STRIVE MOTION
REGAIN MOMENTUM

Suite 5, 35-45 Spring St,
Bondi Junction, NSW 2022
Ph: (02) 7252 2911
Fax: 9012 0616
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Strive Motion Exercise Program Medical Clearance

Name: _____ **DOB:** _____

Program Overview

Members will participate in a supervised exercise program that includes cardiovascular, balance, and progressive resistance training. Sessions are delivered by a qualified exercise professional, either on land or in a heated pool for aqua classes. The program involves regular participation in group exercise sessions with approximately 20 participants.

Contraindications for participation are listed on page 2. Please inform staff if the client mentioned above is not suitable to participate in a group exercise setting and do not sign this form. **By signing this clearance form, you are confirming that the client is medically suitable to participate in the exercise program described above**. This form is to be completed by a registered General Practitioner.

Medical Information

To ensure safe and appropriate participation in the program, please indicate if your patient has any of the following medical conditions and provide further details where necessary:

- ☐ Osteoarthritis/rheumatoid arthritis
- ☐ Diabetes Type 1 Type 2
- ☐ Hypertension (BP: _____)
- ☐ Ischaemic Heart Disease
- ☐ Osteoporosis (Scan scores: _____)
- ☐ Cancer
- ☐ Spinal Stenosis
- ☐ Chronic back pain
- ☐ Gait and balance disorders
- ☐ Parkinson's Disease
- ☐ Chronic airway limitation
- ☐ Dementia (Classification:_____)
- ☐ Stable Angina
- ☐ Stable Congestive Heart Failure (Classification: _____)
- ☐ Patient on chronic corticosteroid therapy
- ☐ Cerebral Vascular Accident
- ☐ Depression
- ☐ Anxiety
- ☐ Frailty/deconditioned
- ☐ History of fracture
- ☐ Epilepsy
- ☐ Post joint replacement
- ☐ Incontinence

Further information / Other relevant medical conditions: _____

_____

_____

Pertinent medications: _____

_____

_____

Other precautions / Further feedback:

_____

_____

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The following is a list of contraindications that would prevent a patient from participating in the program:

- Acute myocardial infarction, unstable angina or recent change in ECG
- Serious cardiac arrhythmias or heart block
- Acute pericarditis
- Endocarditis
- Severe aortic stenosis
- Severe left ventricular dysfunction, end-stage congestive heart failure
- Unstable aortic aneurysm
- Acute pulmonary embolism, deep venous thrombosis or pulmonary infarction
- Other acute or uncontrolled non-cardiac disease
- Uncontrolled arterial or pulmonary hypertension
- Oxygen desaturation with exertion, not corrected with oxygen
- Fluid or metabolic abnormality (dehydration, hypoglycaemia, low potassium or magnesium)
- Left main coronary obstruction
- Drop in blood pressure or pulse with exertion
- Uncontrolled psychosis
- Recent fracture, unstable fracture, or non-healing old fracture
- Double incontinence
- Where cognitive impairment or mental status does not allow safe and/or effective use of equipment or participation in group classes
- Disruptive and/or inappropriate behaviour

Authorisation to participate in the program:

Drs Name: _____**Date**: _____ **Signed**_____

Practice:_____ **Phone:** _____

*****Please attach a medical history as needed*****