

Agenda and Objectives

1. Welcome & outline — review today's agenda
2. Review homework & exercises
3. Medication management

BREAK

4. Bone health
5. Sleeping better
6. Homework

The main objectives of this session are:

1. To keep advancing the exercises and make them a part of my daily routine.
2. To learn how to manage my medications to reduce the risk of falling.
3. To understand how important vitamin D and calcium are for helping protect against fall injuries.
4. To understand the importance of sunlight to health.
5. To learn ideas for sleeping better without using medications that may increase the risk of falling.



Personal Medication Card

Name: _____

Name of medicine	Dose (i.e., mg, ml, units, drops)	When do you take this medicine? (check time)				Why do you take it?
		am	noon	pm	bedtime	



Reading Your Supplement Facts Label

Supplement Facts	
Serving Size: 2 Tablets Servings per container: 100	
	Amount Per Serving
Vitamin D3	1000 IU

1. Check serving size: How many pills are in a serving?

Example: 2

2. Check the amount of the vitamin D per serving.

Example: 1000 IU vitamin D

3. Figure out the amount of nutrient per pill.

Example: 500 IU vitamin D

4. Figure out how much of the nutrient you are getting.

Example: I take one pill, so I am getting 500 IU of vitamin D.



How Much Vitamin D Are You Taking?

Step 1. How much vitamin D do you get from supplements and multivitamins?

Complete for all supplements that contain vitamin D.

- Look at the Supplement Facts on the label. How many pills are in a serving?
- Check the amount of vitamin D per serving.
- Adjust for how many pills you take to figure out your total.
- Write down how much (IU) is in each supplement. (Skip those you do not take.)

Multivitamin	_____ IU
Vitamin D in calcium supplement	_____ IU
Vitamin D supplement	_____ IU
Total vitamin D from supplements	_____ IU

- Is this at least the recommended **1000 IU** per day?
Yes___ No___
- If not**, calculate (below) how much you need to get 1000 IU.

Amount recommended	1000 IU
Subtract your total vitamin D from supplements	_____ IU
This is the additional amount of vitamin D you need	_____ IU

Step 2. Write down your action plan for meeting vitamin D recommendations.

(Example: I plan to take 1 pill of 500 IU vitamin D.)

The additional vitamin D I plan to take is ___ pill(s) of ___ IU each.



Sun Time Checklist

I have been out in the sun on:

(Check which days)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Target: 3-4 days per week



Exercise Log

Name _____

Week (please circle the week number — circle one)

1 2 3 4 5 6 7

Check — if I did my exercises this week

Balance Exercises (daily):

- Monday Tuesday Wednesday Thursday
- Friday Saturday Sunday

Strength Exercises (3 times a week — be sure you have one day of rest between strength exercises):

- Monday Tuesday Wednesday Thursday
- Friday Saturday Sunday

