Aquatic Therapy Pool Rules

- **Please shower off prior to entering the pool or whirlpool and when transferring from one pool to the other.**
- **Please wear appropriate swimwear. (Shorts and T-shirts are welcome if they have been pre-washed to set dyes.)**
    - **Women: One-piece suite preferred. Absolutely no bikinis or thong suits**
    - **Men: No thong Trunks – boxer trunks preferred**
    - **T-shirt worn in water should be white, grey, or black**
    - **No street shoes are allowed in the pool (aquatic shoes may be used)**
    - **No lotions or perfume**
- **Never enter the water unless a staff member is present to assist you.**
- **Please perform only those activities / exercises you are instructed to perform.**
- **Enter the pool only via the steps – o*nly* use the lift when the appropriate staff member is available to assist you.**
- **Please bring your own towel, change of clothes, sandals, etc. Lockers are available in the changing areas.**
- **If you need assistance changing, please bring a caregiver that will be available to assist you.**
- **Allow enough time for changing/showering when scheduling your appointments.**
- **Please dry off completely in the pool area prior to proceeding to the changing areas**
- **Please use the restroom before entering the pool**
- **No food or beverages are allowed in the pool**
- **Disruptive behavior will not be tolerated**
- **No running in the pool area**
- **Please do not purposely splash while in the pool**
- **No diving in any area of the pool**
- **Notify your therapist if you have an open wound or rash**
- **Do not leave personal items in the restroom, unless it's in a locker**
- **Arrive for appointments with enough time to change beforehand**
- **If you experience dizziness, or any other illness, please exit pool immediately and inform your physical therapist**

The Aquatic Therapy Pool rules have been designed to ensure a quality experience and optimal patient safety. Your cooperation is appreciated.

Thank You!

ASSUMPTION OF RISK WITH AQUATIC THERAPY

Your Physical Therapist, after evaluating your condition, has concluded that you are an appropriate candidate for aquatic/pool therapy. Although you will be closely supervised by a licensed/certified health care provider who is CPR/First Aid certified at all times, there is always an increased risk for injury when entering any aquatic environment. In order to minimize this risk, please answer the following questions as honestly as possible.

- Rate you fear of water? · No Fear · Somewhat Fearful · Very Fearful · Extremely Fearful
- Are you able to swim? · Yes · No
- Do you consider yourself a strong swimmer? · Yes · No
- Can you put your head under water? · Yes · No
- Are you able to float on the water without assistance? · Yes · No
- Are you able to enter/exit a pool equipped with steps and a handrail without assistance? · Yes · No
- Do you have any balance difficulties · Yes · No

Please understand that there is always a risk of slipping and falling whenever entering or exiting the pool area. Exercise caution and follow all instructions and regulations regarding the use of the pool. If at any time you decide you do not wish to be treated in this particular setting, please inform your Physical Therapist and we will gladly substitute an appropriate alternative.

CONTRAINDICATIONS & PRECAUTIONS FOR AQUATIC THERAPY

There are certain health conditions that may make aquatic therapy inappropriate for some individuals. For your safety, please mark all items that are, or have been relevant to you.

- Water borne diseases (typhoid, cholera, or dysentery).
- Current fever higher than 100 degrees Fahrenheit
- Cardiac Failure
- Gastrointestinal Disorders
- Open Wounds
- High or Low Blood Pressure
- Kidney Diseases
- Contagious Skin Rashes
- Perforated Ear Drums
- Incontinence
- Psoriasis
- Radiation Treatment (w/in 3 months)
- Infectious Diseases
- Other conditions which may affect using the pool

Please be advised that this pool is treated with Chlorine. If you have had a known reaction or believe you may be allergic to Chlorine please advise your therapist.
My signature below indicates that I have read the rules for aquatic therapy and agree to abide by them for my

_____
Your Name (Please print)

_____ _____
Signature Date