

PRESCRIPTION *for Improving Healthy Body Status*

Name: _____

Date: _____

NUTRITION COUNSELING: *(check)*

YES NO

(One free virtual visit – include process for calling, emailing or going online to select appointment time/date)

AEROBIC ACTIVITY: *(check)*

Frequency: *(days/week)* 1 2 3 4 5 6 7

Intensity: Light (casual walk) Moderate (brisk walk) Vigorous (like jogging)

Time: *(minutes/day)* 10 20 30 40 50 60 or more

Type: Chair yoga Walk Pickleball Run Bike Swim/water aerobics Other

Steps/day: 2,500 5,000 7,000 9,000 or more Other

MUSCLE STRENGTH TRAINING: *(check)*

Frequency *(days/week)*: 1 2 3 4 5 6 7

Start slow, working toward Recommended Guidelines for Adults:

150-300 minute/week of moderate-intensity activity or 75-150 minutes/week of vigorous activity. PLUS, muscle strength training 2x/week.

Prescriber's Signature: _____

AEROBIC ACTIVITY

- Moderate activity = pace where can talk but cannot comfortably sing
- Vigorous activity = can't say more than a few words without pausing for breath
- It's okay to break up exercise into smaller chunks (5-10 minutes at a time), working up to 150 total minutes/week

STRENGTH TRAINING

- Focus on legs, back, chest, arms and core
- You don't have to go to the gym – try elastic bands, body weight exercises, heavy work around home or yard
- Start with 10-15 reps using light effort to 8-12 reps with medium/hard effort, repeat 2-4 time.
- Make sure to rest a day between strength training sessions