



THE CAREGIVER'S OWN PROGRAM

Four Weeks for the Person Doing the Helping

The Caregiver's Own Program. Ten minutes, three days a week, for the body that does the lifting.

INSIDE

- Why your back belongs in the care plan
- Three short training days: the back, the floor, the hands
- Full, short and bad-day versions of every session
- The four substitutions for the assist your body can't do today
- The Helper's Read, a four-week log and a one-page fridge card

Start here

Every other program we write is about somebody else's body. This one is about yours.

Parents, family caregivers, direct support professionals, group home staff, and anybody whose day includes moving another person: this is for you. No fitness background is assumed or needed.

How to use it. Take the Helper's Read first (it is in the back and takes four minutes). Then do Day 1, Day 2 and Day 3 on any three days of the week, for four weeks. Tick the log as you go. Put the fridge card where you will see it.

Nothing resets. Miss a day and pick it up the next one. Two minutes on a bad day counts.

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Why this exists

You are the only person in this arrangement that nobody made a program for.

That's not sentiment, it's a math problem. Caregiving is among the more physically injurious kinds of work there is, back injuries are the signature harm, and family caregivers carry that load with none of the training, equipment, or shift limits a paid workforce gets. **A helper who gets hurt stops being able to help at all**, and then the person they care for loses their whole arrangement over a lifting injury that took four seconds.

So your back is not a personal wellness matter. It's infrastructure. It belongs in the care plan the same way medication and appointments do.

And the specific thing that stops most people isn't strength. It's grip that fades, a back that won't hold a bent position, and hips that can't get to the floor and back. Those are three trainable things, and this program trains exactly those.

Before you start

Take four minutes on the Helper's Read. Six questions about your own body. Can you get to the floor and back up. Can you hold something for thirty seconds without pain or fade. What does your back say the morning after a bent-over hold. How's your balance when your hands are busy. Has a surgeon told you never to do something. And the one that builds the plan: on your worst realistic day, what could you still manage.

Whatever that last answer is, that's your program. Better days are extra.

If you have back trouble, a replaced joint, a shoulder that comes out, a heart condition, arthritis, balance trouble, or you're pregnant, take that list to your own doctor before you take on anything physical. You are owed the same clearance conversation you'd want for the person you care for.

Uncomfortable is okay. Pain means stop right now. Same rule you'd give them.

The honest expectation

Four weeks won't make you a different body. What it will do, and this is worth having:

Your back tolerates a bent position longer than it does now. Your grip lasts more seconds before it fades. You can get down and up more safely. You know which four substitutions to reach for when something is beyond you. And you'll have spent twelve short sessions on yourself, which for most people reading this would be a record.

The program

Three days a week, any three days. Miss one, pick it up the next day. Nothing resets.

Ten to twelve minutes. That's the whole ask.

Do it when you're already up. After a shower, before bed, while something is in the oven. If it becomes an appointment it will not survive February.

Day 1: The back that holds you up

The single most protective thing you can train. Most caregiver back injuries come from a bent, static, loaded position, so we train exactly that position to tolerate more.

MOVEMENT	HOW	DOSE
1 Hip hinge, hands on a counter	Push the hips back, back stays long, chest leads. Feel the hamstrings, not the low back	10 reps, 1 set
2 Romanian deadlift , empty hands or a light bag	Same hinge, slower down than up. This is the movement that makes bending safe	10 reps, 2 sets
3 Hamstring hold , foot on a low step, hinge forward flat-backed	30 seconds each side	2 sets

The cue that fixes almost everybody: lean forward like you're trying to hear a whisper someone's telling you. Reaching for the floor rounds your back. Leaning in to listen doesn't.

What this buys you: every transfer, every shoe, every dropped thing, every time you lean over a bed.

Day 2: Getting down and getting back up

The ability most people lose first and mention last. Losing floor access quietly removes half the ways you can help.

