

Powhatan
Physical
Therapy
Corporation

1555 Standing Ridge Drive, C-1
Powhatan, Virginia 23139
804-794-9023
804-794-9373 (fax)
Email: receptionist@powhatanpt.com

Patients Name: _____

Date: _____

Physician Name: _____

Physician Phone: _____

Physician Address/Fax: _____

The above individual would like to participate in the post rehab program at *PARAKLETOS POST REHAB/POWHATAN PHYSICAL THERAPY*. The goal of post rehab is to progress the client to an independent exercise program, under the supervision and guidance of a physical therapist/physical therapist assistant. Please review the following information regarding the equipment available to our clients, and indicate your recommendations by initialing. Thank you

CARDIOVASCULAR EQUIPMENT: treadmill, cross-trainer elliptical, standard elliptical, Shin airdyne bike, two recumbent bicycles, upper body ergometer. **Initials:** _____

STRENGTH TRAINING EQUIPMENT: Body Solid leg press, leg extension, leg curl lat pull-down/row, seated chest press and shoulder press, Total Gym, 2# to 12# medicine balls, 1# to 50# dumbbells, flat bench/incline, gymballs, slide board, plyometric boxes, exercise mat for stretching/table exercises, surgical tubing. **Initials:** _____

Based on the client's health history, current level of function and your recommendations, we will design a goal-based exercise program for the individual.

_____ This client may participate without restrictions.

_____ This client may participate with the following restrictions; please include medications that may influence his/her response to exercise: _____

I have consulted with my patient concerning acceptable levels of exercise and I have informed my patient of potential adverse health consequences, including death that may result if my patient exceeds recommended levels of exercise. By completing this form, you are not assuming any responsibility for our administration of the program. Thank you

Physician's signature

Date