

Tel: 416-224-6948  
Fax: 416-226-3358

285 Cummer Avenue  
Toronto, ON M2M 2G1  
www.stjohnsrehab.com



## **ARTHRITIS AQUATIC PROGRAM**

### **WELCOME TO THE ARTHRITIS POOL PROGRAM!**

#### **Attached to this letter you will find:**

1. General Information – Please retain for your records
2. Health and Safety Guidelines – Please sign the bottom portion
3. Application Form (Form 1)
4. Participant Release Form (Form 2)
5. Physician Consent Form (Form 3)

#### **Please forward completed forms and fees to:**

**St. John's Rehab Hospital  
Outpatient Services  
285 Cummer Ave.  
Toronto, ON, M2M 2G1**

#### **Acceptance to the program is subject to:**

1. Review of the Participant's Application and Physician Consent Forms
2. Receipt of payment

**If you have any questions, feel free to call us at:**

**416-226-6780 x 7215**

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## ARTHRITIS AQUATIC PROGRAM

### GENERAL INFORMATION

#### Winter 2012 Schedule:

Tuesdays	Thursdays
AM – March 13 <sup>th</sup> - May 1 <sup>st</sup>	AM – March 15 <sup>th</sup> - May 3 <sup>rd</sup>
PM – March 13 <sup>th</sup> - May 1 <sup>st</sup>	PM – March 15 <sup>th</sup> - May 3 <sup>rd</sup>

\* **Dates are subject to change due to changes in hospital schedule, pool maintenance, and other unforeseen circumstances.**

\* The day of your class will depend on your preference and space availability.

#### Fees Schedule:

- \$100 per session. Each session includes 8 classes.
- There are no refunds or make-up times for missed classes.
- You may only attend class for your scheduled days.
- The fee includes all exercise classes, use of the pool, showers, and change room

Please make cheques payable to: **St. John's Rehab Hospital**

To make payments in person please go to our Patient Accounts Department (located off the first floor)

#### Please make sure you have included all of the following:

1. Application Form (Form 1)
2. Participant Release Form (Form 2)
3. Physician Consent Form (Form 3)
4. Payment

\* Incomplete applications will not be accepted

#### Pool Location:

- Ground floor of Horsfall Eaton Wing.
- The pool can be reached by using the elevator or stairs near the Outpatient Clinic's desk.
- Parking is available for \$4 per ½ hours to maximum of \$16 (15% discount is available for pool participation).

#### General Pool Information

- Pool classes are led by a trained instructor
- Classes begin on Tuesday Mornings at **8:15 am and end at 9:00 am** or Tuesday and Thursday Afternoons at **3:30 pm.** and end at **4:15 p.m.** Please arrive by **8:00 am** for morning classes or **3:15 pm** for afternoon classes to allow time to prepare for the pool.
- Bring your own bathing suit, **towels** and refreshments. We advise you to come wearing your bathing suit under your clothes.

#### How to contact us?

Arthritis Aquatic Program **416-226-6780 x7215**

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## ARTHRITIS AQUATIC PROGRAM

### **Health and Safety Guidelines:**

1. Participants with heart and/or lung conditions requiring nitroglycerin or inhalers must bring these medications to the pool area.
2. Participants must not enter the pool if they have diarrhea, open sores, skin irritations/rashes, athletic foot, plantar warts, urinary tract infection, bladder/bowl incontinence
3. The use of sanitary pads is not permitted in the pool.
4. No creams or lotions should be applied prior to entering the pool.
5. Extremely dry, flaking skin must be cleaned off prior to entering the pool.
6. Participants are requested not to chew gum in the pool area.
7. Visitors are not permitted in the pool area unless there is a special need, e.g. interpreter services.
8. Swimming and head submersion is not permitted during pool sessions.
9. Participants must adhere to the instructions given by the pool instructor at all times.

### **Prior to entering the pool:**

1. You will receive a rinse shower. For safety reasons no soap is allowed in the pool areas.
2. It is recommended that you wear rubber-soled shoes in the change room and shower area for hygienic reasons.
3. Long hair must be tied up or tucked in a showering/bathing cap so it does not touch the water.

**Please help us keep our pool clean and safe for all users by adhering to the above guidelines.**

**Participants who do not observe the above regulations will not be permitted in the pool.**

20002-R-11/11-OP

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I have read and understood the above ***Health and Safety Guidelines*** and agree to comply with the above regulations.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

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### ARTHRITIS AQUATIC PROGRAM

<b>Name:</b>	<b>Age:</b>	<b>Date:</b>
<b>Address:</b>		
<b>Home Phone:</b>	<b>Alternate Phone:</b>	
<b>Emergency Contact Name:</b>		
<b>Emergency Contact Phone:</b>		

**Type of Arthritis:** \_\_\_\_\_

**Which Session are you applying for:**

1st Choice \_\_\_\_\_  
2nd Choice \_\_\_\_\_  
3rd Choice \_\_\_\_\_

How did you become aware of this program? \_\_\_\_\_

Please indicate if you have experienced any of the following conditions:

		If applicable, explain
Problems with bladder/bowel control	___No ___Yes	_____
Skin lesions/open wounds/athlete's foot	___No ___Yes	_____
Seizures – epileptic	___No ___Yes	_____
Fainting Spells	___No ___Yes	_____
Problems with blood pressure	___No ___Yes	_____
If yes, <i>High Blood Pressure</i> <input type="checkbox"/>		
<i>Low Blood Pressure</i> <input type="checkbox"/>		
Heart condition (e.g. angina)	___No ___Yes	_____
Diabetes	___No ___Yes	_____
If yes, do you require insulin?	___No ___Yes	_____
Breathing problems (e.g. asthma)	___No ___Yes	_____
Deafness	___No ___Yes	_____
Limited Vision	___No ___Yes	_____
Poor Balance	___No ___Yes	_____
<b>Are you independently mobile?</b>	___No ___Yes	_____

Other medical conditions or symptoms that may affect participation in the Program:

\_\_\_No \_\_\_Yes      If yes, explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Telephone Number : \_\_\_\_\_

\*\*\* **Please attach:** Physician Consent Form, Participant's Release Form, Payment.

Reviewed by: _____ Date: _____
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## ARTHRITIS AQUATIC PROGRAM

**If my application for the Arthritis Aquatic Program is accepted, I understand and agree that St. John's Rehab Hospital will not assume financial responsibility for any medical expense or compensation for any injury I may suffer either during or resulting from participation in this program.**

**Name: (Please print)** \_\_\_\_\_  
Last First

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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## ARTHRITIS AQUATIC PROGRAM

<b>Participant's Name:</b>	<b>Type of Arthritic Condition:</b>
<b>Significant Past Medical History:</b>	<b>Previous or Recent Surgery:</b>

The program includes 45minutes of gentle exercises in water to help improve muscle strength, pain, and stiffness. This class is suitable for people who are independently mobile. Participants must be able to negotiate stairs with railing and dress independently. **Pool temperature is between 90-93°F.**

- In my opinion, this participant is SAFE to participate in the St. John's Rehab Hospital's Arthritis Aquatic Program.**
- In my opinion, this participant is NOT SAFE to participate in the St. John's Rehab Hospital's Arthritis Aquatic Program.**

**CONTRAINDICATIONS:**

**PRECAUTIONS:**

**ADDITIONAL COMMENTS:**

<b>Physician's Name:</b>	<b>Physician's Signature:</b>
<b>Phone:</b>	<b>Date:</b>

**For more information or questions please contact us at 416-226-6780 x 7215**