MOVEMENT	HOW	DOSE
1 Sit-to-stand , from a chair, hands off if you can	Nose over toes, then stand tall. Slower on the way down	8 reps, 2 sets
2 Split squat or half-kneeling stand , holding a counter	Down to a knee and back up, one leg leading. Use the counter as much as you need	6 each leg, 2 sets
3 Hip flexor hold , half-kneeling, back glute squeezed	30 seconds each side	2 sets

If getting to the floor isn't available right now, that's fine and it's information rather than a verdict. Do movements 1 and 3, and add the ankle work below. Floor access is trainable and it comes back for a lot of people.

What this buys you: the floor, the car, the low bed, a fall you can get up from.

Day 3: Hands, shoulders, and the front of you

Grip is the first thing to go and the most-used tool you have. **This is the day for anyone who has ever said “my hands just don’t have it anymore.”**

	MOVEMENT	HOW	DOSE
1	Towel squeeze	Roll a hand towel, squeeze hard, hold 5 seconds, release. Both hands	8 reps, 2 sets
2	Row , band, bag, or a doorframe pull	Elbows driving far back, shoulder blades together. Undoes everything leaning does to you	12 reps, 2 sets
3	Doorway chest hold	Forearm on the frame, gentle turn away. Three arm heights over the weeks	30 seconds each side, 2 sets

A second grip option if the towel hurts your joints: hold a light bag or two cans at your sides and just stand, or walk the hallway, for 20 to 30 seconds. Same benefit, no squeezing. Arthritic hands often do far better with holding than with gripping.

What this buys you: more seconds before your grip fades, which is usually the difference between an assist you can finish and one you can’t.

Making it fit a real week

Weeks 3 and 4

Same three days. One change each, and only if the first two weeks felt fine.

Day 1: add light weight to the RDL. A jug, a bag, a dumbbell if you have one. **Day 2:** slow the sit-to-stand down to a three-count on the way down. **Day 3:** hold the towel squeeze for 8 seconds instead of 5, and go one arm height higher on the chest hold.

That's it. Small changes, held for two weeks, beat big changes abandoned in three days.

The two minutes that pay the most

Add to any day, or do them alone on a day you have nothing.

Toe raises. Heels down, toes up as high as they go. 15 reps. Trains the front of the shin, which nobody trains, and it's the difference between catching your toe on a rug and not.

Calf stretch, both versions. Straight knee and bent knee, 30 seconds each. Different tissue, and most people only ever do one.

The three lengths

Full (10 to 12 minutes). The day's three movements, both sets.

Short (4 minutes). Movements 2 and 3 only.

Bad day (90 seconds). Towel squeezes and toe raises, sitting down, while something else is happening. **Two minutes counts.** A floor beats a target.

When your body still can't do a piece of the assist

Training helps and it doesn't solve everything, and it was never supposed to. You almost never fail at a whole assist. You fail at one piece, and every piece has four replacements.

Change the position. Work on a bed or in a recliner. Put their limb across your lap; your lap is a free table that holds a whole leg while your back stays stacked. Bring the body up to you instead of going down to it. If you find yourself bent and reaching, the setup is wrong.

Change the tool. A bath towel looped around a foot turns gripping into hooking, lets you stay upright, and lengthens your reach. It solves grip, back, and distance at the same time and it's already in your linen closet. A gait belt, a slide sheet, a yoga strap with loops. Professionals use equipment because it works, not because they're weak.

Change who moves. Ask them to gently push against your hands for five seconds, then relax and breathe out. Their own muscle opens the range and you become a wall to push against. **A wall doesn't need strength.**

Change the helper. A second person. A paid hour placed at the hardest time of day rather than spread thin. A therapist on a schedule for the part you can't do. Water, where you can get to it, since a body in chest-deep water carries about a quarter to two fifths of its land weight.

And if your hands are out of it entirely, you still hold the job. You decide what gets attention today, you set the pace, you read their face, you run the breath, you notice what changed, you keep the log the doctor reads, you say stop, and you hold the care team together. **Directing the assist is doing the assist.** The hands are the part anybody can be taught.

