

Program Information for Doctors

- Classes are open to anyone interested in maintaining musculoskeletal health and wellbeing, provided they are medically stable and physically independent.
- All new participants are required to have a medical screen prior to commencing the program. The medical screening form must be completed by the doctor before a participant can start. A new Hydrotherapy GP Medical Consent form must be completed annually or after significant illness or surgery
- All participants are instructed to work at their own pace and within their own pain limits at all times

Contra-Indications to Water Exercise

The pool is approximately 35°C. Immersion in this water should not increase core temperature under normal circumstance. If your patient is affected by any of the following contra-indications, they are not suitable for the program.

Contra-indications:

1. Uncontrolled epilepsy
2. Uncontrolled diabetes
3. Unstable heart conditions or severe cardiac failure
4. Unstable blood pressure – severe postural hypotension or controlled hypertension
5. Open wounds/ulcers

Relative contra-indications:

1. Incontinence
2. Active infectious skin conditions such as herpes simplex, tinea and planter warts
3. Acute infection/fever
4. Renal failure – there is an increase in glomerular load due to the increased cardiac output resulting from immersion
5. Respiratory problems – there is an increased rate of breathing with immersion which may impact those with respiratory muscle weakness or very low vital capacity (FEV1 less than 35% of the expected level should be considered at risk)
6. Pregnancy – if pool temperature is at 34°C or above, vigorous exercise and a long session should be avoided due to risk of increased foetal temperature
7. Sensitivity to chlorine/bromine

Hydrotherapy GP Medical Consent Form

Patient Name: _____

DOB: _____

By signing this document you are confirming:

- You have read the "Program Information for Doctors"
- There are no current medical issues to prevent the commencement of a supervised water exercise program in a hydrotherapy pool (approx. 35 degrees C) by a Physiotherapist.

Please outline any additional issues that need to be taken into consideration:

Please also attach the patients current list of medications and past medical history.

Print Name: _____ Date: _____

Signature: _____

Provider Number: _____

Hydrotherapy Exercise Class

- Please complete and sign this Checklist
- Return with completed Hydrotherapy GP Medical Consent Form

The following questions are to ensure the safety of participants and staff.

(Please **circle** your **answers** as Yes or No to the following seven questions then **sign and date** the form where indicated)

Participants Name: _____

- | | | |
|---|-----|----|
| 1. I am able to dress and undress without help | YES | NO |
| 2. I am able to walk short distances on my own | YES | NO |
| 3. I would be able to enter and exit the pool on my own, walking down 3 steps with a handrail | YES | NO |
| 4. I am able to control my bowel and bladder and able to go to the toilet on my own | YES | NO |
| 5. I would be able to perform gentle exercise in the water with supervision and would not require hands-on assistance from another person | YES | NO |
| 6. I would be comfortable to let go of the handrail and walk around the pool on my own | YES | NO |
| 7. I understand that I will not be required to swim or put my head in the water | YES | NO |

If you answered **NO** to **any** of the above statements, this program may not be suitable for you but you may be able to join if you bring a carer to assist you with these tasks. If this is the instance you should contact Home Health Rehab on 1300 432 219 to discuss the matter in more detail.

Participants signature: _____

Date: _____