



# **OSTEO VIBE PROGRAM**

## **MODULE 1**

### **ESTABLISH BASELINE MEASUREMENTS**

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## **MODULE 1** ESTABLISH BASELINE MEASUREMENTS

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### FINDING YOUR CURRENT ACTIVITY LEVEL

What is your current activity level? Check out the following categories to see which of them describes you the best. This category will also be used to fit you into your own level of vibration training.

#### SEDENTARY:

*You sit all day, either at work, school, or home. Your sitting time is usually greater than 4 hours at any one time. You haven't really started any regular exercise program like walking, weight training, or vibration. Your job would typically be a desk job, a homemaker, or a student. You may have exercised in the past. However, you haven't exercised in 6 months or more.*

#### LIGHTLY ACTIVE:

*You sit most of the day, but have started some form of exercise program. However, your exercise consists mostly of walking or stretching. Your job involves some sitting and standing. You tend to drive to work and rarely take the stairs. You may also be a stay at home mom that does some household work, but spend more of your time with your kids inside the house rather than in outdoor activities. If you do go to the gym, it's usually less than 2 times per week for an hour or less.*

### ACTIVE:

*You have been exercising consistently for the last 6 months. You try to take time out of your day at least 3 times per week to exercise. You also are conscious of getting up and moving about during the day. Your job involves a lot of standing during the day, as in a retail salesperson or mailman. You may be a stay at home mom, but are involved in your children's' activities outside the house (sports, hobbies, etc.)*

### ATHLETIC:

*You are involved either in a regular training sports program or work in a job that involves physical labor, such as a construction worker. You are a stay at home mom that spends most of the day doing active home activities. You also participate in sports with your children (running, biking, hockey, basketball, etc.)*

Notice that you don't need to stay in one category or do the exercises from that category throughout your program. You will get stronger and may need to get to a more advanced setting. Or you may find the exercises too difficult and need to lower yourself to an easier level. Regardless, always ensure that you exercise at your own pace.

## BONE DENSITY RESULTS

Date \_\_\_\_\_

REGION	BMD	T-SCORE	WHO CLASSIFICATION
HIP			
LOW BACK			
WRIST			

If you have had bone density results in the past, you can input them in the above table. If there are additional categories, or additional results that you need, you can insert them in the blank spaces provided. Keep a copy of the results with the date of the examination.

## GOALS

The following are some of the most common goals our patients have written with their osteoporosis program. Check off the ones you feel fits your current goals so you have a reference to them. If we have missed some, you can also input your own goals. Keep the Osteo Vibe Baseline Measurement Sheets in a safe place where you can refer to it throughout your program.

### OSTEO VIBE PROGRAM CHECKLIST

I WANT TO INCREASE BONE DENSITY IN MY HIPS

I WANT TO INCREASE MY BALANCE SO I CAN PREVENT FALLS

I WANT TO INCREASE MY OVERALL STRENGTH

I WANT TO BE MORE FLEXIBLE

I WANT TO HAVE THE ENERGY AND STRENGTH TO DO THE THING I ENJOY

I WANT TO LOSE WEIGHT AS WELL AS INCREASE MY BONE DENSITY

I WANT TO FEEL LESS PAIN

I WANT TO INCREASE BONE DENSITY IN MY SPINE

I WANT TO INCREASE BONE DENSITY IN MY WRIST