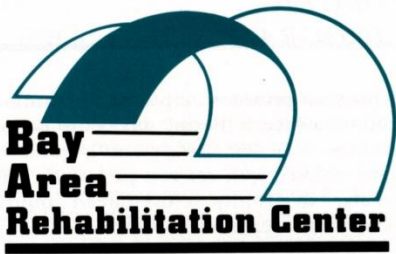




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# Aquatics Exercise Program





## Aquatic Exercise Program

Water exercise has many benefits for those who find it difficult to exercise on land, have limited mobility and want to lose weight. Being in the water helps alleviate the pressure off joints and your back allowing you to tone, strengthen and move with ease. Water exercise is even great for those who seek something different in their daily exercise routines.

Bay Area Rehabilitation Center's (BARC) indoor, junior Olympic-sized pool stays at a warm 89 degrees year-round so that you may enjoy your water exercise all year long! BARC also provides a spa hot tub for you to relax in before or after you exercise.

The BARC Aquatic Exercise Program provides 4 different classes:

- High intensity exercise – primary focus being cardio with strengthening and stretching exercises
- Low intensity exercise – includes walking, strengthening and stretching exercises
- Open swim – available for those who wish to simply swim or walk laps and move at his/her own pace
- Parkinson's – similar to the low intensity exercise class and is available to only those diagnosed with Parkinson's disease

Please note: the Houston Area Parkinson's Society (HAPS) pays for aquatic classes for any patient diagnosed with Parkinson's. Special requirements must be made to attend the Parkinson's class.

New members (and any previous member who has been out for at least 6 months or has had any significant health change) must complete the Aquatic Exercise Program packet and receive their doctor's approval prior to starting the exercise class. Once the packet has been completed and turned in, an orientation must be scheduled with the aquatics instructor to determine the appropriate class and time for you.



## Monthly Fees

(effective 1/2/2015)

\$60 per month – 3 days each week (1 hr class per day)

\$50 per month – 2 days each week (1 hr class per day)

\$7 drop-in – for each 1 hour class

We welcome payment by cash, check & credit card, including:

American Express, Visa, MasterCard, Discover

- All monthly fees are due every first Monday or Tuesday of the month, prior to any class attendance for that month.
- Drop-in fees must be paid prior to class attendance
- There are no discounts to the monthly fee
- **Monthly fees DO NOT carry over to the following month, NO EXCEPTIONS**



## Aquatic Exercise Program Schedule Beginning 11/2/2015

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30	High Intensity Class		High Intensity Class		High Intensity Class
8:00					
9:00	High Intensity Class		High Intensity Class		High Intensity Class
10:00		High Intensity Class		High Intensity Class	
11:00	High Intensity Class	Open Swim	High Intensity Class	Open Swim	High Intensity Class
12:00					
1:15	Low Intensity Class		Low Intensity Class		
2:00		Parkinson's Class		Parkinson's Class	Low Intensity Class
3:00	Low Intensity Class		Low Intensity Class		
4:00					
5:00	High Intensity Class		High Intensity Class		

*Classes are one (1) hour long each.*



## Program Rules

1. All aquatic clients must have an approved schedule before attending any classes
2. Aquatic clients are not allowed in the pool until scheduled time
3. Class participants are allowed in the pool area 15 minutes prior to class starting
4. Participants must exit the pool and spa at the end of their assigned class time
5. For the safety of everyone, only participants in exercise classes, physical & occupational therapy, and caretakers may enter the water unless other arrangements have been made by center and pool staff
6. Be aware and respectful of other clients (in therapy & exercise) in the water
7. No child will be left unattended in the pool area or dressing rooms
8. Notice for any extended absence must be given to instructor
9. The pool will close during any severe weather conditions
10. The Center will provide as much advance notice as possible for any threatening weather or maintenance that may cause the pool to close
11. Maximum class size is limited to **20** participants
12. Do not wear water shoes outside of pool area
13. It is recommended to invest in a chlorine resistant swim suit and water shoes
14. Please be sure to sign in upon arrival on the sign in sheet provided
15. **Physician Approval Form is required and to be updated: once every year, if a client has been absent for six (6) months or longer, if there has been any significant health changes/surgeries, or change of primary physician**



## Pool Rules

1. Shower before entering pool
2. No open wounds or any person with an infection allowed in pool
3. No spitting or bodily fluids in or around pool
4. No glass or other hazardous objects are permitted in pool or pool area
5. All children under 13 must be accompanied by an adult
6. All clients must be accompanied by Center Staff in pool area, unless other arrangements have been made through Center & Pool Staff
7. No diving at any time
8. No running, jumping or rough playing in pool or pool area
9. Consumption of food, flavored beverage (water only exception) & tobacco products in the pool and pool area are prohibited
10. No chewing gum
11. No Kleenex or tissues in or around the pool
12. Return all equipment to its proper storage area when you are done using them
13. Pick up your trash and place in waste containers provided
14. The pool will close during any severe weather conditions
15. Doors to pool area are to remain locked at all times when instructor is not present



## Hot Tub/Spa Concerns

**CLIENTS WHO HAVE ANY OF THESE MEDICAL CONDITIONS LISTED BELOW SHOULD SEEK DOCTOR APPROVAL BEFORE USING THE SPA**

### **High Blood Pressure**

The increased heat from a hot tub/spa can have an undesired interaction with medication. Also, heat can increase heart rate which can cause more stress on the heart

