

Membership

It is recommended that new members obtain a release form from their physician before beginning PEP. An initial screening will be performed by a Physical Therapist to assess your fitness needs and will determine the most beneficial exercise program for you. A health history will also be taken at this time

If you have any questions, please call Karen Crogan, Physical Therapist and PEP Coordinator at **330.841.3364**

The fee is \$25.00 a month.

Forum
HEALTH®

PEP
Club

A Physical Exercise
Program

Hillside Rehabilitation Hospital
8747 Squires Lane, NE
Warren, Ohio 44484
330.841.3364

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HEALTH®

www.forumhealth.org

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Hillside Rehabilitation Hospital
Attention: Karen Crogan, PEP Club
8747 Squires Lane, NE
Warren, Ohio 44484

Non-Profit
Organization
U.S. Postage
PAID
Permit No. 37
Youngstown,
Ohio

Do you need to add PEP to your life?

PEP is a physical exercise program designed to address the many fitness challenges of former rehabilitation patients and those with physical disabilities.



Regular exercise is critical to physical and mental well being. Exercise can help you maintain flexibility, increase your day-to-day strength and function and lessen your chance of injury.

Knowledgeable Physical Therapist from Forum Health Hillside Hospital will customize an exercise program tailored to the needs and abilities of each individual. The goal is to help individuals with physical impairments to stay fit while maximizing their potential through the use of adaptive exercise equipment.

Benefits

Accessibility

Unlike most commercial gyms Hillside allows for easy access to both the facility and its user-friendly equipment.

Qualified Staff

On-site rehabilitation experts help motivate you to reach your desired level of fitness, while offering exercise recommendations and training on proper use of equipment. Our staff includes physical therapists and trained aides.

Improve Your Health

Through regular exercise you can improve circulation, increase strength function and endurance. Regular exercise can also reduce the risk of heart attack, stroke, diabetes and some forms of cancer.

Build Relationships

Enjoy a supportive environment while meeting other individuals who are faced with similar challenges.

Equipment

- Strengthening Exercise Equipment
- Treadmills
- Exercise Bicycles
- Free Weights
- And Much More!

PEP REGISTRATION FORM

Date: _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Age _____ Male Female

Physician _____

Phone _____

**I am an individual with a physical challenge.
My challenge is:**

- sight impaired
- multiple sclerosis
- joint replacement
- spinal cord injury
- other, please specify: _____
- brain injury
- amputation
- stroke
- back injury

How did you hear about PEP?

- Doctor
- Therapist
- Friend
- Other _____

I am also interested in the following Adaptive Sports:

- Air pistol
- Air rifle
- Archery
- Basketball
- Biking
- Billiards
- Bocce
- Bowling
- Darts
- Golf
- Minature Golf
- Tennis

Would you need assistance in the gym?

- yes
- no