



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Parkinson's Cycling Program Medical Clearance

Name of Participant:

---

Participant's Email:

---

Participant's Phone Number:

---

Facility Name: SANFORD-SPRINGVALE YMCA

---

Facility Phone Number: 207.324.4942

---

Dear Dr. \_\_\_\_\_

Your patient, \_\_\_\_\_ wishes to participate in the Parkinson's Indoor Cycling Program offered at the Y.

Cycling has been shown to provide some symptomatic relief for people diagnosed with Parkinson's disease, along with increasing overall cardiovascular fitness. These classes also provide a caring, social setting with others diagnosed with this disease.

Your patient will be monitored closely by a trained Parkinson's Cycling Coach. Over the next three months (or longer) your patient will be coached to ride an indoor cycling bike at 80-90 RPM for up to an hour. During these classes, the heart rate will be challenged at working intervals up to and including their individual aerobic threshold (60-80% heart rate max) which we will determine by a graded exercise aerobic threshold field test.

Parkinson's patients with the following medical conditions are not eligible for this program:

- Cardiac or pulmonary disease
- Uncontrolled diabetes mellitus
- Uncontrolled hypertension or stroke
- Dementia

My patient, may participate in the Parkinson's Cycling program.

I hereby give my physician to release any pertinent information and I understand that it will remain confidential.

---

Participant's Signature

Date:

---

Physician's Signature

Date: