

Dear Physician,

Please help us by assessing your patient's eligibility to participate in the **Parkinson Wellness Recovery ("PWR!") Retreat** May 29 – Jun 4, 2022. The signed Physician's Release (see reverse) is required to participate in Retreat exercise programs. PWR! team members will also conduct its own screening interviews.

The PWR! Retreat is a one-week intensive exercise and enrichment program for persons with Parkinson Disease (PD). The Retreat consists of daily PD-specific exercises, low and high intensity aerobics, and skill training. PD-specific exercises include the practice of big movements (PWR!Moves®) that have been shown by research to improve gait, balance, agility, strength, and functional capabilities in people with PD. Daily cardiovascular training may include treadmills, pole walking, stationary bicycles, rowing and more. The program may also offer enrichment activities such as tai chi, yoga, and dance. Depending on a person's tolerance, up to four (4) hours of exercise programming per day will be available.

PWR! Retreat exercise programs are based on the published research of Dr. Becky Farley, PhD, MS, PT, the founder of Parkinson Wellness Recovery.

The programs are **not** medically supervised. The class instructors are PWR!Moves trained PD-exercise specialists, who in their professional lives are physical, occupational, and speech therapists, and fitness professionals.

Please complete the Physician's Release Form on page 2 and fax it directly to us at 888-780-0154.

If you have any questions, please contact us at (520) 591-5346 or info@pwr4life.org.

Thank you for your assistance,

Dr. Becky Farley
Founder/Chief Scientific Officer
Parkinson Wellness Recovery | PWR!



Retreat Applicant
Physician's Release
Form to be completed by Physician

Patient Name _____
Please print full name

Date of Birth _____

I. Please indicate by an "X" where your patient's current capabilities fall on a continuum.

a. Cognitive Impairment

None	Mild	Mod	Severe
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b. Fall Risk

None	Mild	Mod	Severe
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c. Limitations on Physical Activity and Endurance

None	Mild	Mod	Severe
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II. Restrictions & Recommendations: Please specify any other autonomic issues or co-morbidities that may affect your patient's exercise tolerance, safety, or ability to follow instructions and work in small group exercise classes.

III. My patient may participate in the PWR! Retreat program. Yes _____ No _____

Physician Name (print) _____

Phone Number: _____ Fax Number: _____

Physician Signature _____ Date _____