

# Fall Safety

## The Kupuna Method

### a Train the Trainer Seminar



@ **Aikido in Fredericksburg, Virginia**  
**September 7-8, 2024**

6155 Hickory Ridge Road \* Spotsylvania \* 1-540-582-9600  
Contact Aviv Sensei for information: [aviv@aikidoinn.com](mailto:aviv@aikidoinn.com) or 1-540-455-3378  
*Non-Aikido participants are welcome.*

Learn how to add a Fall Safety program to your dojo or community program using the [Kupuna Method](#) which has been refined over years at Kupuna Aikido in Hawaii. Aikido methods are adapted for balance improvement, fall avoidance, and low-impact falling for seniors.

Falling is a major cause of injury and even death for senior citizens.

- More than 30% of seniors 65+ fall each year
- 50% of people who fall will fall more than twice a year.
- Every 11 seconds a senior is seen in an ER for a fall-related injury.
- Every 19 minutes an older adult dies from complications from a fall

Awareness and lifestyle adjustments such as those taught with the Kupuna Method can reduce the number of falls & the potential for significant injury.

*Participation in this seminar will give dojo leaders resources for expanding dojo membership, being more active and visible in your community, and contributing to public health for seniors.*

*Anyone interested in the subject is encouraged to participate in the seminar (especially allied health professionals) – no Aikido knowledge required.*

### **TOPICS TO BE COVERED:**

- Recommended warmups and balance exercises
- Fall Safety such as progressively higher Back falls and Forward falls
- Getting Up after a fall
- Teaching Tips
- Cooldown exercises
- Practice Teaching
- Medical Self-Certification



## Seminar Presenters



### **Dennis Jinnohara Sensei**

5th Degree Black Belt: Kupuna Board member. Over 36 years of Aikikai Aikido experience, trained in Japan, California, Kansas, Korea, Northern Virginia, and Hawaii. He has also trained in Ki Society Aikido for the more than five years to develop Ki and to soften Aikido style. Dennis retired from working as a Department of Defense Civilian in Human Resources with an emphasis in Adult Training and Development. He actively volunteers with other community service organizations.

### **Steve Glanstein Sensei**

5th Degree Black Belt: Kupuna Board member. Over 50 years of Aikido experience. Steve and his father, Ralph, were introduced to Aikido at a demonstration of the “unbendable arm”; both became ardent practitioners after Ralph, already a Judoka, could not bend young Steve’s arm. Steve first practiced in New York City and then Hawaii (from 1963). Steve goes to practice and teach in Argentina every year. He developed the “wobble the finger”, “Aikido with folders”, and “Aikido with ties” methodology to promote relaxation and proper body movement. He has taught the Kupuna senior Safe Falling class since 2017.



## **TENTATIVE SCHEDULE**

Friday Night 7:15P-8:15PM Fall Safety Community Presentation (optional)

Saturday 9A-5P Training

Sunday 9A-2P Training and Practice Instruction

Sunday 2-4P Optional Advanced Practices

# Fall Safety Train the Trainer Seminar

## Non-Refundable Registration Fee Must Accompany Registration

(please make check payable to Aikido in Fredericksburg and mail to 6155 Hickory Ridge Road, Spotsylvania, VA 22551 before 30 August 2024, or register online at [www.gashuku.net](http://www.gashuku.net))

Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Zip \_\_\_\_\_ Aikido Rank \_\_\_\_\_

Organization or Home Dojo \_\_\_\_\_ Email Address \_\_\_\_\_

How did you learn about the Seminar? \_\_\_\_\_

Do you have any health limitations that would affect your ability to practice Aikido?

Contact Person and Phone In Case of Emergency:

Choose One and Enclose Payment:

\_\_\_\_\_ Regular registration - \$249

\_\_\_\_\_ Early discounted registration (before August 2) - \$199

\_\_\_\_\_ I certify that within six months of the seminar I will deliver a Fall Safety program in my own community and thus I qualify for discounted registration - \$149 (register before August 2 only) DISCOUNT CODE TTT

Do you need assistance with overnight accommodations? \_\_\_\_\_

### READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY

I, the undersigned applicant to AIKIDO IN FREDERICKSBURG and KUPUNA AIKIDO (hereafter called "School"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that any insurance that the School may carry may not cover injury to its students. As a condition to being admitted to the School as a student, *I assume the risk of all injury and do hereby hold the School, its instructors, lessors, employees, volunteers, and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions, or damages due to injuries or illnesses suffered by me or caused to third parties by me, arising out of activities involving aikido, any variation thereof, or associated therewith, whether occurring on the premises of the School or elsewhere.*

I agree that the health, welfare, and safety of all students, members, and instructors of the School are of paramount importance. I certify that there is no medical reason to preclude me from training. I acknowledge that there is an inherent risk of exposure to Covid-19 in any place that people are present and I voluntarily assume all risks of exposure.

I certify that, other than as stated on the other side of this form, *I do not have and/or (in the last 14 days) I have not been exposed to a communicable, contagious, or other health condition that poses a legally or medically-recognized risk of harm to other students, members, or instructors of the School. If this changes in the future, I shall inform the School in writing and shall cease attending unless mutually agreeable proper precautions are taken.*

I agree to abide by the rules of the School and to follow explicitly all instructions given by instructors during the course of my instruction. I agree to provide the School written notice if my address or contact information changes. I permit the School to send me communications at the above addresses. I permit the School to use any photos or other recordings in which I may appear. I understand that (a) training is a privilege, (b) the School may refuse to provide instruction to any person at any time, and (c) fees paid are not refundable.

Date \_\_\_\_\_

Signature \_\_\_\_\_