

Central Physical Therapy Aquatic Information & Consent Form(Clinic Copy)

It is extremely important that you attend all of your scheduled appointments, as our pool schedule is limited. Please notify us within 24 hours if you are unable to attend your scheduled appointment. Please be advised that if you "no show" for three (3) consecutive appointments, you will be discharged from the PT Aquatics Program at CPT. At that time, your physician will be notified, and you may be required to obtain a new prescription before continuing. Please be prompt for your appointments. Please arrive in enough time to allow yourself to change (15-20 minutes) and be at the poolside in time for your scheduled appointment. Please remember to bring a towel, slip resistant water shoes (advised, but not required), pool/water appropriate clothing (swimsuit, or something you can move easily in when wet)

Contraindications/Precautions to Aquatic Therapy:

Please check all conditions that apply to you:

- Water borne diseases (e.g., typhoid, cholera, giardia, dysentery)
- Gastrointestinal diseases/complications
- Incontinence of feces or urine
- Menstruation without internal protection
- Contagious skin rashes e.g. shingles, athlete's foot (wear pool shoes at all times)
- Infectious diseases (e.g., AIDS, MRSA, Hepatitis)
- Open Wounds
- Epilepsy/Seizures
- Perforated eardrum
- Current or recent radiation treatment (during the last 3 months)
- Abnormal blood pressure (hypertension or hypotension)**
- Kidney diseases (where there is an inability to adjust to fluid loss)
- Fever of more than 100° Fahrenheit
- Cardiac failure/Past Myocardial infarction/Heart attack
- Low blood sugar, poor regulation of diabetes
- Medications that may cause drowsiness and dehydration
- Hydrophobia (fear of the water)
- Extraneous connections to tubing/catheter/colostomy bag that may cause leakage out or into the body
- Bandages that are not waterproof or are likely to fall off in the pool

**High or low blood pressure may be treated with caution. Patients must be given more breaks between exercises. Note: Medication is often taken to control this. Patients must report any dizziness or lightheadedness to the therapist.

***Low Blood Sugar may occur with aquatic exercise up to 30 points below your last reading, please bring glucotabs, snacks, or other treatments with you to the pool side as a precaution. Make sure you eat before you come to therapy.

"I fully understand and acknowledge the aforementioned contraindications to the aquatic physical therapy program. I consent that I have informed a staff member of PT @ Central Aquatic Physical Therapy of Ocean Springs of any of these contraindications I may have."

"I voluntarily agree to participate in Aquatic PT at Central Physical Therapy. I do so at my own risk. I agree to follow the pool rules and the recommendations of the pool therapist. I further agree not to exceed these recommendations; and if I do so it will be at my own risk. No guarantees or assurances have been given to me as to the results of aquatic therapy. I understand that there can be risks involved in pool therapy including, but not limited to, **hypotension, dizziness, skin reactions to water, falls, and drowning**. Should any complications occur, I consent to the medical therapy which is required to correct the complication. Emergency equipment and trained personnel are available to manage any problems which may arise. I fully understand the risks and responsibilities of participating in the pool programs. I acknowledge that I have read the consent completely, understand its content fully and have had all my questions answered."

Patient Signature: _____ Date : _____

ThERAPY Pool Waiver/Consent (Patient copy)

1. You must **Show**er **BEFORE** to getting in the pool. Please use soap and warm water, do not put lotion on unless approved swim lotion.
2. You must be changed and ready to enter to pool at your appointment time, please arrive **10-20 minutes** early depending on how long it will take you to shower and change.
3. Please wear swimsuit, shorts with a dark T-shirt (and bra), wetsuit, or other approved attire in the pool.
4. Please bring an extra towel and /or robe for your comfort.
5. Swim shoes are recommended, but not absolutely necessary.
**If you have athletes foot: shoes are mandatory in the showers and throughout the facility.
6. In case of diarrhea, you must wait 2 weeks after last episode to return to the pool setting.
7. In case of illness and infection (flu, MRSA, Staph, Stomach virus) please wait until healed.
8. In case of sore or open wound, discuss with PT and use approved covering to prevent infection.
9. Only patients are allowed in the pool area during therapy hours, children are not allowed.
10. Please do not wrap yourself around ropes and rails.
11. Water is allowed at poolside, no sugary drinks.
12. Please bring inhalers, nitro, and glucotabs to poolside in case of emergency.
13. Please reports incontinence to your therapist and/or front office.
14. You may not participate in aquatics if you are in stage 3 or 4 of congestive heart failure.
15. Be aware that the properties of water may worsen any vertigo, dizziness you may have.
16. I will notify CPT of any infections, illnesses, and hospitalizations prior to my next appointment.
17. I will notify my physical therapist if I feel faint, ill, uncomfortable, or in pain during the treatment session.
18. Drink 8-16 oz water after your pool session, you will feel more tired than normal. Some exercise related soreness is anticipated.
19. Be advised, you may need extra time to change and dress before and after your therapy session due to fatigue, please plan to have a family member or friend assist you if necessary.
20. Please follow the discretion and instructions of your therapist, it is for your own safety.
21. Cell phones are permitted only in case of emergency. Contain them in a sealed ziplock bag around the water.
22. Please do not wear muddy/dirty foot wear into the pool area.
23. Please notify your therapist, CPT of any skin allergies related to the pool.

I agree to the terms and conditions discussed by Central Physical Therapy that will allow me to participate in an aquatic physical therapy setting and will abide by the above listed conditions in order to help CPT maintain a clean, healthy, private, and safe environment.

Patient Signature: _____ Date: _____

Therapist Signature: _____ Date: _____