

# SCRIPT TO FIT

Your prescription for a healthier life



Exercise and behavior modification are crucial in managing chronic health conditions. The Script to Fit program at Conway Regional Health and Fitness Center provides participants with exercise and educational programming to help them better manage their chronic health conditions. Anyone managing a chronic medical condition or individuals transitioning from a rehabilitation program would benefit from one of the four Script to Fit program tracks. Our degreed and certified medical fitness team will work with you and your physician to create a program that will set you on a course for a healthier lifestyle through behavior change.

## SCRIPT TO FIT TRACKS



### Arthritis Fitness

Osteoarthritis, rheumatoid arthritis, or other inflammatory condition



### Cardiovascular Fitness

Recent discharge from Phase 2 cardiac rehab, stable cardiovascular disease or diagnosed with cardiac risk factors



### Diabetes Fitness

Type 1 or Type 2 diabetes or prediabetic



### Reconditioning Fitness

Deconditioned individuals/immunity boosting

## Program Details

- 8-week program with the ability to start anytime
- Pre-and post-program fitness assessment reported to physician
- InBody analysis to track your progress
- Small group training sessions three times per week | Morning, mid-morning and evening options available.
- Constant education throughout the program
- Waived membership enrollment fee to our fitness center any time during your program

Cost: \$75 | Script to Fit Services are valued at \$300. We are able to provide these services at a low-cost thanks to generous donations given to the Conway Regional Health Foundation.

**New option for participants: add on a full HFC membership during the 8-week program for only \$50 more!**

For more information, contact Mallory Lefler at [mlefler@conwayregional.org](mailto:mlefler@conwayregional.org)



## Medical Fitness Referral

Referral from your healthcare provider is required to participate in a **Script to Fit** program.

Patient name \_\_\_\_\_

Patient phone \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient is referred for (choose most appropriate program):

- Arthritis Fitness
- Cardiovascular Fitness
- Diabetes Fitness
- Reconditioning Fitness

Please list any exercise restrictions or recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician name (print) \_\_\_\_\_

Physician signature \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Submit completed form to:**

Mallory Lefler

Fax | 501-329-4688

[mlefler@conwayregional.org](mailto:mlefler@conwayregional.org)