

# HELEN HAYES HOSPITAL

## **Aquatic Wellness Program**

Thank you for expressing interest in the Aquatic Wellness Program at Helen Hayes Hospital. The Aquatic Wellness Program promotes lifelong fitness by offering an ideal, supervised setting for individuals who wish to start or continue building endurance, strength, and flexibility, and maintain an active and healthy lifestyle.

Our Aquatic Wellness Program is conducted in our state-of-the-art warm water pool, maintained at a constant 92-94 degrees Fahrenheit. The 25 x 60-foot pool offers a flat floor of varying depths to accommodate individuals of all heights and abilities, features an accessible lift, ramp, and stairways fitted with handrails, and is staffed by a lifeguard at all times.

The goal of aquatic exercise is to decrease pain and discomfort, while simultaneously increasing physical fitness and relaxation. Warm water immersion lessens the effects of gravity, providing buoyancy and reducing weight-bearing stress on joints, often enabling participants to perform exercises they are unable to do on land. The benefits of aquatic exercise include increased flexibility, strength, coordination, and balance, as well as improved circulation. Individuals who can benefit from aquatic exercise include those with back pain, arthritis, joint replacements, orthopedic injuries, and those with neurological conditions. Our goal is to assist you in developing and maintaining your independence in performing your own independent exercise program and continue to maintain an appropriate level of physical activity for you.

Enrollment in our Aquatic Wellness Program includes one-to-one training, small group training, group classes, and limited open aquatic sessions, monitored by a licensed and certified recreational therapist who will work with you to design a program to meet your specific needs and goals. You are expected to attend all scheduled training sessions and will be asked to sign and agree to the program's attendance policy. To participate, you must contact our Aquatics Director and complete all forms. For group sessions, you will be required to complete a short phone interview or in-person interview prior to participating.

All participants will receive a thorough orientation that covers use of the pool and specific instruction tailored to their needs. Visitors and guests are not permitted in the pool area.

## Program Details

### Hours of Operation:

Our Aquatic Wellness Program is open Monday through Friday. Group class schedules will be posted on the bulletin board located outside of the pool and on the Hospital's website. **All participants are required to complete an initial interview** with the Aquatics Director prior to their first session. Walk-ins for group classes only will be permitted following this initial interview.

Schedules for one-to-one training and small group training programs will vary as needed and based on therapist/trainer availability. These sessions must always be scheduled in advance with the Aquatics Director.

**Pricing:** \*Additional details about these offerings are on the following page.

One-to-One Training:       \$35 per hour (first session must be a 1 hour evaluation, goal setting, and orientation session)

Monthly Membership:       \$90 per month; includes unlimited group classes and open aquatic time. Group classes and open aquatic sessions must be reserved ahead of time.

Drop In:                       \$20

These fees are not billed to insurance; this is a self-pay program.

If you wish to join the Aquatic Wellness Program please complete the forms attached. We require medical clearance to join (due before or following your first trial and interview session). All forms must be completed and returned to us for you to fully begin the scheduled program. Forms can be returned to the Hospital in person or mailed to:

Helen Hayes Hospital  
51-55 North Route 9W  
West Haverstraw, NY 10993  
Att: Outpatient Scheduling, 1st Floor

You can also fax your completed application to 845-786-4031.

Helen Hayes Hospital requires 7 to 10 business days to process applications.

**If you have any questions regarding the program, please contact Alyssa Chagares: 845-786-4457.**

# **Aquatic Wellness Program Offerings**

## **One-to-One Training:**

Train one-to-one with a certified recreational therapist/personal trainer. Design and execute a personalized exercise program based on your abilities and goals. Goals can include improving mobility, stability, strength, cardiovascular endurance, stamina, and more.

## **Group Classes:**

Group classes aim to help improve everyday function and activity for individuals living with life-altering injuries and illnesses. The classes focus on flexibility, mobility, and strength. Group Classes are scheduled weekly and will have a particular focus, such as adapted fitness, back health, arthritis relief, etc. A class schedule will be posted on the bulletin board outside the pool and on the hospital's website. You can also reach out directly to the Aquatics Director for information at 845-786-4457.

## **Open Aquatic Time:**

Train on your own in the pool, monitored by a Helen Hayes Hospital staff member, after receiving an initial orientation and exercise program tailored to fit your needs and goals. Participants are limited to two 60 minute open aquatic time sessions per week, and they must be scheduled in advance.

# **Aquatic Wellness Program Application**

## **Required Forms:**

Attached is the application to join the Aquatic Wellness Program at Helen Hayes Hospital. Please complete all forms and obtain doctor's clearance and signature prior to your official scheduled sessions (typically after your initial interview and orientation session).

The following forms must be completed and returned:

- 1. Intake Form (Health History)**
- 2. Personal Profile**
- 3. Participant Agreement Form**
- 4. Doctor's Clearance Form**

## Aquatic Wellness Program Intake Form

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Absolute Contraindications

Do you have a history/presence of any of the following?:

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Uncontrolled Seizures   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Incontinence of urine or feces, or unsuccessful bladder/bowel regimen | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any lines, drains or tubes  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Acute infection (including conjunctivitis)                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Wounds with draining tubes  | <input type="checkbox"/> | <input type="checkbox"/> |

### Relative Contraindications

Do you have a history/presence of any of the following?:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Open wounds that cannot be covered by op-site bandage (>2.5cm) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tracheostomy   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Repeated Syncope   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Chlorine or chemical sensitivity                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sensitivity to heat/humidity                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Autonomic dysreflexia  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Symptomatic hypotension  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Uncontrolled or severe cardiac conditions                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Active DVT(s)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Severe renal dysfunction                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Severe respiratory dysfunction                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Hydrophobia   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Fever   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Transdermal pain patch (cannot be worn in the pool)           | <input type="checkbox"/> | <input type="checkbox"/> |

# HELEN HAYES HOSPITAL

51-55 N Route 9W, West Haverstraw, NY 10993

## Aquatic Wellness Program Personal Profile

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

Date: \_\_\_\_\_

### Emergency Contacts

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medical History

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

### Medication

### Dosage

### Frequency

| Medication | Dosage | Frequency |
|------------|--------|-----------|
| _____      | _____  | _____     |
| _____      | _____  | _____     |
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| _____      | _____  | _____     |
| _____      | _____  | _____     |
| _____      | _____  | _____     |
| _____      | _____  | _____     |

Please draw a line through any discontinued medications.

