

PENNSPORT PHYSICAL THERPY
2101 S. COLUMBUS BLVD.
PHILADELPHIA, PA 19148
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Updated September 2014

PROCEDURES FOR USE OF THE POOL DURING AQUA THERAPY

- All patients **must** be able to climb steps in and out of the pool;
- Patients must be able to stand independently and move within the buoyant environment of the pool;
- Patients may only enter the pool with supervision and must be able to enter and exit the pool on their own power;
- In order to comply with the Department of Health regulations, all patients **must** shower at our Physical Therapy facility before entering the pool. (it is recommended that you arrive at least 15 minutes before your scheduled appointment);
- Appropriate swimwear is required – Clean aqua socks or shoes are the only approved footwear;
- Pennsport Physical Therapy cannot be held responsible for the breakdown effect that Bromine may have on a swimsuit fabric;
- No lotions or deodorants are to be applied to body prior to using pool;
- Towels will be supplied if needed (you can bring your own towel if preferred);
- Soiled towels should be placed in dirty linen bins;
- Must be independent with dressing or be accompanied by a personal caregiver;
- Food, beverages, glass, gum, and tobacco products are prohibited in the pool area and locker rooms;
- Swim bags and personal clothing are to be stored in the locker room;
- Patients must bring their own lock for lockers;
- All jewelry must be removed before entering the pool;
- Patients are not permitted to utilize the pool unless referred by a physician for therapy;
- No band-aids or casts may be worn in the pool;
- Expectorating, blowing the nose, or urinating in the pool is forbidden;
- Any intestinal problems or stomach virus **must** be reported prior to your using the pool. The pool may not be used for two weeks after symptoms have subsided;
- You must be evaluated by your physical therapist prior to entering the pool if any of the following conditions are present:
 - Open or bandaged wounds
 - Cuts or skin abrasions
 - Skin irritations

I have read the above and I agree to follow the above procedures.

Name : _____

Date: _____

Name: _____

Phone Number: _____

DATE OF BIRTH: _____

Address: _____

Please check the condition(s) for which you have been referred:

- Osteoarthritis Multiple Sclerosis
 Rheumatoid Arthritis Post-joint replacement surgery
 Post-fracture Other

For the above conditions, please indicate joint(s) involved: _____

Please indicate **YES** or **No** if any of the following would prevent Aquatic Physiotherapy in Hydrotherapy Pool.

INCONTINENCE	Urine	YES/NO
	Feces	YES/NO

INFECTIONS	Urinary	YES/NO
	Vaginal	YES/NO
	Ear	YES/NO
	Eye	YES/NO

SKIN CONDITIONS YES/NO

OPEN WOUNDS YES/NO

PRE-EXISTING CONDITIONS:

Please circle all that apply:

Cardiovascular

Respiratory

Myo-neural

Others (Please Specify) _____

PLEASE LIST PRESENT MEDICATIONS:

NOTE: YOU MUST BE ABLE TO CLIMB STAIRS UNASSISTED TO GET IN AND OUT OF THE POOL FOR AQUATIC PHYSIOTHERAPY.

SIGNATURE

DATE