

Rehabilitation and Fitness Program for Persons with Physical Disabilities

Class times are as follows:

- Monday/Wednesday 10:00am-12:00pm
- Monday/Wednesday 2:00pm-4:00pm
- Tuesday/Thursday 2:00pm-4:00pm
- Wednesday/Friday 12:00pm-1:45pm
- Tuesday/Thursday 10:00am-12:00pm
- Tuesday/Thursday 7:00pm-9:00pm

Registration for the session will begin on _____

To register for a program please go to Kinesiology Client Services Office (KNA 101) or call 403-220-7749

If you have any additional questions, please call 403-220-8112



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The University of Calgary, Health and Fitness Programs Mission and Vision:

The University of Calgary Rehabilitation and Fitness Program for Persons with Physical Disabilities operates with the goal of providing adults with physical disabilities the opportunity to improve their health, lifestyle, and/or physical fitness. The Rehabilitation and Fitness Program for Persons with Physical Disabilities is a not-for-profit organization that provides structured exercise programs for adults. The primary goal is to support participants as they become knowledgeable and confident with respect to their fitness and lifestyle needs and to assist them in the ultimate goal of improving their quality of life. Staff are certified through the Canadian Society for Exercise Physiology (CSEP).

Mission

We deliver leading edge, research directed programs, services and educational opportunities that promote healthy, active lifestyles for Calgarians and the greater community.

Vision

We inspire, lead and support our community in achieving excellence in health and wellness.

Adult Fitness Program Participation

The Rehabilitation and Fitness Program for Persons with Physical Disabilities is pleased to welcome you into our adult fitness program. Participation in our programs includes an exercise program and instructional assistance with your exercise regime. Before becoming a participant, trained staff will conduct a program design with you to ensure the most appropriate exercise program to meet your needs.

Before becoming a participant a few guidelines must be followed:

1. Participant's Responsibilities

Participants need to arrange for their own transportation, and be able to get to and from the exercise site. Participants should be able to perform personal care practices independently such as getting to, from, and using the washroom independently, changing into workout attire, eating and drinking, and any other duties outside of the scope of the exercise class. If a participant is not able to perform any of these duties independently they will require the support of a personal care attendant or an aide. Please see the section on Assistants for more information.

2. Forms

All forms need to be completed before participating in the Program.

Initial forms:

- Registration form
- Agreement of policies
- Get Active questionnaire and follow up (GAQ)
- University of Calgary waiver
- Informed consent

Follow-up forms:

- Waivers need to be updated every year
- GAQ needs to be updated if you have changes in medical history

Attire

We recommend attire that allows a person freedom of movement and maximum comfort. The few exceptions are for safety reasons that must be followed by all individuals participating in the program and by those who assist an individual with their program (ie. caregiver, friend):

- Appropriate footwear - no open toed shoes (sandals, thongs, etc)
- Appropriate shirts must be worn at all times
- No jeans or pants with rivets that may catch on the equipment
- No jewelry that may interfere with exercise (hanging chains, necklaces that could get caught in machines)

General Fitness Centre Rules

- No food or drink (only water)
- No use of cell phones by participants or caregivers while at the program

Fees *Prices subject to change

14 week group based program | \$205/semester (three 14 week semesters per year)

Initial program design | \$75

Independent pass program | \$90/semester (three 14 week semesters per year)

Initial program design | \$75

Parking

Participants that drive to the program have the option of purchasing a parking pass for a fee of \$60.00 / semester (only cash or check accepted). Parking passes are purchased directly from your instructor. The pass is valid for non-handicap parking stalls in Lot 9 or Lot 16 on the north side of the Olympic Oval. In order to avoid a ticket the parking pass will need to be displayed on the front dash of your vehicle. Please ask your instructor if you require more information.

Attendance

Due to high demand for our program, participants are required to attend 75% of their scheduled workouts to maintain enrollment. In the event of an extended absence you must notify your instructor and provide him/her with the details of your leave. Failure to meet the attendance or program requirements will result in a warning after one month and discontinuation of membership by the end of the second month.

Exercising at the University of Calgary

All programs are intended to provide equal opportunity to all individuals with a chronic physical disability, and are designed to improve physical fitness and/or rehabilitation needs.

Use of the program depends upon:

- Current semester being paid in full, unless other arrangements have been made with staff
- Appropriate participant behavior and conduct within the program area and the buildings/facilities that house the program

Assistance

If an individual requires assistance with any personal care procedures it is their responsibility to arrange for an attendant or aide to assist them, as it is outside The Rehabilitation and Fitness Program for Persons with Physical Disabilities staff's scope of practice. Please note that the University of Calgary will attempt to accommodate any participant with special needs, however, given our limited resources, the University is not in a position to absorb the additional costs, if any, associated with this accommodation. Attendants will be responsible for the individual that they accompany.