## Aquatic Wellness Program Participant Agreement

\*Return this form to Aquatic Wellness Program Staff

This agreement is made with

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

It includes the terms and conditions for participation in the Helen Hayes Hospital Aquatic Exercise Program as follows:

I. **Attendance/Payment:**

I understand that:

- A. Enrollment is on a month by month basis.
- B. Payment is expected prior to services rendered; I will not receive a bill.
- C. The fee is not billed to insurance.
- D. I understand that the Helen Hayes Hospital Aquatic Wellness Program has the right to change its hours of operation for any reason, such as changes in member usage, maintenance repairs, community service activities, or holidays. The Helen Hayes Hospital Aquatic Wellness Program also has the right to change prices with a 30 day notice.
- E. Payment is to be made at the Outpatient Registration Area on the 1st floor, located near the Transitional Wellness Center, or it can be mailed to Helen Hayes Hospital, 51-55 N Route 9W, West Haverstraw, NY 10993, Att: Outpatient Scheduling, 1st Floor

II. **Medical Status:**

- A. I understand that I must complete the Aquatic Wellness Program Intake Form and Personal Profile, and must have the Medical Clearance Form signed by my healthcare provider before being accepted into the full Aquatic Wellness Program.
- B. I understand that I am responsible for ensuring that Helen Hayes Hospital is informed of any medical conditions/issues which may impact my participation in this program. I am also responsible for informing Helen Hayes Hospital of any medical conditions/issues which arise after my referral has been signed and reviewed. Failure to do so could result in my privileges in the Aquatic Wellness Program being revoked.

III. **Attire/Supplies**

- A. I will wear rubber-soled shoes at all times on the pool deck and within the locker rooms, and I will wear proper swimming attire.

IV. **Valuables**

- A. I am responsible for my own valuables.

V. **Aquatic Wellness Program Safety & Rules**

- A. I will attend to perform daily workouts only.
- B. I am aware that, once my session has completed, I will exit the pool area.

I agree to participate in the Helen Hayes Hospital Aquatic Wellness Program to the best of my ability and agree to the responsibilities outlined above.

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Participant Signature**

**Participant Contact Information:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact Information:**

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



# HELEN HAYES HOSPITAL

51-55 N Route 9W, West Haverstraw, NY 10993

## Aquatic Wellness Program Doctor's Clearance Form

Dear Doctor,

Your patient, \_\_\_\_\_, is interested in joining the Aquatic Wellness Program at Helen Hayes Hospital, which is a supervised, monitored program, using aquatic exercises for upper/lower body strengthening and pain management.

Patients provide us with a detailed health questionnaire and medication list. However, we also request that their medical provider provide us with any information that may impact their participation in the program.

**Please check any health conditions below that may apply to your patient:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Myocardial Infarction     | <input type="checkbox"/> COPD                  | <input type="checkbox"/> CVA                |
| <input type="checkbox"/> Percutaneous Intervention | <input type="checkbox"/> Asthma                | <input type="checkbox"/> TBI                |
| <input type="checkbox"/> CABD                      | <input type="checkbox"/> Interstitial Fibrosis | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Chronic Stable Angina     | <input type="checkbox"/> Osteoarthritis        | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Pacemaker                 | <input type="checkbox"/> Chronic Pain Syndrome | <input type="checkbox"/> Dementia           |
| <input type="checkbox"/> Atrial Fibrillation       | <input type="checkbox"/> Spinal Stenosis       | <input type="checkbox"/> Hypertension       |
| <input type="checkbox"/> Other: _____              |  |   |

Allergies: \_\_\_\_\_

**Please check one of the following:**

My patient **may participate** in the Helen Hayes Hospital Aquatic Wellness Program:

With limitations as follows: \_\_\_\_\_

With no limitations

Exercise such as this is contraindicated. Patient **should not participate**.

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

Please return form to patient or to Helen Hayes Hospital at:

Helen Hayes Hospital  
51-55 North Route 9W  
West Haverstraw, NY 10993  
Att: Outpatient Scheduling, 1st Floor

## Aquatic Wellness Program Community Pool Rules

1. Lifeguard must be present whenever pool is in use.
2. No diving.
3. No jumping.
4. Health Department rules for sanitation and safety must be observed by every patron. Persons with skin lesions, inflamed eyes, nose, mouth, ear discharges, or bandages may not swim in the pool.
5. Patrons must be continent of bowel and bladder.
6. Maximum number of bathers permitted is 50.
7. No running on the deck.
8. No food or drink in the pool area or locker rooms.
9. No glass in the pool area.
10. Only persons in the proper bathing attire are permitted in the pool; no street clothes in the pool area for example; no cut off jeans or rolled-up pants.
11. No bare feet on the deck or dressing area. Non-slip shoes must be worn on pool deck and locker rooms.
12. No personal hair dryers allowed in locker rooms.
13. No gum chewing in the pool area or locker rooms.
14. No cell phones in pool, on pool deck, or in locker rooms.