

ARTHRITIS AQUATIC PROGRAM

WELCOME TO THE ARTHRITIS POOL AQUATIC PROGRAM!

Attached you will find:

1. General Information – Regarding Arthritis Aquatic Program
2. Health and Safety Guidelines – Please sign the bottom portion and keep the top portion (Page 3)
3. Application Form (Page 4)
4. Participant Release Form (Page 5)
5. Physician Medical Clearance Form (Page 6)

Acceptance to the program is subject to:

1. Completion and review of all forms (Pages 3-6)
2. Receipt of payment
3. Availability

Incomplete applications will not be accepted.

Please forward completed forms and fee to:

**Sunnybrook Health Sciences Centre
St. John's Rehab - Outpatient Services
285 Cummer Ave.
Toronto, ON
M2M 2G1**

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

416-226-6780 x 7215



ARTHRITIS AQUATIC PROGRAM

GENERAL INFORMATION

Program Description:

The Arthritis Aquatic Program includes 45 minutes of full body gentle exercises in water to soothe arthritis-related pain and stiffness. This 8 week program can assist in building independence, help with the ability to perform daily activities and improve muscle strength. This class is suitable for people who are independently mobile. Participants must be able to negotiate stairs with railing and dress without assistance.

Class Schedule:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
8:30-9:15 am	8:30-9:15 am	11:00-11:45 am	8:30-9:15 am	8:30-9:15 am
	3:15-4:00 pm	2:30-3:15 pm	3:15-4:00 pm	

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

* Participants' class preference will be based on availability.

Fee Schedule:

- \$100 per session. Each session includes 8 classes for 45 minutes in an active pool session.
- **There are no refunds. Make-up times for missed classes are not guaranteed, subject to availability and must be taken within the 8 week block.**
- You may only attend class for your scheduled days.
- Fee includes use of the pool, showers, and change room. Please bring your own towels, bathing suit and toiletries as they will not be provided by the hospital.

Please make cheques payable to: **Sunnybrook Health Sciences Centre**

To make payments in person please go to our Patient Accounts Department (located on the first floor beside the Information Desk) or give to the Pool Assistant along with Registration Forms.

General Pool Information

- Pool classes are led by a trained instructor.
- Please arrive 15 minutes early for your class to allow time to change for the pool.

Pool Location:

- Horsfall Eaton Wing Lower Level
- The pool can be reached by using the elevator or stairs outside the Outpatient Services Administration Office.

How to contact us?

Arthritis Aquatic Program **416-226-6780 x 7215**



ARTHRITIS AQUATIC PROGRAM

Health and Safety Guidelines

RULES AND REGULATIONS

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, athlete's foot, plantar warts, urinary tract infection, bladder/bowel 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. No chewing gum is permitted on deck or in the pool.
6. Visitors are not permitted in the pool area unless there is a special need (e.g., interpreter services).
7. Swimming and submerging your head is not permitted during pool sessions.
8. Participants must adhere to the instructions given by the pool instructor at all times.

Prior to entering the pool:

1. A rinse shower is required (for safety reasons no soap is allowed in the pool areas).
2. Do not enter the pool until the instructor is present on the pool deck.
3. It is recommended that rubber-soled shoes are to be worn in the change room and shower area for hygienic reasons.
4. Long hair must be tied up or tucked in a bathing cap.

*Please note additional clothing will add weight which can endanger participants and staff safety, be aware you are doing so at your own risk.

Please help us keep our pool clean and safe for all users by following the above rules and regulations.

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



20002-R-01/18-AC

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I have read, understood and agree to comply with the Arthritis Aquatic Program Regulations.

Participant's Signature: _____ Date: (DD/MMM/YYYY) _____



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ARTHRITIS AQUATIC PROGRAM

Application Form

Name: Last name, first name	Date of Birth mm/dd/yy	OHIP Number:
Address:		
Home Phone:	Alternate Phone:	
Emergency Contact Name: Last name, first name	Emergency Contact Phone:	

Which Class are you applying for?

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
<input type="checkbox"/> 8:30-9:15 am	<input type="checkbox"/> 8:30-9:15 am	<input type="checkbox"/> 11:00-11:45 am	<input type="checkbox"/> 8:30-9:15 am	<input type="checkbox"/> 8:30-9:15 am
	<input type="checkbox"/> 3:15-4:00 pm	<input type="checkbox"/> 2:30-3:15 pm	<input type="checkbox"/> 3:15-4:00 pm	

Please indicate if you experience any of the following conditions:

			If applicable, please explain
Problems with bladder/bowel control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Skin lesions/open wounds/athlete's foot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Seizures - epileptic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fainting spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Problems with blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
If yes, <input type="checkbox"/> high blood pressure			
<input type="checkbox"/> low blood pressure			
Heart condition (e.g., angina)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
If yes, do you require insulin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Breathing problems (e.g., asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Limited vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Poor balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Can you walk without aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Other medical conditions/symptoms:

Yes No If yes, please explain: _____

Type of Arthritis: _____

Physician Name: _____ Physician Phone Number: _____

Legend: OHIP - Ontario Health Insurance Plan



ARTHRITIS AQUATIC PROGRAM
Participant Release Form

Participant's Name: (PRINT) _____
Last name, first name

- I understand and agree that, except for its gross negligence or willful misconduct, Sunnybrook Health Sciences Centre (including St. John's Rehab) does not assume and expressly disclaims liability for any personal injury or property damage I may suffer during or resulting from participation in the Arthritis Aquatic Program and that participation is at my own risk.
- I understand that acceptance into the Arthritis Aquatic Program is subject to review of completed forms and payment received.
- I understand that I am responsible for reporting to the pool assistant or physiotherapy assistant teaching the class at St. John's Rehab any changes in my medical and/or mobility status as it may affect my ability to safely participate in the program.

Participant's Signature: _____ **Date:** (DD/MMM/YYYY)



ARTHRITIS AQUATIC PROGRAM

Medical Clearance Form

Participant's Name: <i>Last name, first name</i>	Type of Arthritic Condition:
Significant Past Medical History:	Previous or Recent Surgery:

The program includes 45 minutes 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 87-91°F.**

- In my opinion, this participant is **SAFE** to participate in the Arthritis Aquatic Program at St. John's Rehab, a part of Sunnybrook Health Sciences Centre.
- In my opinion, this participant is **NOT SAFE** to participate in the Arthritis Aquatic Program at St. John's Rehab, a part of Sunnybrook Health Sciences Centre.

Contraindications:

Precautions:

Additional Comments:

Physician Name: <i>Last name, first name</i>	Physician Signature:
Phone:	Date: <i>(DD/MMM/YYYY)</i>

For more information or questions please contact us at **416-226-6780 x 7215**
Fax 416-226-3358

