

# Stepping On

© Clemson & Swann (2017)

*Building Confidence.  
Reducing Falls.*



## Falls Prevention Workshop

**When:** Mondays:

April 6 – May 18, 2020  
10 am – 12 noon

**Where:** Rennes Health and Rehab  
1150 Lois Street  
De Pere, WI 54115

**Cost:** \$20 for the 7 week course  
(Includes all learning materials)

This falls prevention program meets once-a-week for 7 weeks and is proven to reduce falls by 31%.

### To Register:

Space is limited. Please check availability prior to registering by calling the De Pere Health Department at (920)339-4054.

*See registration form on back.*

*Stepping On* is a falls prevention workshop for seniors age 60+ that have fallen or have a fear of falling.

**In addition to two trained class Leaders, the workshop covers these topics and includes these local experts:**

❖ **Physical Therapist**

Will demonstrate, practice, and review strength and balance exercises, how to get up from a fall, walk safer, and cane use.

❖ **Community Safety Expert**

Environmental and home safety hazards

❖ **Vision Expert**

Vision changes and devices to help with vision loss

❖ **Pharmacist**

Medication risks known to cause falls

❖ Strategies and devices to reduce your falls risk

❖ Identifying home, clothing and footwear hazards.

This program is designed for individual's age 60+ that can walk independently in their own home or apartment with or without a device. This program incorporates strengthening and balance exercises and provides great information on preventing falls.

Individuals who have fallen more than 5 times in the past year should obtain clearance from their doctor prior to registering for this program, as individual services may be a more appropriate choice for them.



## Registration Form

Call the De Pere Health Department at **(920)339-4054** to ensure the workshop of your choice still has openings before registering, for class questions, or to register by phone with credit card payment. Payment of \$20 is due with registration by check, cash or credit card. Registration deadline is one week prior to start date or upon filling. No refunds after first day of class. If registering and paying by mail, make check payable to **De Pere Health Department** and mail payment with this registration form to: City of De Pere Health Department, 335 S Broadway, De Pere WI 54115.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Workshop Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Do you walk in your home without a cane or walker?    YES    NO

Can you stand up on your own and stabilize yourself?    YES    NO

Do you have any problems with your hearing?    YES    NO

Do you have any problems with your vision?    YES    NO

From what clinic, health care provider, individual, or organization did you receive this flyer?

\_\_\_\_\_