other comments, suggestions or improvements with us about the class and/or your SAIL leader. Thank you for helping make this a better program! __________________________
S.A.I.L.
Senior Exercise Class Evaluation Worksheet

Evaluator: ___________________________  Date: _____  Site: ___________________________

Class Instructor: ______________________

Day and Time of Class Visited: _________  Number in Class Today: _________

<table>
<thead>
<tr>
<th>Overall Class Score</th>
<th>Meets or exceeds requirements*</th>
<th>Does not meet minimum requirements*</th>
<th>Needs improvement*</th>
<th>Areas where improvement is needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Set-Up</td>
<td>_______________________________</td>
<td>_________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instruction Safety</td>
<td>_______________________________</td>
<td>_________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance Drills</td>
<td>_______________________________</td>
<td>_________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm Up</td>
<td>_______________________________</td>
<td>_________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerobics</td>
<td>_______________________________</td>
<td>_________________________________</td>
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<tr>
<td>Cool Down</td>
<td>_______________________________</td>
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<td></td>
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</tr>
<tr>
<td>Strength Training</td>
<td>_______________________________</td>
<td>_________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility/Stretching</td>
<td>_______________________________</td>
<td>_________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Scoring criteria are included on the evaluation sheet for each category.

Have recommendations of last review been implemented?  _____ Yes  _____ No  _____ N/A (first review)

If no, please explain: ________________________________________________________________

FOLLOW-UP DATE: __________________________
Required Reporting

Class Sign-in-Sheets

Participant Information Form
Sustainability

Donation Policy

- Collect REASONABLE donation
  - $1-$3 strongly recommended
- Must be used to support SAIL Class
  - Leader Support
  - Equipment
  - Facility Rental
  - Supplies, etc.
- Write the total on class sign-in-sheet
- Leader signs their name next to the amount

Tivity Health

- Partnership
- SilverSneakers FLEX program
- Payment for members that attend class
  - Payment scale
    - $19-$50 per class
- Become a SilverSneakers Instructor
  - Complete online required courses
- Submit specific documentation quickly

***Check with your SAIL Implementation Site to make sure one or both of these options are allow via their agency policies***
Memorandum of Understanding

This is a Memorandum of Understanding (MOU) between the Tennessee Commission on Aging and Disability and [SAIL Leader].

What: Staying Active and Independent for Life (SAIL) class
When: ___________________________ (dates and times)
Where: ___________________________ (address of host site)

The Tennessee Commission on Aging and Disability shall:

___ Provide SAIL Leader Training.
___ Provide SAIL Toolkit to Host Organization for SAIL classes with the understanding that SAIL toolkit content is for SAIL classes only.
___ Work with Host Organization on dates and times to schedule SAIL classes for a minimum of one SAIL leader to facilitate 1 hour SAIL class 2-3 days a week.
___ Assist with coordinating/rescheduling of classes with SAIL Leader if a class cancellation occurs.
___ Provide contact information of SAIL Host Organization contact person.
___ Provide promotional materials to assist with promotion of SAIL classes.
___ Work with Host Organization to provide a private room (preferably with no carpet) with tables and chairs (preferably armless) that comfortably holds 20-25 people to safely exercise for a 1 hour class, 2-3 days a week, for a minimum of 2 years.
___ Provide regular calls/webinars for continuing education opportunities for SAIL Leaders.

The [SAIL Leader] shall:

___ Work with Falls Prevention Coordinator and SAIL Leader(s) on dates and times to schedule SAIL classes.
___ Complete all paperwork including but not limited to, Class Participant Form, Participant Survey, Fitness check form and Photo Release form for all participants before allowing the participant to start class.
___ Have participants sign-in using the SAIL Sign-In Sheet before each class.
___ Submit copies of the Class Participant Form, Participant Survey, and Sign-In Sheets to Falls Prevention Coordinator within 2 weeks of each class ending so data can be entered into the National Falls Database.
___ Promote the SAIL program by utilizing materials such as announcements, flyers, brochures, and handouts at your facility and on any social media platform.
___ Adhere to the structure and requirements for all SAIL classes that you learned about in SAIL Leader Training.
___ Be responsible, if cancellation of SAIL program occurs, to contact the Host Organization contact person and the Falls Prevention Coordinator as soon as possible to notify participants.
___ Email all changes or corrections to host organization contact person(s), regarding SAIL classes, leader, etc.
___ Notify the Host Organization and Falls Prevention Coordinator of any accidents occurring during a SAIL class.
___ Return all contents of the SAIL Toolkit in the event of a SAIL program being cancelled at the Host Organization to the Tennessee Commission on Aging and Disability.

This is a Memorandum of Understanding (MOU) between the Tennessee Commission on Aging and Disability (TCAD) and [Host Organization].

What: Staying Active and Independent for Life (SAIL) class
When: ___________________________ (dates and times)
Where: ___________________________ (address of host site)

The Tennessee Commission on Aging and Disability (TCAD) shall:

___ Provide SAIL Leader Training.
___ Work with trained SAIL Leader(s) on dates and times to schedule SAIL classes for a minimum of one SAIL leader to facilitate 1 hour SAIL class 2-3 days a week.
___ Assist with coordinating/rescheduling of classes with SAIL Leader if a class cancellation occurs.
___ Provide contact information of SAIL Leader.
___ Provide promotional materials to assist with promotion of SAIL classes.
___ Email all changes or corrections to host organization contact person(s), regarding SAIL classes, leaders, etc.
___ Supply SAIL toolkits to the host organization that will include, but is not limited to a lockable file box, aisle weights, gait belt, and class and participant paperwork.

The [Host Organization] shall:

___ Allow TCAD and/or a SAIL Master Trainer to conduct a site visit before a SAIL class start to ensure the site meets program requirements.
___ Provide proof of liability insurance to host an exercise class at your facility.
___ Work with Falls Prevention Coordinator and SAIL Leader(s) on dates and times to schedule SAIL classes.
___ Provide a private room (preferably with no carpet) with tables and chairs (preferably armless) that comfortably holds 20-25 people to safely exercise.
___ Allow the room stated above to be reserved for 1 hour, 2-3 days a week for a minimum of 2 years.
___ House and secure SAIL Toolkit materials at your location, (due to HIPAA Information) and do not allow other programs to use SAIL toolkit contents.
___ Promote the SAIL program by utilizing materials such as announcements, flyers, brochures, and handouts at your facility and on any social media platform.
___ Assign a contact person to help with SAIL class interest and to communicate with SAIL Coordinator and SAIL Leaders.
___ Have the assigned contact person available to meet SAIL leaders and participants on your location’s scheduled class day.
___ Support SAIL Leader by making copies of SAIL class materials as needed when their supply runs out or is low.
___ Return all contents of the SAIL Toolkit in the event of a SAIL program being cancelled at the Host Organization to the Tennessee Commission on Aging and Disability.