



APPLIED UKEMI - READER SAFETY CHECKLIST

Companion resource | Gentle Practice. Lasting Protection.

This checklist is the first page of your training, not optional reading. Applied Ukemi involves physical activity. Physical activity involves risk. The information in this book is educational and is not a substitute for individualized medical evaluation. Before attempting any movement described in this book, including home mattress practice, stance work, or progressive falling techniques, complete this checklist honestly.

STOP AND CONSULT YOUR DOCTOR BEFORE BEGINNING IF YOU HAVE ANY OF THE FOLLOWING

- ☐ Osteoporosis or low bone density (any diagnosis)
- ☐ Joint replacement (hip, knee, shoulder) within the last 12 months
- ☐ Vertigo, chronic dizziness, or inner ear disorder
- ☐ Peripheral neuropathy or significant loss of sensation in feet or legs
- ☐ Recent orthopedic surgery or open fracture in the last 6 months
- ☐ Cardiovascular condition requiring activity restriction
- ☐ Neurological condition affecting balance, coordination, or strength
- ☐ Chronic pain that worsens with movement or floor-level activity
- ☐ Vision impairment not corrected by glasses or contact lenses
- ☐ Any condition your doctor has told you limits physical activity

If you checked any box above, obtain written clearance from your healthcare provider before proceeding. Show them this checklist.

BEFORE EVERY HOME PRACTICE SESSION, CONFIRM

- ☐ I have a clear, unobstructed space with a firm surface nearby for support
- ☐ A sturdy chair, wall, or railing is within reach
- ☐ I am not practicing alone for the first time without telling someone
- ☐ I will stop immediately if I feel pain, dizziness, shortness of breath, or unusual discomfort
- ☐ I have not attempted any movement in this book that I have not first practiced under qualified supervision

STOP MEANS STOP.

Pain is information, not something to push through. If any movement causes pain, dizziness, shortness of breath, or a feeling that something is wrong, stop immediately. Do not continue. Contact your healthcare provider before resuming.

It is preparation, not a guarantee of safety. Checklist reviewed. Proceed when ready.

Reader initials: _____

Date: _____