



WELLESLEY COUNCIL *on* AGING

TOLLES PARSONS CENTER FITNESS ROOM

Thank you for your interest in the Tolles Parsons center (TPC) Fitness Room. Wellesley residents, over the age of 60, are eligible to become a member of the TPC Fitness Room. Prior to becoming a member, you must submit the workout specification form completed by your physician. This medical data may need to be updated periodically as health concerns may change over time.

The TPC Fitness Room offers opportunities for both cardiovascular exercise and strength training. The equipment in the TPC Fitness Room includes:

- 1 Upright Cycle
- 1 Recumbent Cycle
- 1 Elliptical
- 2 Treadmills
- 2 Sci-Fit Total Body Recumbent Steppers
- 1 Weight bench with dumbbells of varying weights
- 1 Hoist Exercise System
- 1 Rowing machine

It is expected that members be able to position themselves independently while using all the machines. Specifications for each piece of equipment follows:

- **Upright Cycle** – minimum speed is 1.0 mph with an adjustable seat height. The upright cycle will require sufficient hip and knee flexion for optimal use.
- **Recumbent Cycle**- minimum speed is 1.0 mph with an adjustable seat. The recumbent bike will require sufficient hip and knee flexion for optimal use.
- **Elliptical** – minimum speed of 1.0 mph. This machine requires good balance and full hip range of motion.
- **Treadmill** –minimum speed is 0.1 mph using “quick start” and “manual” settings. Minimum speeds for other program settings vary (ex. “hill” or “interval” settings). Railings extend to the mid-way point of the treadmill.
- **Sci-Fit Total Recumbent Stepper** – minimum of 30 steps per minute.
- **Free Weights** range from 1-35 lbs.
- **Rowing Machine**- Endurance – R300 machine

CONTINUED ON REVERSE

WORKOUT SPECIFICATION FORM
(To be completed and signed by your Physician)

The expectation of the Wellesley Council on Aging staff is that the members will be able to use the various pieces of equipment independently. They should be able to prepare the machine for proper use which, depending on the chosen setting, may include selecting the correct weight and speeds. They should be able to position themselves to begin the exercise and after the exercise is complete, return the machine to its off-loaded position.

Please have your physician complete the section below with the original signature and date. Please return with your completed registration form.

- ☐ Upright Cycle
- ☐ Recumbent Cycle
- ☐ Treadmill
- ☐ Elliptical
- ☐ Sci-Fit Total Body Recumbent Stepper
- ☐ Free weights ranging from 1-35 lbs.
- ☐ Hoist Exercise System
- ☐ Rowing machine

Please indicate max weight for this member: _____

_____ **Is able to participate in a program using the pieces of**
(Please print the First and last name of the Fitness Room Member) **equipment checked above.**

Please indicate any activity restrictions:

Name of Physician _____ **(please print)**

Address _____ **Phone #** _____

Physician signature **Date**

***Signature of Fitness Room Member** **Date**

****By signing this form, you acknowledge it must be renewed annually to participate in the Fitness Room**