In circumstances where the assistance required by a participant is demanding enough to negatively impact the instructor's ability to assist others in the program, the participant must arrange for an attendant to accompany them. Some examples of situations that would require an attendant:

- The participant requires assistance with pacing, counting repetitions, or cannot/will not complete an exercise once the staff has assisted them with the set up
- The participant cannot follow instructions without supervision due to memory difficulties
- The member is prone to inappropriate or disruptive behaviors without constant monitoring

Conduct and Disciplinary Action

For the safety and respect of all staff, volunteers, and participants attending, the Rehabilitation and Fitness program will not tolerate:

- Profanity or coarse language
- Demeaning or insulting comments directed toward staff, volunteers or other members
- Attending the program under the influence of alcohol or drugs
- Threatening behavior toward staff, volunteers or participants
- Sexual or verbal harassment toward staff, volunteers or participants

The following process will apply to all breaches of conduct:

- First breach: removal from the direct program area by staff. Notification that a second breach will result in suspension from the program
- Second breach: suspension from the program for two weeks.
- Third breach: termination from the program.

Services for Participants

We recognize that due to the nature of our participants' specific needs, some may require more assistance than others. Here are some basic guidelines as to the type of services you can expect when needed:

- Assistance with machine set up and transfers on or off equipment

- Monitoring and revisions of the exercise program
- Provision of exercise technique feedback and corrections

Stretching

Staff and volunteers assist with flexibility exercises when an individual cannot perform the movement independently. In the case of injury or time constraints, the program instructor has the right to decline stretching to participants on an individual basis. Staff will provide basic stretching that includes quadriceps, hamstring, calf, chest, shoulder and tricep muscle groups.

Monitoring Programs

Improving independence begins with a well-designed and monitored exercise program that helps an individual improve awareness of their body's response to physical activity. Each program will be designed based on their initial program design, and will incorporate the individual's goals and needs. Program revisions will be performed during scheduled program times and will be based on the progress, desire, and need of the participant. If a participant desires/requires a full program redesign outside of scheduled program time a fee of \$75 will be assessed.

Transferring

A transfer is a dynamic effort in which the participant aids in the transfer and is able to bear weight on at least one leg. A lift involves moving a participant who cannot bare weight on at least one leg. Lifts must always involve a mechanical lifting device. The University of Calgary does not have a mechanical lift and therefore lifts will not be performed.

Participating in Research

As a participant of the Rehabilitation and Fitness Program you may be asked to participate in a research study, which may be explained to you by a staff member from the Rehabilitation and Fitness Program, or a researcher directly involved in the study. Although we encourage participation in research, your involvement is completely voluntary and your decision to participate will not influence your participation or the quality of service you receive at The Rehabilitation and Fitness Program.

Class Breaks

During the session break between semesters you may have the opportunity to access the facility to continue with your exercise regime. The sessions will be unsupervised. You must be able to complete your program independently or attend with a caregiver or assistant. Each qualifying individual will be given a yellow access card which must be shown at the front access gate of the Fitness Centre. It is your responsibility to make note of any facility closures over the break. You may contact the front desk of the Fitness Centre at 403-220-2447 to confirm if the track level is open prior to attending.

Welcome to the Rehabilitation and Fitness Program for Persons with Physical Disabilities.

Agreement of Policies

We thank you for taking the time to read through this manual and we hope it helps to further your understanding of the service that we provide at the Rehabilitation and Fitness Program. Please remember that you are responsible for notifying us of any changes in your health, medications and/or contact information. We look forward to helping you achieve your health and fitness goals, and we sincerely hope you find your experience rewarding and beneficial.

Name of Participant: _____

Telephone (home): _____ (cell): _____

Address: _____

Postal Code: _____

I ACKNOWLEDGE THAT I HAVE READ AND AGREE to the above policies and procedures outlined in the manual.

Signed this _____ day of _____, 20_____ at CALGARY, ALBERTA

Signature of participant

Signature of witness
(must be a Rehabilitation and Fitness Program representative)

Signature of parent or guardian

Printed name of witness

You must provide a current e-mail address. If you don't have an e-mail account please provide an e-mail address of someone who will pass on any pertinent information. **All closures and emergency messages will be notified via e-mail only.**

Email: _____

Procedures for the Fitness and Rehabilitation Program for Persons with Disabilities

Individuals that are interested in learning more about the program may call the Program Coordinators to book an appointment for a program observation and orientation (403-220-8112).

