

**DOCTOR CONSENT FORM
TO BE COMPLETED BY PHYSICIAN**

Client/Participant's Name _____

Diagnosis (list all) _____

List impairments Cognitive + Physical (ex; Hemiparesis, etc.) _____

Sex _____ Height _____ Weight _____ Pulse _____ Blood Pressure _____

Date I Last Examined Participant _____

Physical Exam ___Normal ___Abnormal Explanation of Abnormalities _____

Recent Bone Density Study: Results (T-Z Score, Brief Summary, Date) _____

Specify any particular issues/area of concern – to include (Head/Neck, Eyes/Vision, Ears/Hearing, Heart/Lung, G.U., C.N.S., Skin, Orthopedic Exam, ROM Loss/Contractures, Joint Laxity/Instability, Other, etc.)

List Surgeries and Dates _____

Dates of hospitalization in the past two years with admitting diagnosis _____

Medical Waiver Form (page 2)
To be completed by Physician

Significant ABNORMAL tests (EKG, X-Ray, Lab) _____

I give approval for participation in the following programs offered at NextStep Fitness:

- | | |
|----------------------------------|---|
| _____ Rigorous Physical Exercise | _____ Loading/Weight Bearing Activities |
| _____ UE Program | _____ LE Program |
| _____ Trunk Stability | _____ Balance |
| _____ Relaxation/Meditation | _____ Weight Management |
| _____ Massage | _____ Functional Electrical Stimulation |
| _____ Cardiopulmonary | _____ Yoga |
| _____ Nutrition | _____ Locomotor Training* |
| _____ Circuit Training | _____ Other: _____ |
| _____ Whole Body Vibration | |

*See back for more explanation

Comments/Restrictions:

Physician's Name (please print) _____

Phone _____

Address _____

City _____ State _____ Zip _____

Physician's Signature _____ Date _____

Please return all forms to:

NextStep Atlanta, Inc.
Attention: Client Services
1755 Grassland Pky. Ste B. Alpharetta, Ga. 30004 678-580-1404

A COPY MUST BE SUBMITTED FROM THE PHYSICIAN'S OFFICE EITHER BY FAX OR EMAIL

Fax: (678)-580-1298 Email: admin@nextstepatlanta.org

ORIGINAL INK FORM MUST ACCOMPANY CLIENT UPON START OF PROGRAM*

*(Original Ink Medical Waiver must be kept on file at Center – NextStep Atlantass, Inc.)

FES Bicycle - The Functional Electrical Stimulation (FES) Bicycle utilizes low voltage electrical stimulation administered via electrode pads placed over specific muscle groups and sequenced through a microprocessor to fire the targeted muscle groups in the proper sequence to facilitate coordinated movements. The most common area is the quadriceps, hamstrings and gluteals to facilitate pedaling while in a seated position. The RT 300 FES also allows stimulation of trunk (abs and back extensors) and, with additional equipment, the upper extremities.

Absolute contraindications: cardiac demand pacemakers, unhealed fractures, pregnancy.

Relative contraindications: denervated muscles to be stimulated, severe spasticity, limited range of motion, severe osteoporosis, dysaesthetic pain syndrome, pressure sores or open wounds in areas to be stimulated, implanted hardware less than 3 months old.



Neuromuscular electrical stimulation (NMES), an activity-based pulse width, task specific stimulation to generate a motor output within the spinal cord. Neuromuscular electrical stimulation is provided via the Restorative Therapies Incorporated Sage unit with the use of 12 lead wires to 12 different muscle groups based on the targeted item from the Neuromuscular Recovery Scale. Tasks are performed with and without stimulation to transfer the improved neuromuscular capacity into the home and community environment.

Locomotor Training (LT) - Locomotor training utilizes a specialized un-weighting harness system positioned over an elevated treadmill. Two therapists/technicians are positioned in special seating next to each leg and a third stands behind the harnessed person to stabilize the hips.

The principle of locomotor training is to assist the stepping process by providing appropriate sensory cues to the flexor and extensor surfaces of the lower leg during locomotion. Partial weight bearing (and un-weighting) allows for freedom of movement and input through the feet. Neural retraining occurs as the nervous system re-learns motor patterns associated with walking. Repetitive episodes increase overall fitness.

Precautions/Considerations: Since partial weight bearing is involved with LT, individuals at risk for osteoporosis may require bone density evaluation and gradual weight bearing intervention prior to participating in LT. Previous unstable joints (hip, knee, ankle) or joints with underlying conditions predisposing to injury may be problematic and may require evaluation. Individuals experiencing significant orthostatic hypotension may not be appropriate candidates.

