

Training Contract

- I have received training on the Modified Otago Exercise Program, which will be implemented to help prevent falls with residents at RSI.
- I understand that it is important to follow each resident’s specified exercise program. Exercises should be done the correct number of times and days every week.
- I understand that it is important to accurately document each exercise session.
- If I have any questions or concerns related to a resident’s exercises or health, I will contact one of the physical therapists. Their contact information is provided in the resident’s exercise booklet.

By signing this contract, I acknowledge that I have read and understand the above statements.

Name (printed)

Date

Signature

Date