

## Example: Sargent Health Fitness Plan: Physical Therapist - Client Handout

### *For Community Fitness Upon Discharge From Physical/Occupational Therapy*

Name of Participant: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Thank you for your interest in the Sargent Health Fitness Plan. This form was created by Boston University College of Health and Rehabilitation Sciences: Sargent College (Sargent College) and is intended to be used by physical therapists (PTs) or occupational therapists (OTs) to outline appropriate exercises for their clients. This form serves two purposes:

It can be used to indicate appropriate exercises for individuals upon discharge from PT/OT services  
It can help facilitate communication between the PT/OT and the individual's health fitness professional.

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#### **INSTRUCTIONS**

**TO THE CLIENT:** This form is intended to be utilized to outline appropriate exercises based on your *current* health status. If you experience a change in your health status, these recommendations may no longer be valid and you should take appropriate action. That means it is up to you to seek out further medical attention either from your primary care physician or any other specialist that is needed. We recommend that you sit down with your physical or occupational therapist and outline an appropriate fitness plan designed specifically for you by checking off the relevant boxes on the form. Please note, this form will be used to report and share with an appropriate health and fitness facility any pertinent medical issues that may affect your participation in an exercise program or activity. If you have any questions or concerns, please discuss them with your therapist.

**TO THE THERAPIST:** Please fill out this form in consultation with your client by checking only the relevant boxes for the participant. Consider educating your client with regard to indications for returning to a PT/OT professional. Examples may include 6-month brace re-evaluation, anticipated wheelchair modifications for seating clinic, increased activity tolerance, etc. A medical clearance should be received from a medical doctor to clear the individual to participate in FES and/or a Standing Frame program. If you know of any medical or other reasons why participation in an exercise program by the applicant would be unwise/unsafe, please indicate so on this form. *For your convenience, equipment that does not require a transfer have been marked as depicted.*



*Participant is responsible for entering the gym independently OR  
with one's own personal assistant (PCA, family)*

**By using this form, you (Client and Therapist) agree to release Boston University (including Sargent College), its officers, directors, employees and agents from any liability arising out of, or in connection with, your use of this form. In no event will Boston University, its officers, directors, employees or agents be liable for indirect, special, consequential, or punitive damages, even if those damages are otherwise foreseeable or even if any of them have been advised of the possibility of such damages.**

*Participant or Caregiver should bring completed form to appropriate exercise facility*

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# Sargent Health Fitness Plan

Name: \_\_\_\_\_

Mobility Level: Ambulatory: Y / N (Distance: \_\_\_\_\_) Wheelchair User: Y / N Community Assistance Level \_\_\_\_\_

Estimated or Actual Height and Weight: \_\_\_\_\_ Household assistance level \_\_\_\_\_

Participant educated on HR and BP assessment for exercise: Y / N Waist Circumference: Sitting: \_\_\_\_\_

WHEELCHAIR ACCESSIBLE



Chest Press



Overhead Press



Lat Pulldown



Compound Row



Functional Trainer

(Indicate ROM if appropriate):

- Shoulder Flex/Ext
- Elbow Flex/Ext
- Shoulder Abd/Add
- Hip Flex/Ext



Rope Climber



Additional Equipment

Cuffs, Hooks, Gloves, Chest Strap, Velcro Straps, Adaptive Bike Peddle, Theraband, Free Weights, Cuff Weights, Leg guides

**Other Relevant Information/Contraindications:**

\_\_\_\_\_

\_\_\_\_\_

**Potential Participant Health/Fitness Goals:**

Increase Endurance     Increase Strength     Skin Integrity

Weight Loss     Increase Flexibility     \_\_\_\_\_

↑ Resting BP     ↓ Resting BP    \_\_\_\_\_

**Indications for Return to Healthcare Provider:**

Safety: \_\_\_\_\_

↑↓ in status (pain, strength, function, etc.): \_\_\_\_\_

\_\_\_\_\_

Brace Re-eval : \_\_\_\_\_

Other \_\_\_\_\_



Vita glide



Reck MOTomed

- Arms     Legs



RT 300-S\* FES Bike

Muscle Stimulated:

- Glutes
- Hamstrings
- Quadriceps
- Gastroc/Soleus
- Anterior Tibialis



Arm Ergometer



Cybex Bravo Functional Trainer

If applicable:

ID #: \_\_\_\_\_

Password: \_\_\_\_\_

PT/OT Signature indicates ONLY non-transfer activity appropriate: \_\_\_\_\_ Date: \_\_\_\_\_

Equipment listed below and on next page *require transfers* Level of Assist with Transfers: \_\_\_\_\_



Self-stretching Mat Table Exercises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Easy Stand 6000 Glider\* Stander



NuStep TSXR Recumbent Cross Trainer



Concept 2 Model E Rower

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Level of Assist with Transfers: \_\_\_\_\_

				} ARMS/CHEST/BACK
<input type="checkbox"/> Keiser bilateral Upperback	<input type="checkbox"/> Incline Press	<input type="checkbox"/> Keiser Bilateral Chest press	<input type="checkbox"/> Overhead Press	
				
<input type="checkbox"/> Pec Fly	<input type="checkbox"/> Preacher Curl	<input type="checkbox"/> Triceps Press	<input type="checkbox"/> Super Forearm	
				} LEGS
<input type="checkbox"/> Leg Press	<input type="checkbox"/> Hip Abduction/Adduction	<input type="checkbox"/> Leg Extension	<input type="checkbox"/> Seated Leg Curl	
				} TRUNK
<input type="checkbox"/> Lateral Raise	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Lower Back		

- Exercises:
- Supination
  - Pronation
  - Wrist Flexion
  - Wrist Extension
  - Grip Strength

Other Relevant Information ( BP/HR Targets, Recommendations for Brace/Assistive device use while in the gym, Brace or Assistive Device Re-evaluations, Additional Equipment considerations, etc.):

PT/OT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All Photos Taken at the Quincy Branch South Shore YMCA

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