

Dear Doctor,

Your patient _____ would like to participate in exercise therapy at NeuroMoves. NeuroMoves provides a range of exercise programs for people with a neurological or physical disability. All sessions are conducted by a Physiotherapist or Exercise Physiologist. Medical Clearance is required every 12 months. **It is up to you to decide if your patient requires a bone mineral density scan to undertake exercises that involve weight bearing to the lower limbs at NeuroMoves.**

Please **tick** the following exercises that you provide clearance to be executed at NeuroMoves. Please, provide any further necessary information about your patient on page two. If you would like to discuss the best option for your patient, please call NeuroMoves on 1800 819 775.

Functional, task-specific exercises conducted out of the wheelchair that can involve load bearing to the limbs. Involving but not limited to:

- Body Weight Supported Treadmill Training (BWSTT)
- Load bearing (partial and full) in different positions including standing, kneeling, crawling
- Repetitive task-specific exercises
- Gait and balance training
- Sitting balance and bed mobility
- Strength and conditioning

- Intensity can vary between 1 to 5 sessions per week dependent on patient's goals and funding.

Wheelchair-based exercises, no load bearing. Involving but not limited to:

- Strength exercises (weight machines, thera band, dumbbells, medicine balls)
- Cardiovascular exercises (arm ergo, boxing)
- Motor control exercises involving balance (throwing, catching)
- General mobility training

Hydrotherapy (Available in Adelaide, Perth and Lismore only)

- Warm water based exercises to assist with increasing muscle strength, reduce muscle/joint stiffness and pain, therefore increasing mobility

Functional Electrical Stimulation (FES) cycling and isolation

- Use of electrical stimulation on paralysed, weak or spastic muscles associated with cycling action or functional movements

Gym

- A general health and wellbeing program involving muscle strengthening and aerobic fitness exercises
- Facilitated in a group setting
- Patients are encouraged to bring their carers to assist with specific assistance (i.e. specific assistance gloves and changing weights)

I hereby approve, Name: _____

Address: _____

D.O.B: _____

To participate in the selected NeuroMoves exercises as outlined above.

Their current rest Blood Pressure is: _____/_____ mmHg, _____ HR

If your patient has hypertension what is a safe resting Blood Pressure for exercises. At NeuroMoves, our cut off to commence exercise is 160/100mmHg. If you are happy for your patient to exercise above this threshold, please inform the desired maximum BP.

No BP Issues

Clearance for BP _____/_____ mmHg

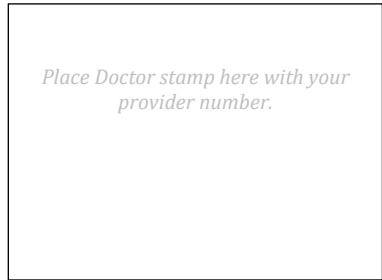
Current medication form attached.

Additional recommendations:

Name: _____

Signature: _____

Provider No.: _____ Date: _____



Please give the completed report to your client or send to info@scia.org.au or fax (02) 7202 0944. If you wish to discuss further please do not hesitate to contact NeuroMoves on 1800 819 775.