



## What is TIME?

TIME is a community-based exercise program for people with a range of neuromuscular conditions such as stroke, multiple sclerosis or acquired brain injury. Anyone with a neuromuscular condition who can walk at least 10 metres, with or without a walking aid (walker, cane, etc.), is encouraged to participate.

## Classes

Supervised by qualified & trained fitness staff, weekly classes are 60 minutes in length and include:

- \* Circuit -based instruction focusing on strength, balance, coordination and endurance
- \* Resistance training with therabands, weights and body weight movements
- \* Seated warm-ups and cool downs involving flexibility and relaxation stretches
- \* Weekly progression through appropriate levels of difficulty

## Benefits of TIME

- \* Improve or maintain your mobility
- \* Decrease the risk of falls by improving your balance and strength
- \* Receive social support by meeting people with similar conditions
- \* Improve your quality of life and general fitness level
- \* Receive safe and knowledgeable instruction through a 1:4 instructor -to -participant ratio

## Accessible Facilities

The BWG Leisure Centre meets all of the requirements required by the Ontario Building Code (OBC) & the Accessibility for Ontarians with Disabilities Act (AODA)

### Fitness Studio

**Free With Fitness Membership**

**Please see Customer Service Desk for Session Availability**

**\*New courses offered monthly**

Please call to confirm program session start/end times. Subsidized pricing available through our Fee Assistance Program.

\* An application for assistance must be submitted.

## Registration Requirements

The Physician Referral Form on the reverse must be completed by your referring doctor or healthcare specialist. Once completed and signed, please return it to the Customer Service Desk to finalize your registration.

For more information, contact:

Stephanie Uren

Fitness Supervisor

suren@townofbwg.com

471 West Park Ave, ON, L3Z 0J3

Tel: 905-775-7529 ext. 8601

www.bwgleisurecentre.ca



Physical Referral Form on reverse.



## PHYSICIAN REFERRAL FORM

(to be completed and signed by a referring Doctor or Health Care Specialist)

Name of Patient (please print) \_\_\_\_\_

Patient's Age \_\_\_\_\_ Patient Telephone \_\_\_\_\_

Patient Address \_\_\_\_\_

This program is a fitness and rehabilitation program, not physiotherapy, and is led by qualified and trained BWG Leisure Centre fitness staff. Please provide us with the following information:

Does the patient currently have or have a history of (check all that apply):

- Stroke     Diabetes     MS     Acquired Brain Injury     Peripheral Vascular Disease  
 Inability to walk 10 metres     Cognitive and/or behavioural issues that could impede group participation  
 Musculoskeletal or joint pain that prevents exercise (please explain): \_\_\_\_\_

Seizures    Date of last seizure: \_\_\_\_\_    Frequency of seizures: \_\_\_\_\_

Other neurological conditions: \_\_\_\_\_

Considering all aspects of the patient's medical history, I agree that \_\_\_\_\_ does not have any health issues that would prevent him/ her from participating in the exercise program as described.

Physician/ Health Care Specialist's name (please print) \_\_\_\_\_

Physician/ Health Care Specialist's signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form:

**In Person:** 471 West Park ave, L3Z 0J3 Attn: Stephanie Uren

**By Email:** [suren@townofbwg.com](mailto:suren@townofbwg.com)



"...Exercise is an important aspect of managing my MS. TIME is an excellent program that has improved my mobility, balance and overall strength."

- Patti

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of Rehabilitation Program Registration.

Questions regarding this collection may be directed to Stephanie Uren, Fitness Supervisor, 471 West Park Ave, Bradford ON L3Z 0J3, 905.775.7529 X 8601.