



Prisma Health  
Tuomey Hospital

PRISMA HEALTH

# MODIFIED MOVEMENT MAXIMUM RESULTS

## ENHANCE® FITNESS

Each class session includes cardiovascular, strength training, balance and flexibility exercises and the fostering of strong social relationships between participants. Enhance®Fitness is geared toward older adults. Those with a chronic condition, such as arthritis, need not worry; they will never have to do anything that hurts. Participants can use chairs for support, if necessary, and use wrist and ankle weights for strength training. Individual pre- and post assessments track participant's progress.

Session dates: August 8 - November 23

Days: Monday, Wednesday, and Friday  
1:30 pm - 2:30 pm

Group Exercise Room

Membership required for participation

Register at the member service desk  
*Referral required (see back)*

Maximum registered participants: 15



   SUMTER FAMILY YMCA 510 Miller Road Sumter, SC 29150  
803-773-1404 [ymcasumter.org](http://ymcasumter.org)

Financial Assistance is available to those who qualify through our Open Doors Scholarship program.  
Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

# ENHANCE FITNESS PROGRAM REFERRAL

EnhanceFitness® is a CDC recommended physical activity program proven to improve the quality of life of people with arthritis. Scientific studies have shown that physical activity can reduce pain, improve function, mood, and quality of life for adults with arthritis.

YMCA's Certified EF instructors offer this evidence-based, community-based physical activity program that focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises. Classes meet three times a week for one hour. Originally designed to help older adults increase their physical activity and improve their function, adults of many ages are now participating in the program.

Patient Name \_\_\_\_\_

Date of Birth (MM/DD/YY) : \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Provider notes: \_\_\_\_\_

\_\_\_\_\_

By signing below, I give permission for the above named individual to participate in the program.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Questions? Please call Allysse Proctor 803-774-2486