1. Program Observation and Orientation (15-30 minutes)

- The orientations may be done on a one-to-one basis or with a small group (with or without being accompanied by their therapist).
- Potential participants are given a registration package to read over and complete.
- The participants are informed that a medical doctor may need to provide consent if the exercise physiologist has any concerns after reviewing the GAQ.
- An informal assessment of the individual's motor, cognitive, and emotional abilities is made during this time. A recommendation for a support worker may be made at this time.

2. Assessment/Program design (1-1.5 hours)

- Prospective participants should call the Program Coordinator (403-220-8112) to schedule a one-to-one program design. Please dress for exercise.
- The completed registration package is returned to the Program Coordinator and the content is discussed with the individual.
- A specific exercise program is prescribed to meet the needs and the abilities of the individual.

3. Program Participation

- Participants attend during the scheduled class time.
- The group meets at a specific location on the upper level of the Fitness and Lifestyle Centre
- There is a wide range of independence levels in the group. Some participants are totally independent, others need assistance with only one or two exercises, others need one-on-one support. Volunteers, program leaders, or support workers assist the participants with their programs. Participants are encouraged to provide their own support (friend, spouse, or family member).
- Programs are reassessed throughout the semester.
- Semesters are 14 weeks in duration. Participants are to re-register for each session if they wish to continue.
- The duration of each class is 2 hours maximum. We begin the session by taking the attendance of participants and volunteers. We then proceed with a 5-10 minute group stretch, which allows those participants, which arrive late to get organized. Some of the participant's programs do not run the full time length. We do not restrict the individuals from leaving the program early.

REMINDERS

Please read through all forms and information provided to you by the Rehabilitation and Fitness staff.

All necessary forms signed and read

All forms must be read and signed prior to your program design. They must be returned to The Rehabilitation and Fitness address below or brought with you to your program design.

GAQ must be filled in prior to your program design.

Program design reminders

- Wear proper attire – we recommend attire that allows freedom of movement and maximum comfort
- Bring water with you
- No alcohol six hours prior to program design
- No heavy meals two hours prior to program design
- Meet at the front desk of the Kinesiology Fitness Centre
- Have all your paper work filled out and bring it with you:
 - Registration form with waiver
 - GAQ
- The program design will take approximately 1 -1.5 hours

Your program design is at _____ on _____

Your Fitness Specialist is _____

Phone number: _____ Email: _____

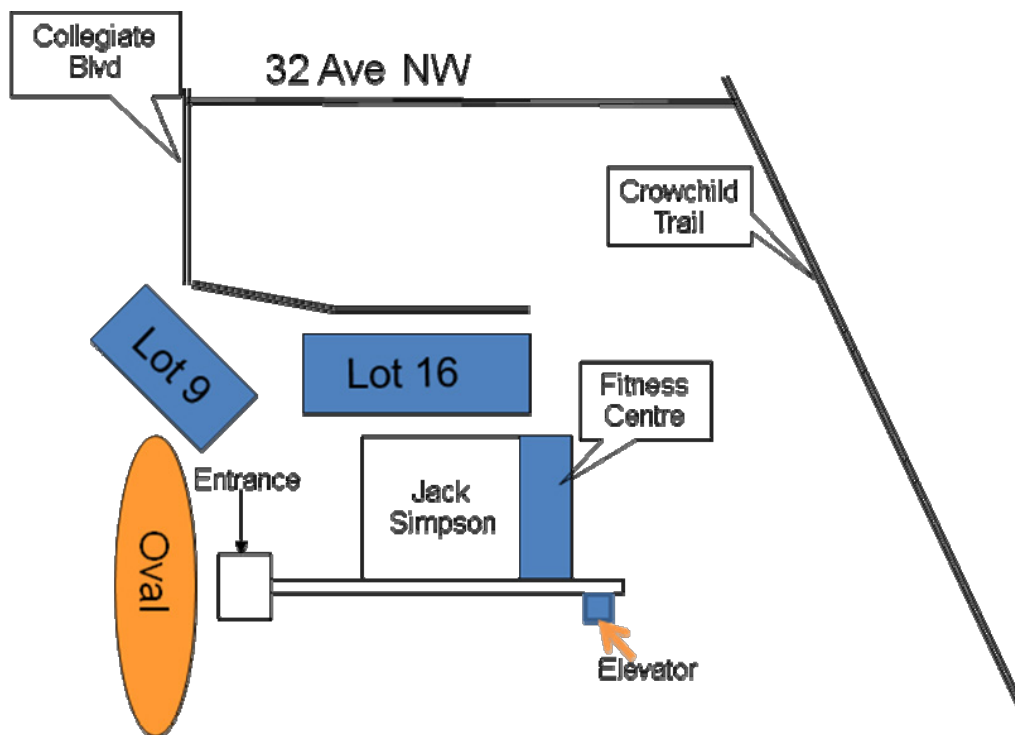
If you cannot make your program design or you will be late, please contact your program designer as soon as possible. Appointments must be changed or cancelled at least 24 hours in advance or a \$20.00 fee will be assessed.

