

Personalize My Exercise



These questions will help you tailor and exercise program to your medical and physical needs.

Disclaimer: This questionnaire is an educational tool and should not be used in place of medical advice

Remember that you are an individual with unique strengths, weaknesses, medical conditions, fitness and prior exercise experience. Your exercise for health cannot be 'one size fits all'. Begin by consulting with your medical exercise team (your healthcare provider, physical therapist or exercise trainer with medical expertise). These specialists will help you design a program that takes into consideration the many factors listed below and hopefully design a program that is balanced, practical and manageable. Ask your personal trainer or physical therapist if your program addresses each of these:

- **General Health**– What is the best program to enhance my medical conditions such as heart, lung, diabetes risk, weight management, back problems and arthritis? Check all that apply
 - Overweight
 - Diabetes
 - Heart Disease
 - Cholesterol or blood pressure problems
 - Neurologic problem, List here: _____
 - Arthritis, Back or Joint Disease
 - Other

- **Safety**- What special changes or additions do I need to make due to (check all that apply):
 - Heart disease
 - Asthma or lung disease
 - Balance problem, vertigo, dizziness or fear of falling
 - Risk of fracture (osteoporosis or osteopenia)
 - Joint pain or arthritis
 - Back pain or degenerative back disease
 - Other

- **Aging**– What exercises will combat the effects of aging such as arthritis, osteoporosis (bone loss), muscle loss and balance?

- **Individual Strengths and Weakness**– What muscle groups or exercises should be used to strengthen my weaker areas, tightness or imbalances in movement?

- **Symptoms**– What is best for symptoms such as fatigue, pain, memory problems, or mood

- **Behavior**– What program is best tailored for (check the category that best describes you)
 - _____ the intense athlete
 - _____ nonathletic person
 - _____ motivated self-starter
 - _____ non-motivated person that needs more encouragement and support
 - _____ other behavioral and/or personal attributesthat could impact success such as cost, mood, and family support: _____?

- **Goals**– How can I reach my goals for exercise (list goals here):
 - 1.

 - 2.

 - 3.

- **Disease**– Do you have experience with my condition/disease? What program will target symptoms of my disease? List disease here: _____.

- **Neuroplasticity**– Learning and the impact of the experience are important factors for neuroplasticity. What can be added to optimize the experience and challenge learning?

- **Practical Balance**- How can we balance my program to address these concerns but with a program that is achievable in both time it takes, effort etc.?

