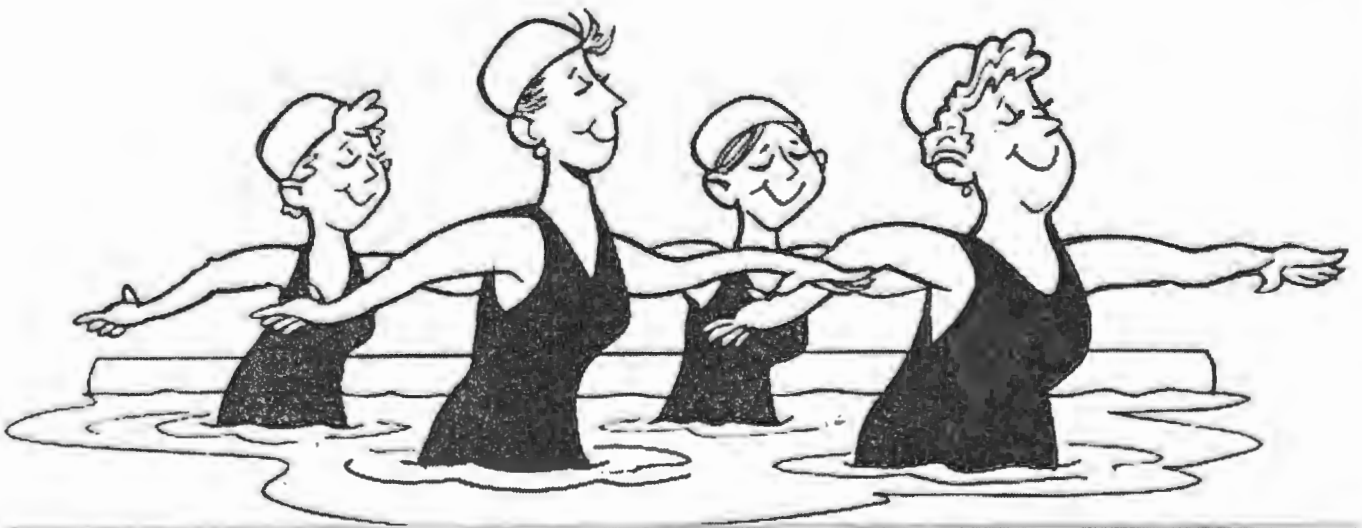


Aquatic Exercise Program



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.



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: _____



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 Fee Schedule

\$80 per month – 3 days each week (1 hr class per day)
\$65 per month – 2 days each week (1 hr class per day)
\$10 drop-in – for each 1 hr 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 on 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 represent enrollment for a particular month and it is up to the participant to use the available exercise days in that month. Unused days and the associated fees DO NOT carry over to the following month. Fees will be refunded only in the event that the Center forces a closure of the program for an extended period of time.



Health History Questionnaire

(Information provided will be kept confidential and is used to help better tailor the program to your specific needs.)

Date: _____

Name: _____
Last First Middle Initial

Height: _____

Weight: _____

1) Do you have or have you ever been diagnosed with any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Cancer | <input type="checkbox"/> Anxiety or depression |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Angina | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis | |

Please explain: _____

2) Do you currently have

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Joint/muscle pain | <input type="checkbox"/> Back pain | <input type="checkbox"/> Shoulder/neck pain |
|--|------------------------------------|---|

Please explain: _____

3) Please list any medications that you are currently taking (if more space is needed write on back)

Name _____

Amount

Times per day

- 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

- Light-headedness or fainting Limited range of motion Cold hands or feet
- Migraine or recurrent headaches Trouble sleeping
- Unusual shortness of breath Ankle swelling
- Swollen, stiff or painful joints Foot problems

Intestinal problems

Chest discomfort

Knee problems

Neck problems

Fatigue

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:

Running/jogging

Racket sports

Biking

Yoga/Pilates

Brisk walking

Weight training

Aerobic dance

Swimming

Other _____

15) What are your goals for joining the class?

Lose weight

Reduce low back pain

Improve cardiovascular fitness

Improve balance

Improve muscle conditioning

Feel better overall

Improve flexibility

Other _____



Aquatic Exercise Program Schedule

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

Classes are one (1) hour long each.

\$10 – per day

\$65- monthly 2x week

\$80- monthly 3x week

Revised 10/1/24



Aquatic Exercise Program Participant Waiver

I, _____ understand that participation in Bay Area Rehabilitation Center's Aquatic Exercise program is based upon my own interest in the program and I alone am responsible for my own health and well-being while participating in the program. I agree to participate in an appropriate level of exercise that will not place my own health at risk. I understand the program includes the standard pool conditions as follows:

1. Pool water temperature between 88° and 90° F
2. Spa water temperature between 100° and 102° F
3. Room climate between 80 - 87° F, humidity between 45 and 55%

Participant Signature: _____ Date: _____