

What is Water Therapy?

A small group, instructor led Therapy class using a variety of specific strengthening and stretching exercises catered to those living with a chronic condition.

Classes

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

- Weekly progress through appropriate levels of difficulty
- Small Group personalized training
- Classes will be held In Relaxation Pool (32 - 32.5 C / 90 - 91 F)
- Chair lift available for Relaxation Pool access
- Classes will be held In Relaxation Pool



Water Therapy Rehabilitation Program

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.

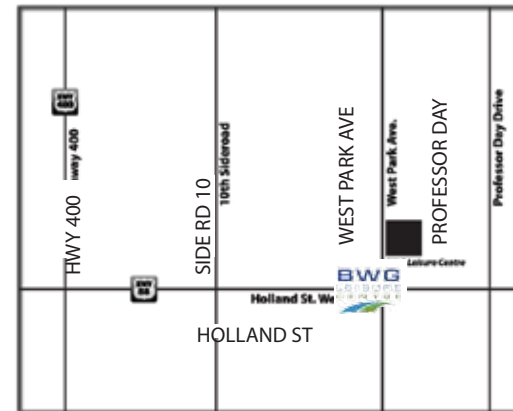
* An application for assistance must be submitted.

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



MAP NOT TO SCALE



Benefits of Water Therapy

- Rehabilitates participants by focusing on muscle re-education, restoring and improving gait
- Helps reduce chronic pain
- Allows participants to stay active despite having injuries
- Helps prevent future injuries and/or falls by improving strength, balance and flexibility
- Safe and personalized approach to exercising with qualified BWG staff
- Gentle on the joints

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).

Physical Referral Form on reverse.

Water Therapy Rehabilitation Program

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

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.

FORM # 5100-062 (10/2014)

Water Therapy Rehabilitation Program



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