One more thing

Nobody is going to tell you to do this. There's no appointment for it and no one will ask whether you did it.

The reason to do it anyway isn't self-care as a concept. It's that the arrangement you've built for somebody you love runs on a body that nobody is maintaining, and twelve short sessions over four weeks is a small price for keeping it running.

Ten minutes, three times a week. That's the whole thing.

The Helper's Read

Six questions about your own body. Four minutes. Answer for the body you have this week, not the one you had ten years ago.

1. Can you get down to the floor and back up? How, and with what help?

2. Can you hold something for thirty seconds without pain or your grip fading?

3. What does your back say the morning after a bent-over hold?

4. How is your balance when your hands are busy?

5. Has a surgeon or doctor told you never to do something? Write it in their words.

6. On your worst realistic day, what could you still manage? (This answer is your program.)

Before you start: if you have back trouble, a replaced joint, a shoulder that comes out, a heart condition, arthritis, balance trouble, or you are pregnant, take this page to your own doctor first. You are owed the same clearance conversation you would want for the person you care for.

TRACKER

Your four weeks

Tick a row every time. Nothing resets if you miss one.

SESSION	DATE	WHICH LENGTH	HOW IT FELT	ONE THING I NOTICED
Week 1 · Day 1				
Week 1 · Day 2				
Week 1 · Day 3				
Week 2 · Day 1				
Week 2 · Day 2				
Week 2 · Day 3				
Week 3 · Day 1				
Week 3 · Day 2				
Week 3 · Day 3				
Week 4 · Day 1				
Week 4 · Day 2				
Week 4 · Day 3				

Which length: F = full, S = short, B = bad day. All three count.

The fridge card

Cut this page out or print it alone. Everything you need on one sheet.

DAY	MOVEMENT 1	MOVEMENT 2	MOVEMENT 3
Day 1 The back	Hip hinge at the counter, 10	Romanian deadlift, 2 × 10	Hamstring hold, 2 × 30 s each side
Day 2 The floor	Sit-to-stand, 2 × 8	Half-kneeling stand at the counter, 2 × 6 each leg	Hip flexor hold, 2 × 30 s each side
Day 3 The hands	Towel squeeze, 2 × 8 (5 s hold)	Row, 2 × 12	Doorway chest hold, 2 × 30 s each side

THE RULE

Uncomfortable is okay. Pain means stop right now.

Short (4 minutes): movements 2 and 3 only.

Bad day (90 seconds): towel squeezes and toe raises, sitting down. Two minutes counts.

Weeks 3 and 4: a light bag on the deadlift, a three-count down on the sit-to-stand, an 8-second towel squeeze.

Lean forward like you're trying to hear a whisper. That one cue fixes most hinges.

Built by a coach, for the whole house.

AdaptAbility Co is adaptive training and life-skills coaching in Troy, Michigan, founded by Jake Parker. We train people with disabilities and people without them, and we write everything so a family, a caregiver or a coach can run it without us in the room.

The method sits inside a long tradition: Montessori, Reggio Emilia and HighScope from early education; Jen Dunbar, who taught Jake functional fitness; and the studied work of Dr. Joel Seedman on controlled, full-range movement and Mike Mentzer on brief, well-recovered training. Where we borrowed a principle, we name it. The programs themselves are ours.

This program came out of a question from a client's family: what happens when the person helping can't physically do what the instructions assume? Every hands-on instruction ever written assumes a helper who can. This is the other half.

Questions, or want a coach? Call or text 248-404-5229, email adaptabilityco@outlook.com, or visit adaptabilityco.com. Your first meeting is free.

The fine print

This is coaching and skill-building, not medical advice. It doesn't diagnose or treat anything. If you have a health concern of your own, that conversation belongs with your own physician before you start.

This book is for the household, athlete, coach or program that bought it. Please don't share the file. If somebody you know could use it, send them to adaptabilityco.com/shop.html.

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