### **Heart Disease**

Heat and cold applications that increase the heart rate and force of contraction may overwork an already weakened heart

### **Peripheral Vascular Disease**

Atherosclerosis and Arteriosclerosis clients may have weakened arteries. Heat applications increase tissue metabolism and demand for oxygen making heat application contraindicated

### **Diabetes Mellitus**

Advanced diabetes – especially type I (juvenile onset) – can decrease the person's sense of tissue damage especially in the lower extremities. Decreased blood flow can also cause vascular damage to the tissues. However Diabetes type II can be helped as heat will cause Vasodilatation and speed up circulation to the extremities

### **Pregnancy**

Full body hot applications to pregnant women are contraindicated as increased heat may damage the fetus and lead to birth defects

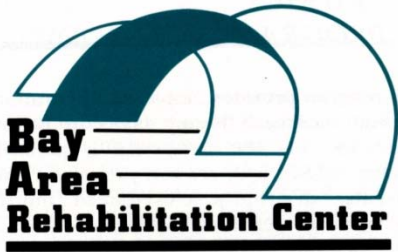
### **Cancer**

Caution is advised when Hot or Cold applications can have an effect on your treatments so Physicians should always be consulted

### **Skin Lesions**

Clients should consult with their physician in the case of broken skin or other skin irritation of infectious/contagious conditions as are any one suffering from Tuberculosis

**EXTENDED PERIODS OF SOAKING:** In general, 20 minutes in a hot tub/spa at a time can result in the body overheating and cause dehydration.



# Aquatic Exercise Program Participant Information

Date: \_\_\_\_\_

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex:      Male      Female

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Best phone number to be contacted by  home  cell  work \_\_\_\_\_

Secondary phone number  home  cell  work \_\_\_\_\_

Email Address: \_\_\_\_\_

In the event class has to be canceled due to maintenance or weather, how would you like to be notified?      Phone Call      Email

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Primary physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Best phone number to be contacted by  home  cell  work \_\_\_\_\_

Referral source: \_\_\_\_\_





4. Do any of the medications you are currently taking effect your physical and/or your mental ability to function properly?  Yes  No

5. Please list any over the counter medication or dietary supplements you are currently taking.

Name	Amount	Times per day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Have you been hospitalized, had any illnesses or surgical procedures within the past 2 years?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you smoke?  Yes  No

8. *Females only:* are you pregnant?  Yes  No

9. How would you characterize your lifestyle?  
 Highly stressful  Moderately stressful  Low in stress

10. Please check conditions/problems (if any) you are currently experiencing

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Light-headedness or fainting     | <input type="checkbox"/> Cold hands or feet  | <input type="checkbox"/> Chest discomfort |
| <input type="checkbox"/> Migraine or recurrent headaches  | <input type="checkbox"/> Trouble sleeping    | <input type="checkbox"/> Knee problems    |
| <input type="checkbox"/> Unusual shortness of breath      | <input type="checkbox"/> Ankle swelling      | <input type="checkbox"/> Neck problems    |
| <input type="checkbox"/> Swollen, stiff or painful joints | <input type="checkbox"/> Foot problems       | <input type="checkbox"/> Fatigue          |
| <input type="checkbox"/> Limited range of motion          | <input type="checkbox"/> Intestinal problems |   |

Other \_\_\_\_\_

11. Do you usually eat at least 3 meals per day?  Yes  No

12. How active do you consider yourself?  
 Sedentary       Lightly active       Moderately active       Highly active

13. How would you describe your knowledge of exercise?  
 Good       Fair       Poor

14. Are you currently exercising a minimum of 2 times per week for at least 20 minutes at a time?  
 Yes       No

If yes, please specify:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Running/jogging | <input type="checkbox"/> Racket sports | <input type="checkbox"/> Biking          |
| <input type="checkbox"/> Yoga/Pilates    | <input type="checkbox"/> Brisk walking | <input type="checkbox"/> Weight training |
| <input type="checkbox"/> Aerobic dance   | <input type="checkbox"/> Swimming      |  |
| <input type="checkbox"/> Other _____     |  |  |

15. What are your goals for joining the class?

<input type="checkbox"/> Lose weight	<input type="checkbox"/> Reduce low back pain
<input type="checkbox"/> Improve cardiovascular fitness	<input type="checkbox"/> Improve balance
<input type="checkbox"/> Improve muscle conditioning	<input type="checkbox"/> Feel better overall
<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Other _____



## Aquatic Exercise Program Physician's Approval Form

\_\_\_\_\_ has medical approval to participate  
(Client name)  
in the following exercise program in the pool. This program is not affiliated with  
physical/occupational therapy.

My patient will participate in the:

- High intensity water exercise
- Low intensity water exercise
- Parkinson's
- Free swim water exercise

The following are conditions in the pool area:

1. Pool water temperature between 88° and 90°
2. Spa water temperature between 100° and 102°
3. Room climate 87°, humidity between 45 and 55%

DX: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Physician's name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date: \_\_\_\_\_

*Not valid without date and signature*