

# St. Jude Wellness Center Medical Fitness Week Challenge Card

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your goal is to move at least 150 minutes this week!  
 Complete one row or column of activity challenges. They do not have to be completed in order.  
**Rows labeled with 'PD Levels' are specific to our PD Medical Fitness Class participants.**  
**Complete one square per day and date when accomplished.**

|                   | M  | O   | V  | E  | 1   | 5   | 0  |
|-------------------|--|---|--|--|---|---|--|
| <b>PD Level 1</b> | Walk<br>30 minutes                                   | Parkinson's<br>Exercise<br>Class 30-60<br>minutes | Fab 5<br>Exercises 10-<br>20 minutes     | Super 6<br>Exercises<br>10-20<br>minutes             | Bike<br>20 minutes                              | Stretch<br>15 minutes                             | Any Cardio<br>20 minutes                         |
| <b>PD Level 2</b> | Strength<br>Train<br>15 minutes                      | PWR<br>Exercises<br>15-30<br>minutes              | Use Open<br>Gym<br>30-60<br>minutes      | Walk<br>45 minutes                                   | Aquatic<br>Activity<br>30 minutes               | Parkinson's<br>Exercise<br>Class 30-60<br>minutes | Stretch<br>15 minutes                            |
|                   | Any Group<br>Exercise<br>Class 30-60<br>minutes      | Walk<br>30 minutes                                | Stretch<br>15 minutes                    | Strength<br>Train<br>20 minutes                      | Bike<br>15 minutes                              | Meaningful<br>Movement<br>Class 30-60<br>minutes  | Strength<br>Train<br>15 minutes                  |
|                   | Elliptical or<br>Crossover<br>15 minutes             | Bike<br>20 minutes                                | Walk<br>30 minutes                       | <b>BONUS</b><br>Eat 2 Fruits &<br>2 Veggies<br>Today | Strength<br>Train<br>30 minutes                 | Use Open<br>Gym<br>30-60<br>minutes               | Any Group<br>Exercise<br>Class 30 -60<br>minutes |
|                   | Any Cardio<br>20 minutes                             | Dance or<br>Walk<br>45 minutes                    | Elliptical or<br>Crossover<br>20 minutes | Swim or<br>Aquatic Class<br>30 minutes               | Core Work<br>10 minutes                         | Strength<br>Train<br>15 minutes                   | Stretch<br>15 minutes                            |
|                   | Any Group<br>Exercise<br>Class or Walk<br>30 minutes | Core Work<br>10 minutes                           | Bike<br>30 minutes                       | Strength<br>Train<br>20 minutes                      | Any Group<br>Exercise<br>Class 30-60<br>minutes | Bike<br>15 minutes                                | Any Cardio<br>30 minutes                         |
|                   | Write Your<br>Own!                                   | Write Your<br>Own!                                | Write Your<br>Own!                       | Write Your<br>Own!                                   | Write Your<br>Own!                              | Write Your<br>Own!                                | Write Your<br>Own!                               |

Turn in completed card at the front desk or send to [stjudewellness@stjoe.org](mailto:stjudewellness@stjoe.org) by **May 12**.  
 All completed submissions get a raffle ticket for free Wellness services!



**St. Jude  
 Wellness Center**

Scan QR to donate & earn an  
 extra raffle ticket!



\_\_\_\_\_ Yes I donated!