

## RULES

- Please shower off prior to entering the pool or whirlpool and when transferring from one pool to the other.
- Never enter the water unless someone is present to assist you.
- Please perform only those activities / exercises you are instructed to perform.
- Enter the pool only via the steps – *only* use the lift when the appropriate staff member is available to assist you.
- Please wear appropriate swimwear. (Shorts and T-shirts are welcome if they have been pre-washed to set dyes.)
- Please bring your own towel, change of clothes, sandals, etc. Lockers are available in the changing areas.
- If you need assistance changing, please bring a caregiver that will be available to assist you.
- Allow enough time for changing/showering when scheduling your appointments.
- Please dry off completely in the pool area prior to proceeding to the changing areas

## ASSUMPTION OF RISK WITH AQUATIC THERAPY

Your Physical Therapist, after evaluating your condition, has concluded that you are an appropriate candidate for aquatic/pool therapy. Although you will be closely supervised by a licensed/certified health care provider who is CPR/First Aid certified at all times, there is always an increased risk for injury when entering any aquatic environment. In order to minimize this risk, please answer the following questions as honestly as possible.

- |  |                                       |  |
|--|---------------------------------------|--|
| • How would you rate your fear of water?   | <input type="checkbox"/> No Fear      | <input type="checkbox"/> Somewhat Fearful  |
|  | <input type="checkbox"/> Very Fearful | <input type="checkbox"/> Extremely Fearful |
| • Are you able to swim?  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                |
| • Do you consider yourself a strong swimmer?   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                |
| • Can you put your head under water?   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                |
| • Are you able to float on the water without assistance?                                   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                |
| • Are you able to enter/exit a pool equipped with steps and a handrail without assistance? | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                |
| • Do you have any balance difficulties   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                |

Please understand that there is always a risk of slipping and falling whenever entering or exiting the pool area. Exercise caution and follow all instructions and regulations regarding the use of the pool. If at any time you decide you do not wish to be treated in this particular setting, please inform your Physical Therapist and we will gladly substitute an appropriate alternative.

## CONTRAINDICATIONS & PRECAUTIONS FOR AQUATIC THERAPY

There are certain health conditions that may make aquatic therapy inappropriate for some individuals. For your safety, please mark all items that are, or have been relevant to you.

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Water borne diseases (typhoid, cholera, or dysentery). | <input type="checkbox"/> Current fever higher than 100 degrees Fahrenheit | <input type="checkbox"/> Cardiac Failure                     | <input type="checkbox"/> Gastrointestinal Disorders            | <input type="checkbox"/> Open Wounds            |
| <input type="checkbox"/> High or Low Blood Pressure                             | <input type="checkbox"/> Perforated Ear Drums                             | <input type="checkbox"/> Radiation Treatment (w/in 3 months) | <input type="checkbox"/> Kidney Diseases                       | <input type="checkbox"/> Contagious Skin Rashes |
| <input type="checkbox"/> Incontinence   | <input type="checkbox"/> Infectious Diseases                              | <input type="checkbox"/> Psoriasis                           | <input type="checkbox"/> Other which may affect using the pool |   |

Please be advised that this pool is treated with Bromine. If you have had a known reaction or believe you may be allergic to Bromine please advise your therapist.

My signature below indicates that I have read the rules for aquatic therapy and agree to abide by them for my

\_\_\_\_\_  
Your Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date