



Forms and Reference

Pedaling for Parkinson's

Indoor Stationary Cycling for People with Parkinson's

Pedaling for Parkinson's is an indoor stationary cycling program designed specifically for people living with Parkinson's diseases (PD). Developed by the non-profit organization of the same name, Pedaling for Parkinson's (PFP) is focused on improving the quality of life for people with PD. Because of its simplicity, the program allows PD patients with varying symptoms to participate, experience the benefits of forced exercise cycling, and maintain a healthy and active lifestyles.

The exercise program consists of three, 1-hour sessions per week. Participants pedal at a higher rate than what may be comfortable. Initially, some may find the program somewhat challenging, but in time, they build on gains they achieve toward sustaining a regular cardio workout.

What Pedaling for Parkinson's Provides

PFP provides an opportunity for people with Parkinson's to make positive improvements in their quality of life. On average, PFP participants see a 35% reduction in global motor symptoms measured on the clinical evaluation assessment, the Unified Parkinson's Disease Rating Scale (UPDRS-Part III Motor Exam). Though PFP is not a cure, it does provide PD patients with an alternative to relieve symptoms and improved fitness.

How Pedaling for Parkinson's Got Its Start

During the 2003 RAGBRAI (the Register's Annual Great Bicycle Ride Across Iowa), Dr. Jay Alberts, a neuroscientist at Cleveland Clinic, observed a friends' PD symptoms were diminished over the course of the week-long ride. From this observation, Dr. Alberts returned to his lab and developed an assisted exercise test. The test put Parkinson's disease (PD) patients on the back of stationary tandem bicycles with trainers on the front. The trainers pedaled at a rate approximately 30% more than PD patients' preferred rate – typically around 60 RPM. Consistently, test subjects saw improvements in motor function and standard rating scores.

PFP grew from this discovery and now supports research dedicated to the treatment and prevention of PD.

Pedaling for Parkinson's Participant Registration Form

Name

Phone

Date

Address

Email

Date of Birth

Year
Diagnosed

Emergency
Contact

Emergency
Phone

Physician Contact

Physician Phone

PFFFORM1

**PEDALING FOR PARKINSONS PROGRAM
INDEPENDENT, INDOOR STATIONARY CYCLING
MEDICAL CONSENT FORM**

This medical consent form is **required** to participate in the Pedaling for Parkinson program and must be completed and signed by a licensed physician or physicians assistant. **If you attend more than one class**, this form must be provided to the program instructor or administrator.

_____ Participant Name

The above participant has my consent to participate in the Pedaling for Parkinson’s Independent, indoor Stationary Cycle Program.

Please indicate if there are any precautions, limitations or restrictions for this participant:

Physician Name

Physician Signature

Phone

Date

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for and with the appropriate permission to participate in the Pedaling for Parkinson’s Program, I hereby release, waive, discharge and covenant not to sue Pedaling for Parkinson’s Colorado, Pedaling for Parkinson’s, the Cleveland Clinic Lerner Research Institute, the _____, their officers, agents, servants, or employees (hereinafter referred to as (RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the RELEASEES, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and the potential physical and health hazards connected with indoor STATIONARY CYCLING and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me because of being engaged in such an activity, whether caused by the negligence of RELEASEES or otherwise.

I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of RELEASEES or otherwise.

I understand that Pedaling for Parkinson’s and RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this program or any activity associated with or facilitating that participation.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Colorado.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

Signature

Date

Printed Name

Pre-Screen Questionnaire

Pre-Screening Questions:	Yes:	No:
Have you taken any heart medications?		
Have you ever had a heart attack?		
Have you ever had heart surgery?		
Have you ever had heart failure?		
Have you ever had pacemaker/ implantable cardiac defibrillator/ rhythm disturbance?		
Have you ever had cardiac catheterization?		
Have you ever had coronary angioplasty?		
Have you ever had heart valve disease?		
Have you ever had congenital heart disease?		
Have you had a close blood relative who had a heart attack before age 55 (father or brother) or 65 (mother or sister)?		
Have you experienced unreasonable breathlessness?		
Do you take blood pressure medication?		
Are you a diabetic or take medicine to control blood sugar?		
Is your blood cholesterol >240 mg/dL?		
Females: Have you had a hysterectomy or are you postmenopausal?		
Have you experienced dizziness, fainting or blackouts?		
Do you smoke?		
Do you have musculoskeletal problems i.e. your doctor has recommended you not participate in exercise for muscular reasons?		
Do you have concerns about the safety of exercise?		
Are you physically inactive, exercising less than 30 minutes per day/ 3 days per week?		
Have you ever experienced chest discomfort with exertion?		

Program Requirements and Equipment

Program

Pedaling for Parkinson's is a 60-minute exercise session, meeting three times per week. Each session consists of a 10-minute warm-up, a 40-minute main exercise set and a 10-minute cool-down. Optional rest breaks may be added for participants who may be unaccustomed to riding a bike. Periodically, riders may be offered an opportunity to participate in an 8-week study. Riders will be monitored through the study.

Sessions begin with a 10-minute warm up gradually increasing the wheel speed to 60 RPM. The trainer guides the class through on-bike stretching exercises while maintaining the 60 RPM. Following the initial warm up, riders increase the wheel speed to 80 RPM (min) for the next 40-minute. The trainer may mix in some indoor cycling challenges depending on the class capability. The session ends with a gradual slow-down to 60 RPM and may include some on and off-bike stretching

Following each session, riders are encouraged to clean their bike and ensure the room and equipment is left in good standing.

Equipment

Participants are encouraged to wear appropriate riding gear including padded cycling shorts, comfortable shirt, firm footwear (clip cycling shoes are optional), and a water bottle. Riders are strongly encouraged to wear a heart rate monitor.

Stationary bikes equipped with metric monitoring are supplied by the host site. All participants should be fit to the cycle by an experienced trainer. Trainers will review the correct form and posture for cycling and assist with mounting and dismounting as needed.

Pedaling for Parkinson's is a national 501(c)3 nonprofit based in Cleveland, Ohio. Any contributions made to PFP are tax deductible. For more information, visit www.pedalingforparkinsons.com or call (720)369-4940

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