

DO YOU HAVE **concerns** about falling?



A MATTER OF
BALANCE

MANAGING CONCERNS ABOUT FALLS

Many older adults experience concerns about falling and restrict their activities. A MATTER OF BALANCE is an award-winning program designed to manage falls and increase activity levels.

“The program was terrific. I learned an awful lot.” ~ Rita program participant

This program emphasizes practical strategies to manage falls.

YOU WILL LEARN TO:

- view falls as controllable
- set goals for increasing activity
- make changes to reduce fall risks at home
- exercise to increase strength and balance

WHO SHOULD ATTEND?

- anyone concerned about falls
- anyone interested in improving balance, flexibility and strength
- anyone who has fallen in the past
- anyone who has restricted activities because of falling concerns

Participants who complete the program will receive a **\$15 gift card**

Location:

Sterling Heights Senior Center
40200 Utica Road
Sterling Heights, MI 48313

Dates:

Mondays – 8/29/16 – 10/24/16
No Class on 10/10/16

Classes are held for 8 consecutive weeks

Time:

1:00pm – 3:00pm

Cost:

Only \$15 per person for the entire workshop

Includes participant manual

Refreshments will be provided

Space is limited to 16 people per workshop
Pre-Registration Required

A Matter of Balance: Managing Concerns About Falls Volunteer Lay Leader Model ©2006 - This program is based on Fear of Falling: A Matter of Balance. Copyright ©1995 Trustees of Boston University. All rights reserved. Used and adapted by permission of Boston University.

A Matter of Balance Lay Leader Model Recognized for Innovation and Quality in Healthcare and Aging, 2006, American Society on Aging. A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780).

For more information or to register

**Contact: 800-852-7795 or
wellnessprograms@aaa1b.com**





Registration Form
A Matter of Balance Workshop
Sterling Heights Senior Center
Mondays – 8/29/16 – 10/24/16 (No Class 10/10/16)

Cost: \$15 per person
Call to Pre-Register.

Once Pre-Registered: Complete the registration form with payment information and Mail-In at least five days prior to the event to:

Area Agency on Aging #1B
PO BOX 776319
Chicago, IL 60677-6319

Participant's Name: _____

Full Address: _____

Phone Number: _____

Email Address: _____

Total Amount Due: \$ _____

Enclosed is my check made payable to AAA 1-B

I prefer to pay by credit card

Please provide your credit card information below:

Charge to: MasterCard VISA

Account #: _____

Verification Code: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

Project Identifier: MH