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?
__________________________________________________________