Sunnybrook
ST. JOHN'S REHAB

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

285 Cummer Avenue
Toronto, ON M2M 2G1
www.sunnybrook.ca/stjohnsrehab

# 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**

**You can also Fax your completed forms to 416-226-3358 or drop it off at our Outpatient Services Admin Office (8:00 a.m. to 4:00 p.m.)**

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

## 416-226-6780 x 57215

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# ARTHRITIS AQUATIC PROGRAM

## GENERAL INFORMATION

### Program Description:

The Arthritis Aquatic Program includes 45 minutes of full body gentle exercises in warm 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, improve muscle strength, range of motion and balance. This class is suitable for people who are independent with walking, independent with stairs and independent with changing in and out of their clothes.

### Class Schedule:

| Mondays | Tuesdays | Wednesdays | Thursdays | Fridays |
|---|---|---|---|---|
| 8:30 - 9:15 | 8:30 - 9:15 | 10:45 – 11:30 | 8:30 - 9:15 | - |
| - | 1:15 – 2:00 | - | 1:15 – 2:00 | - |

* 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:

- $150.00 per session. Each session includes 8 classes for 45 minutes in an active pool session. Please provide a cheque with your application made payable to: **Sunnybrook Health Sciences Centre**. If you wish to use another method of payment you will be sent an invoice in the mail and can call Patient Accounts at: 416-480-4156.
- **There are no refunds or make-up classes for missed sessions.**
- You may only attend class for your scheduled days.
- Fee includes use of the pool, showers, and change room.

### Class Requirements:

- Bring 2 towels, bathing suit, deck sandals and toiletries.
- Long hair should be tied up or in a shower cap.
- Showering with soaps and shampoo is prohibited to reduce the risk of falls.
- Leave valuables and jewelry at home.

### 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 57215**

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# 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 approved due to a special need.
7. Swimming and submerging your head is not permitted during pool sessions.
8. Hospital provided masks must be worn at all times during your visit and should only be removed when entering the pool and must be put back on immediately after exiting the pool.
9. 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. When entering the pool deck please sit or stand by the assigned chair until the instructor asks you to enter the pool.
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.**



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

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

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# ARTHRITIS AQUATIC PROGRAM
## Application Form

| Name: Last name, first name | Date of Birth YYYY/MM/DD | OHIP Number: |
|---|---|---|
| Address: | | |
| Home Phone: | Alternate Phone: | |
| Emergency Contact Name: Last name, first name | Emergency Contact Phone: | |

Legend: OHIP - Ontario Health Insurance Plan

**Which Class are you applying for?**

| Mondays | Tuesdays | Wednesdays | Thursdays | Fridays |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |

**Have you attended an Aqua Therapy Group Class before?** ☐ Yes ☐ No
**Can you change your clothes independently?** ☐ Yes ☐ No

**Please indicate if you experience any of the following conditions:**

| | | | If yes, provide details |
|---|---|---|---|
| Problems with bladder/bowel control | ☐ Yes | ☐ No | _____ |
| Skin lesions/open wounds/athlete's foot | ☐ Yes | ☐ No | _____ |
| Seizures – epileptic | ☐ Yes | ☐ No | _____ |
| Fainting spells | ☐ Yes | ☐ No | _____ |
| Problems with blood pressure | ☐ Yes | ☐ No | _____ |
| If yes, ☐ high blood pressure<br>☐ low blood pressure | | | |
| Heart condition (e.g., angina) | ☐ Yes | ☐ No | _____ |
| Diabetes | ☐ Yes | ☐ No | _____ |
| If yes, do you require insulin? | ☐ Yes | ☐ No | _____ |
| Breathing problems (e.g., asthma) | ☐ Yes | ☐ No | _____ |
| Deafness | ☐ Yes | ☐ No | _____ |
| Limited vision | ☐ Yes | ☐ No | _____ |
| Poor balance | ☐ Yes | ☐ No | _____ |
| Can you walk without aid? | ☐ Yes | ☐ No | _____ |
| Do you have a history of falls? | ☐ Yes | ☐ No | _____ |

**Other medical conditions/symptoms:** ☐ Yes ☐ No
If yes, please explain: _____

**Type of Arthritis:** _____

Physician Name: _____ Physician Phone Number: _____

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# ARTHRITIS AQUATIC PROGRAM
## Participant Release Form

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

- ☐ **I understand and agree for myself and on behalf of my heirs 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 damages, including physical injury, death, or property loss or damage, that 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 based on availability, suitability and 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.**
- ☐ **I understand and agree not to attend classes or enter the facility if I am feeling unwell.**
- ☐ **I understand that I will be screened each time I enter the facility and will be provided with a hospital approved mask which I will be required to wear for the duration of my visit.**

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

***To be completed by Outpatient Staff:***

**Estimated start date:** (YYYY/MM/DD) **Payment Received:** ☐ Yes ☐ No

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# ARTHRITIS AQUATIC PROGRAM
## Medical Clearance Form

| | |
|---|---|
| **Participant's Name:** Last name, first name | **Type of Arthritic Condition:** |
| **Significant Past Medical History:** | **Previous or Recent Surgery:** |

The program includes 45 minutes of gentle exercises in warm water to help improve muscle strength, pain, and stiffness. This class is suitable for people who are independent with walking, independent with stairs and independent with changing in and out of their clothes. **Pool temperature is 87-91°F.**

☐ **In my opinion, this participant is independent with walking, stairs and able to change in and out of their clothes and 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: Last name, first name | Physician Signature: |
| Phone: | Date: (YYYY/MM/DD) |

**For more information** or questions please contact us at **416-226-6780 x 57215**
**Fax 416-226-3358**