

PHYSICIAN CLEARANCE FORM

Braintree Rehabilitation Hospital is offering a five week **Independent Aquatic Exercise Program**. Participants must be able to perform exercises independently and must be free of pool contraindications listed below.

If this patient requires individualized attention, a physical therapy evaluation can be scheduled and a separate prescription would be needed for this.

Contraindications for aquatic participation:

- **Uncontrolled Seizures**
- **Severe CAD: Cardiac Failure**
- **Incontinence**
- **Wounds**
- **Fever Over 100F**
- **Infections**
- **Abnormal Vital Signs**
- **Severe Hypertension/Hypotension**
- **DVT**
- **IV, Heparin Locks, NG Tubes, G-Tube, Colostomy Bag**
- **Unstable Cardiac Status**

My patient, _____ has medical clearance to attend BRH Independent Aquatic Exercise Program.

Physician Signature _____ Date _____

Please indicate if there are any special considerations or precautions for this individual to limit his/her participation in this program.

FAX: 781-848-0931



The Aquatic Exercise Program at Braintree Rehabilitation Hospital (BRH) provides a gentle, non-invasive treatment that assists patients with movement and every day function.

If interested in the program and would like additional information, call

781-348-2067



BRAINTREE
REHABILITATION HOSPITAL
A FIVE★ QUALITY CARE HOSPITAL

250 Pond Street
Braintree, MA 02184

www.braintreerehabhospital.com

**Braintree
Rehabilitation
Hospital**

Aquatic Exercise Program



Aquatic Therapy

This program is designed to provide pool space for participants to perform an independent aquatic exercise program following their aquatic therapy course at Braintree Rehabilitation Hospital. The goal of this program will be to provide an environment for participants to continue their aquatic exercises for a minimum of five weeks. Sessions will run 2X/week for 5 week intervals. If space allows, participants may sign up for an additional five week program.

BENEFITS OF PROGRAM

Pain Relief

Improve Functional Mobility

Increase or Maintain Joint Flexibility

Maintain Muscle Tone

Improve Self Esteem

2008 POOL SESSIONS

JANUARY 2—FEBRUARY 1

FEBRUARY 11—MARCH 14

MARCH 24—APRIL 25

MAY 5— JUNE 6

JUNE 16—JULY 18

JULY 28—AUGUST 29

SEPTEMBER 8—OCTOBER 10

OCTOBER 20—NOVEMBER 21

DECEMBER 1—DECEMBER 31

Classes will run:

Monday/Wednesday 10:30-11:30 a.m.

Tuesday/Thursday 1:00-2:00 p.m.

The cost will be:

\$55.00/10 sessions, payable in advance.
Makeup dates will be dependent on space availability.

Pre-registration is required. Space is limited to six participants per class.

Please send your completed application on the right, along with your check to:

Braintree Rehabilitation Hospital

250 Pond Street

Braintree, MA 02184

ATTENTION: AQUATIC PHYSICAL THERAPY

Independent Aquatic Exercise Program Participant Application/ MD Release Form

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Date Last Seen In Pool: _____

Medical Condition: _____

Check Days & Times Preferred:

Monday/Wednesday 10:30-11:30a.m.

Tuesday/Thursday 1:00-2:00p.m.

If my application for the Aquatic Program is accepted, and I am permitted to participate in this program, I understand and agree that neither the co-sponsoring organization or facility, nor their respective chapters, officers, employees, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation of any injury I may have or that may hereafter occur to me arising out of or in any way connected with my participation in the program. I understand the program is not a therapy program, nor should it substitute for medical treatment. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I give permission to Dr. _____ to complete this physician information form.

Braintree Rehab Hospital reserves the right to limit participation of individuals when criteria is not met or the safety of the participants, staff or other group members is compromised. Please see details on reverse side.