

**MEDICAL WAIVER  
(To be completed by physician)**

*This form must be submitted from the physician's office by fax or email. Date of applicant's last examination is not to exceed 30 days from his/her initial evaluation at NextStep.*

Client/Participant's Name \_\_\_\_\_

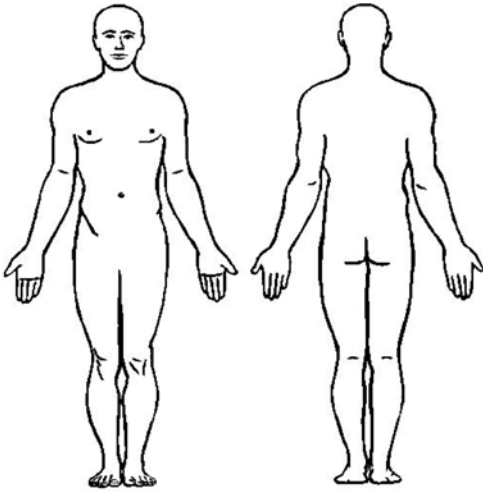
Date participant was last examined \_\_\_\_\_

Diagnosis (list all) \_\_\_\_\_

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

Sex \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Physical Exam \_\_\_ Normal \_\_\_ Abnormal Explanation of Abnormalities \_\_\_\_\_



Pressure Sore:

None \_\_\_\_\_

Stage 1 \_\_\_\_\_

Stage 2 \_\_\_\_\_

Stage 3 \_\_\_\_\_

Stage 4 \_\_\_\_\_

Other Stage \_\_\_\_\_

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.)

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

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List Surgeries and Dates \_\_\_\_\_

Dates of hospitalization in the past two years with admitting diagnosis \_\_\_\_\_

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 LE  |
| _____ UE Program                 | _____ Program                               |
| _____ Trunk Stability            | _____ Balance                               |
| _____ Relaxation/Meditation      | _____ Weight Management                     |
| _____ Massage                    | _____ Functional Electrical Stimulation*    |
| _____ Cardiopulmonary            | _____ Neuromuscular Electrical Stimulation* |
| _____ Nutrition                  | _____ Locomotor Training*                   |
| _____ Circuit Training           | _____ Other: _____                          |
| _____ Whole Body Vibration       |   |

***Comments/Restrictions:***

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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***Mail original forms to:***

NextStep Fitness, Inc.  
Attention: Administration  
4447 Redondo Beach Boulevard  
Lawndale, CA 90260

Tel: 310-546-5666  
Fax: 310-542-8868  
Email: [jilly@nextstepfitness.org](mailto:jilly@nextstepfitness.org)

**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 therapy, provides high frequency, wide pulse width, task specific stimulation to generate a motor output while increasing the central state of excitability in 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.

