

# 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 & 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:  
M, T, TH 5:00 - 6:30 pm | T, TH, F 7:30 - 9:00 am or 10:30 am - 12:00 pm
- 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.

\*Option to add on a full HFC access 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)