

FAIRFAX FAMILY PHYSICAL THERAPY, P.C.
1282 Main Street, Fairfax, Vermont, VT. 05454 – 802-849-9308

Aquatic Therapy

- ❖ We ask that you please shower before entering the pool
 - This helps keep the pool clean and free of debris for those that follow
- ❖ Please bring a bathing suit and towel
 - Please wear synthetic material as cotton can clog our filter.
- ❖ Please use the bathroom prior to entering the pool
- ❖ Please let us know if you have any skin sensitivities
- ❖ The following are contraindications to entering the pool
 - Please let us know if you have a history of any of the following:
 - Uncontrolled seizures
 - Unstable angina
 - Uncontrolled diabetes
 - Uncontrolled blood pressure (high or low)
 - Bowel incontinence
 - Open wounds or bleeding without bio-occlusive dressing (including menstruation without internal protection)
 - Acute flare-up of active joint inflammation or hemophilia
 - Presence of deep vein thrombosis without anticoagulation therapy
- ❖ If you require a bio-occlusive dressing, this will be supplied to you for \$2.00.
- ❖ Once you have been discharged from therapy and it has been determined that independent pool use is appropriate, you may continue on your own at a frequency of 1 visit per week at a charge of \$20.00 per visit.
 - Scheduling will be contingent on non-prime time hours and availability. Priority will be given to those in current treatment.

PARTICIPATION IN INDEPENDENT POOL PROGRAM

I recognize that an independent pool program is intended to improve the physical condition of participants and is not intended to serve as a replacement for an individual's physical therapy program or other health services. I further understand that each individual who participates in an independent pool program does so voluntarily and assumes all risks involved with such participation.

CERTIFICATION AND RELEASE

I hereby release from all claims and liability the parties involved in the coordination, sponsorship, and management of the pool. I understand that participants in an independent or supervised pool program must use their best judgment in participating. I understand that participation in pool exercise may cause me to experience some muscle soreness following.

I have read this Certification and Release and understand its' contents.

Please sign and date indicating that you understand and agree to the above pool regulations and release of liability.

Patient/Guardian/Responsible Party _____

Date _____