

PROGRAM DESCRIPTION

The Bone Builders Osteoporosis Program, offered by St. Luke's Hospital Therapy Services, provides a comprehensive approach to treating patients who have been diagnosed or are at risk for developing osteoporosis.

For additional information, call:

314-205-6185

✝ St. Luke's
THERAPY SERVICES

The Bone Builders Osteoporosis Program offers:

Physical Therapy

Individuals who currently experience pain or functional deficit will receive a comprehensive evaluation and appropriate course of treatment. The ultimate goal of therapy is to place patients into an independent exercise program. *Physician referral is required.* To schedule a physical therapy appointment, please call **314-205-6185**.

Bone Builders

Fitness Center Membership

Upon completion of a physical therapy assessment and recommended treatment program, individuals will have access to St. Luke's Desloge Outpatient Fitness Center Monday through Friday. Comprehensive exercise programming will be based on individual needs. *Physician referral is required.* *Fee: \$30/month. For additional information, or to schedule an appointment, please call **314-205-6881**.

Bone Builders Yoga

Bone Builders Yoga classes are for anyone diagnosed with osteoporosis or osteopenia and aid in improving flexibility, increasing core strength, and managing stress. The mat class includes standing and floor/mat poses, with the chair to be used as a prop. For the mat class, you must be comfortable getting up and down from the floor without assistance.

To register, visit stlukes-stl.com > Services > Therapy Services > Osteoporosis/Osteopenia. For questions, call **314-205-6881**.

Bone Builders Lecture

This program is for individuals who have been diagnosed with or at risk for developing osteoporosis. A pharmacist, physical therapist, and dietician teach this session about osteoporosis prevention and management. To register, visit stlukes-stl.com > Classes and Events > Community Classes and Events > Bone Builders. For questions, call **314-205-6881**.

PHYSICIAN REFERRAL FORM

*To be completed by
the participant's physician.*

Date: _____

Patient Name: _____

Date of Birth: _____

Diagnosis: _____

Patient Telephone: _____

Bone Builders Osteoporosis Program

Program options include:

Physical Therapy
(Evaluation and Treatment)

Bone Builders Fitness Center Membership
Bone Builders Yoga

Exclusions/Precautions : _____

By signing this form, I authorize this patient to receive any of the program options listed above.

Physician Signature

Date

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THERAPY SERVICES
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