

**NORTHWEST MISSOURI EXERCISE DIRECTORY  
AF EXERCISE PROGRAM**

<b>PLACE</b>	<b>DATE &amp; TIME</b>	<b>INSTRUCTOR</b>
Vintage Gardens 3302 N. Woodbine Rd St. Joseph, MO 816-390-9555	Monday thru Friday	Ida Caw Michelle Conard
Carriage Square Healthcare 4009 Gene Field Rd. St. Joseph, MO 816-364-1526	Monday, Wednesday, Thursday & Friday	Jessica Evans Melinda Mosley
Bethany Care Center 1305 S. 7 <sup>th</sup> Street Bethany, MO 660-425-2273		Joyce Farrell
Our Lady of Guadalupe Church 4503 Frederick Blvd. St. Joseph, MO Ernie (816-232-5858)	Thursday	Ernie Hall
Tiffany Heights 1531 Web Street Mound City, MO 660-442-3146	Monday & Wednesday	Cindy Heck
Worth County Convalescent Center 503 E. 4 <sup>th</sup> , Rt. 3 Grant City, MO 660-564-3304	Daily	Lisa Littlejohn
Living Community of St. Joseph 1202 Heartland Road St. Joseph, MO 816-671-8500	Monday & Friday	Patricia Lollar LaDonna Stephens
King City Manor 300 W. Fairview King City, MO 660-535-4325	Wednesday	Elsa Price
Country Squire 1602 Buckingham St. Joseph, MO 816-233-4200	Tuesday, Thursday, Friday	Marielle Scarborough

Please call specific site to get times of the classes.

# Northwest Missouri Regional Arthritis Center Arthritis Foundation Exercise Program Registration Fact Sheet

## What is the AF Exercise Program - Why should I attend?

The AF Exercise Program is a community based program that helps improve functional ability, decrease depression and increase confidence in one's ability to exercise. It is a group recreational activity program designed specifically for people with arthritis. It includes games, range of motion, muscle strengthening and/or endurance exercises, body mechanics, and relaxation techniques. The AF Exercise Program provides participants with a fun, safe exercise program which can supplement, but does not replace exercise prescribed by a doctor or therapist.

## Who is eligible?

Any adult is eligible with any type of arthritis with the consent of his/her physician. Participants must be able to walk independently with assistive devices, if used, or if in a wheelchair, they must be able to transfer to a straight-backed chair.

## How do I register?

In order to participate in the course, it is required that you complete and return the ***Participant Release Form*** and the ***Physician Consent Form***. These forms can be mailed to Arthritis Community Services or brought to the first class.

If you have any questions, please call Arthritis Community Services, 802 N. Riverside, Suite 225, St. Joseph, MO 64507, or call 271-7057 or 1-800-443-8858.

**Northwest Missouri Regional Arthritis Center  
Arthritis Foundation Exercise Program  
Physician Consent Form**

PATIENT'S NAME: \_\_\_\_\_

DIAGNOSIS (TYPE OF ARTHRITIS):

\_\_\_\_\_  
\_\_\_\_\_

Please indicate if there are any special precautions to be taken or physical limitations which would preclude patient from participating in the AF Exercise Program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This patient has my consent to participate in the Northwest Regional Arthritis AF EXERCISE PROGRAM.

YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF PHYSICIAN:

\_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_