

FIGHT BACK Against Parkinson's



LVHN Fitness is offering a new way to help people with Parkinson's disease fight back against the condition.

Rock Steady Boxing, a non-contact boxing-inspired fitness routine, provides a uniquely effective form of physical exercise to people who are living with Parkinson's. The routine can help slow the disease's progression and improve the ability of people living with Parkinson's to live independent lives.

Rock Steady Boxing is open to individuals diagnosed with Parkinson's disease. To participate, each patient must:

- Provide a medical release form by a physician
- Complete a one-hour assessment with an exercise physiologist prior to attending class
- Wear mandatory handwear, such as gloves or padded wraps

Classes are included in your LVHN Fitness membership, while non-members pay an \$8 drop-in fee. Rock Steady Boxing is in your corner!

To learn more, email LVHN Fitness at FITNESS_CENTER_EPS@lvhn.org or call 610-402-9715

Rock Steady Boxing sessions will be held:

LVHN Fitness-Cedar Crest

1243 S. Cedar Crest Blvd., Lower level
Allentown, Pa.

Tuesdays: 9 - 10 a.m.

Thursdays: 3 - 4 p.m.

LVHN Fitness-Muhlenberg

1770 Bathgate Road, Third floor
Bethlehem, Pa.

Wednesdays: 1:30 - 2:30 p.m.

Wednesdays: 5 - 6 p.m.

Rock Steady Boxing is endorsed by
Lehigh Valley Fleming Neuroscience Institute





Physician Medical Release Form
TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER

Date: ____/____/____

Doctor's Name: _____

Your patient, _____, DOB ____/____/____ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program for people with Parkinson's disease. Our goal is to help your patient have a better quality of life through fitness and socialization. The activities may involve cardiovascular training (jumping rope, walking/running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Safety and modifications for various levels of fitness and disease progression are considered.

PHYSICIAN'S RECOMMENDATION

- I am not aware of any restrictions to participate in this exercise program.
- I believe the patient can participate but would urge caution (*please explain*): _____

- Patient should not engage in the following activities: _____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise):

Type of medication _____	Effect _____
Type of medication _____	Effect _____
Type of medication _____	Effect _____

PHYSICIAN COMPLETES

_____ (patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above. Patient's phone number: _____

Printed name _____

Phone _____

Signature _____

RETURN TO

LVHN Fitness
1243 S. Cedar Crest Blvd.
Fax: 610-402-3690
Attention: Logan Strollis & Andrew Ference