Scheduled days: _____ Scheduled time: _____

Parking Direction for lots 9 or 16.

From Crowchild Trail heading north, stay in the right hand lane and take the off ramp onto 32nd Ave west. Turn left onto Collegiate Blvd (if you pass the fire hall you've gone too far). Go through the four-way stop and turn into either the first or second parking lot on your right (Lot 9 & Lot 16). Parking Lot 16 (the second lot) is slightly closer, if you park in Lot 16 please do not park in the Sport Medicine spaces. Pick another spot and get a ticket from the machine and place it on your dash. Enter the building at the Oval entrance (look for the big red paperclip type sculpture and follow that path to the Oval). When you enter the building, turn left and follow the long hallway to Kinesiology. I will meet you at the Fitness Centre Front desk. The Fitness Centre is just after the gymnasiums.

My office number is 403-220-8112 and the Fitness Centre number is 403-220-2447.



The Rehabilitation and Fitness Program for Persons with Physical Disabilities

Intake form must be completed and returned to the program coordinator two weeks prior to the start of class. Initial consultations will not be scheduled until paperwork has been received.

Personal Information:Today's date: DD/MM/YYName: _____ Date of birth: DD/MM/YY

Phone number: _____ Cell number: _____

Email: _____

Address: _____

City: _____ Postal code: _____

Gender: Male FemaleTransportation: Handibus Drive Public Transit Driven by other Other: _____ License plate (if parking at University): _____**Disability:**

Disability: _____

Comments: _____

Cause: _____

Mobility (Please indicate if you use a mobility device): _____

Assistance (Please indicate if need much assistance): _____

Medical Information:

Doctor's name: _____ Phone number: _____

Alberta healthcare number: _____

Are you presently receiving physiotherapy: : Yes No

Therapist's name: _____

Location of treatment: _____ Phone number: _____

Do you have a medical condition which might require emergency attention?: _____

Do you have any chronic or recurring injuries?: _____

Are you currently taking any medication(s)?: Yes No

If yes, please specify:

Medication	Dosage	Reason for prescription

Emergency contact:

Name: _____ Relationship: _____

Phone number: _____ Cell number: _____

Email: _____

Address: _____

City: _____ Postal code: _____

How did you hear about the Rehabilitation and Fitness Program for Persons with Physical Disabilities?: _____

Do you have any previous fitness/physical training experience?: _____

Personal goals: _____

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Medical information & personal activity history will be used to develop a program and to manage any health concerns. Alternative contact and medical information will be used in a medical emergency. If you have questions about the collection or use of this information, contact the Membership Supervisor at 403-220-8564.

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

YES	NO	PREPARE TO BECOME MORE ACTIVE	
⬇	⬇	The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question <u>before</u> you become more physically active. If you are unsure about any question, answer YES .	
○	○	1	Have you experienced ANY of the following (A to F) within the past six months ?
○	○	A	A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
○	○	B	A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
○	○	C	Dizziness or lightheadedness during physical activity?
○	○	D	Shortness of breath at rest?
○	○	E	Loss of consciousness/fainting for any reason?
○	○	F	Concussion?
○	○	2	Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
○	○	3	Has a health care provider told you that you should avoid or modify certain types of physical activity?
○	○	4	Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?
⬇ ➤ NO to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY		➤
YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤ ➤ ➤			

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/
WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?	
<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p>C Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> YES</p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p>D Shortness of breath at rest</p> <p><input type="checkbox"/> YES</p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p>E Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> YES</p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p>F Concussion</p> <p><input type="checkbox"/> YES</p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the **ADVICE** for your **YES** response, go to **Page 2** of the **Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY**

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the **ADVICE** for your **YES** response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

▶ **csep.ca/certifications**

CSEP Certified members can help you with your physical activity goals.

▶ **csep.ca/guidelines**

Canadian Physical Activity Guidelines for all ages.