

ROCK STEADY BOXING ILLINOIS VALLEY YMCA

FIGHTING BACK AGAINST PARKINSON'S Rock Steady Boxing 101

What do I wear? Wear comfortable, breathable clothes that allow you to move freely. Most of our members wear sweatpants or t-shirt and shorts. Gym shoes are preferred.

2. What should I bring? For hygienic reasons, we recommend that you purchase your own boxing gloves, wraps, and jump rope for class. We do, however, offer a limited number of "community" wraps and gloves. RSB offers all boxing gear at a discounted rate for purchase to RSB members.

3. What do I need to bring? We stress the importance of staying properly hydrated, so make sure to bring plenty of water. (Water bottles with straw's are easier to use with boxing gloves on!) Bottled water is also available for purchase at the gym. Community "yoga mats" (used for stretching exercises) are also available, although many members prefer to bring their own. You can find yoga mats for purchase at almost any retailer.

4. What should I expect? You can expect to be greeted warmly by the staff and your fellow boxers on your first day, and you can expect to meet lots of people who share the same challenges brought by PD. Classes are 90 minutes long, which include stretching, warm-ups, the workout, and a cool-down.

5. What if I can't keep up? It is important that at any time, if you feel you cannot keep up or become frustrated at not being able to perform at the level of the people around you, that you communicate that to your coaches. They can offer modifications and suggestions on alternative training methods to help you focus on specific symptoms or challenges. **Do not do any exercises that you are uncomfortable doing—talk to your Coaches first if you are unsure of a specific exercise.** Rock Steady offers an encouraging, non-judgmental environment that will hopefully allow you to share your specific concerns when necessary.

6. How often should I come to class? At this time we offer two classes per week. We may add more in the future to fit the demand.

7. Are there lockers available? Lockers and shower facilities are available in the restrooms. Rock Steady also has a "Cubby area" for your belongings.

8. How do I sign up? Call and speak to one of our coaches at 815.223.7904 or email them at IllinoisValley@RSBAffiliate.com

*After we receive your doctor's release form we can set up an assessment appointment; which has to be done before participating in class.

Class Information:

Projected start date is October 1, 2018
Class Time: 11:15-12:45pm
Days: Monday/Wednesdays
Monthly Price: \$25/Members & \$50/non-Members



Meet our coaches:

Marge Rettko
Wendy Kenny
Karla Goskusky



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-CONTRACT) exercise program. The activity will involve cardiovascular training (jumping rope, running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Participants can attend up to five classes per week that are ninety minutes in duration. Participants can reach up to 90 percent of their maximum heart rate.

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

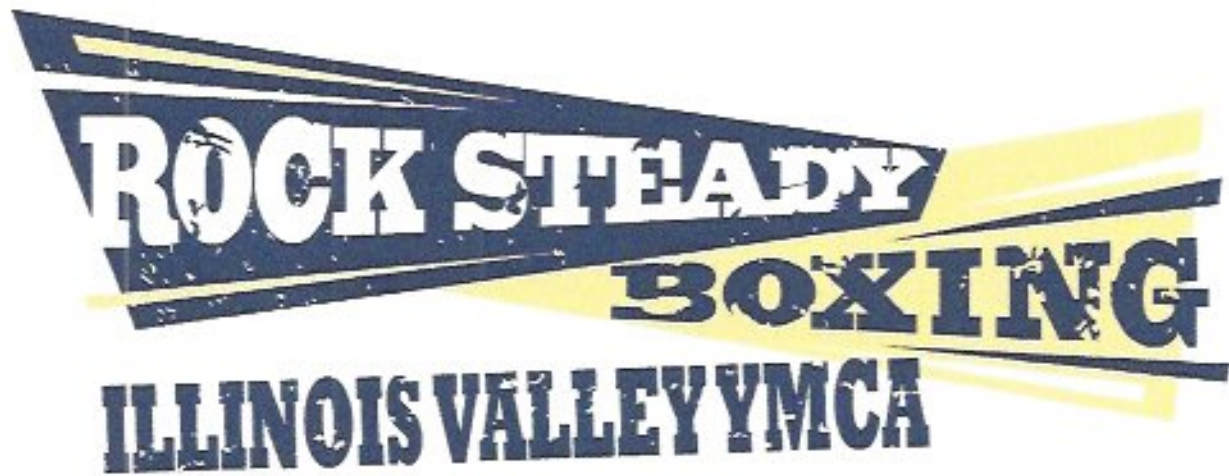
_____ (patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

Printed name _____ Phone _____

Signature _____ Fax # _____

RETURN TO

Illinois Valley YMCA
300 Walnut Drive, Peru
Phone: 815.223.7904
Fax: 815.223.7955



Are Rock Steady Boxing Classes covered by insurance?

Private insurance / Medicare does not cover rock Steady classes for Parkinson's boxers. We are also not aware of any current legislation or funding in the pipeline that would make insurance coverage for this program more accessible.

There would certainly be great interest in how to get this accomplished. But as you can imagine, there are some drawbacks potentially associated with this, issues like excessive paperwork or inadequate payments, timely reimbursements, etc.

In lieu of insurance coverage, many affiliates are able to offer sliding scales or scholarships for boxers on fixed incomes when asked. Even if a boxer believes they cannot afford private pay for RSB, we suggest they contact the affiliate to see if there are alternate options.

Here are some other potential avenues of reimbursement of Rock Steady Boxing classes:

Gym Membership Reimbursement

Many insurance companies offer discounts for gym memberships and will reimburse a boxer for part of a gym membership (which may include RSB)

Health Savings Account

If a boxer's insurance plan offers a health savings account (HSA), some of those funds may be used for a gym membership. This will need to be approved by the health insurance carrier and may require additional documentation from the RSB program or coach.

Silver & Fit Network

Many gyms belong to the Silver & Fit Network which offers discounts for seniors for gym membership. RSB locations will have to determine independently if their coaches are able to become a Silver & Fit gym/instructor.

Medical Need Note

Boxers can ask their physician to write a "Medical Need Note" if they are still working and need to leave in the middle of the day to participate in Rock Steady Boxing classes.

Illinois Valley YMCA
Facility User/Visitor Agreement
MEMBER ID# _____

Date _____ MEMBER GUEST@ _____ YMCA

Name _____ Address _____

City _____ State _____ Zip Code _____ Date of Birth ____/____/____ Gender _____

Home Phone _____ Email _____

In Case of an Emergency, Please Notify:

Name _____ Phone Number _____

Relationship _____

I agree to follow all rules and regulations of the Illinois Valley YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the IVYMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment or participation in any program affiliated with the YMCA without respect as to location, I hereby agree to the following:

1. I understand that activities at the facility or elsewhere, including use of equipment and participation in programs, can involve movement, strain and other elements that create risk of serious injury or death. I hereby assume full responsibility for and risk of bodily injury, death or property damage or loss, regardless of the severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the IVYMCA without respect as to location, except for any injury, damage or loss that is caused solely by the IVYMCA's gross negligence.
2. I, for myself, any personal representatives, assigns, heirs and next of kin, hereby fully release, waive, discharge and covenant not to sue the Illinois Valley YMCA, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees, or agents (the "Releases") and each of them from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program with the IVYMCA without respect as to location except for any injury, damage or loss that is caused solely by IVYMCA's gross negligence.
3. I hereby agree to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the IVYMCA without respect as to location, except for any loss, liability, damage or cost that is caused solely by the IVYMCA's gross negligence.

I further expressly agree that the foregoing assumption of risk, release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This agreement applies to all past, present and future visits and uses by me to any YMCA facility or property. I have read and voluntarily signed this assumption of risk, release, waiver and indemnity agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

****READ NATIONWIDE MEMBERSHIP LIABILITY WAIVER ON BACK****

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature _____ Date _____
(Participant's signature)

Signature _____ Date _____
(in case of a minor ONLY: Parent/Guardian's Signature)

NATIONWIDE MEMBERSHIP WAIVER

"By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law."

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature _____ Date _____
(Participant's signature)

Signature _____ Date _____
-- (in case of a minor ONLY: Parent/Guardian's Signature)



PDQ-39 QUESTIONNAIRE

Please complete the following

Please tick one box for each question

Due to having Parkinson's disease, how often during the last month have you....

	Never	Occasionally	Sometimes	Often	Always or cannot do at all
1 Had difficulty doing the leisure activities which you would like to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Had difficulty looking after your home, e.g. DIY, housework, cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Had difficulty carrying bags of shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Had problems walking half a mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Had problems walking 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Had problems getting around the house as easily as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Had difficulty getting around in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Needed someone else to accompany you when you went out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Felt frightened or worried about falling over in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Been confined to the house more than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Had difficulty washing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Had difficulty dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Had problems doing up your shoe laces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have ticked one box for each question before going on to the next page

Due to having Parkinson's disease,
how often during the last month
have you....

Please tick one box for each question

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
14	Had problems writing clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Had difficulty cutting up your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Had difficulty holding a drink without spilling it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Felt isolated and lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Felt weepy or tearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Felt angry or bitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Felt anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Felt worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Felt you had to conceal your Parkinson's from people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Avoided situations which involve eating or drinking in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Felt embarrassed in public due to having Parkinson's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Felt worried by other people's reaction to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Had problems with your close personal relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Lacked support in the ways you need from your spouse or partner? <i>If you do not have a spouse or partner tick here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Lacked support in the ways you need from your family or close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have ticked one box for each question before going on to the next page

Due to having Parkinson's disease, how often during the last month have you....

Please tick one box for each question

		Never	Occasionally	Sometimes	Often	Always
30	Unexpectedly fallen asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Had problems with your concentration, e.g. when reading or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Felt your memory was bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Had distressing dreams or hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Had difficulty with your speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Felt unable to communicate with people properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Felt ignored by people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Had painful muscle cramps or spasms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Had aches and pains in your joints or body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Felt unpleasantly hot or cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have ticked one box for each question before going on to the next page

Thank you for completing the PDQ 39 questionnaire