



Department of Health
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:

One-to-One Training: **\$40 per 30 minute session**
 \$55 per 45 minute session
 All include goal setting and orientation

Monthly Membership: **\$95 per month (1st of month to last of month);**
 includes unlimited group classes and open aquatic time.
 Group classes and open aquatic sessions must be
 reserved ahead of time.

Drop In: **\$25**

These fees are not billed to insurance; this is a self-pay program. Pricing subject to change. ***Payment slip from Aquatics Director required prior to paying at Outpatient Registration Office.**

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

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.

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**



Department of Health
Helen Hayes Hospital

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

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	☐	☐
2. Incontinence of urine or feces, or unsuccessful bladder/bowel regimen	☐	☐
3. Any lines, drains or tubes	☐	☐
4. Acute infection (including conjunctivitis or cellulitis)	☐	☐
5. Wounds with draining tubes	☐	☐
6. Lymphorrhea or weeping extremities	☐	☐
7. Hyperkeratoris and/or skin weeping/athletes' foot	☐	☐
8. GI upset or episodes of diarrhea within previous two weeks	☐	☐

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)	☐	☐
2. Tracheostomy	☐	☐
3. Repeated Syncope	☐	☐
4. Chlorine or chemical sensitivity	☐	☐
5. Sensitivity to heat/humidity	☐	☐
6. Autonomic dysreflexia	☐	☐
7. Symptomatic hypotension	☐	☐
8. Uncontrolled or severe cardiac conditions	☐	☐
9. Active DVT(s)	☐	☐
10. Severe renal dysfunction	☐	☐
11. Severe respiratory dysfunction	☐	☐
12. Hydrophobia	☐	☐
13. Fever	☐	☐
14. Transdermal pain patch (cannot be worn in the pool)	☐	☐
15. Skin rashes/irritation	☐	☐



Aquatic Wellness Program Personal Profile



Department of Health Helen Hayes Hospital

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

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:

I understand that:

- A. I must notify the aquatics director as soon as able if I will be under medical care resulting in missing multiple sessions;
- B. The open format is based on a schedule with the week ending each Friday and the month ending the last day of the month;
- C. The fee is **NOT** pro-rated for missed classes;
- D. There are **NO** refunds of any payment.

II. Bathing Attire, Valuables and Shower Room Practices

- A. I will bring my own bathing suit, towel, and **non-slip pool shoes** to each session.
- B. I understand that if I am incontinent of urine I must supply and wear a diaper and rubber pants under my bathing suit. (If incontinent of feces-cannot participate unless on bowel regimen that is working).
- C. I understand that I must bring someone to assist me if I am not independent in dressing/undressing. (There will be no one available to assist me in the shower room).
- D. I will **NOT** disrobe or remove my bathing suit in the shower area or general locker room areas. Curtained areas have been provided for changing.
- E. I will **rinse off in the shower before entering the pool to remove any contaminants such as sweat, lotion, and oils which directly affects pool water quality.**
- F. I am responsible for my valuables. There are lockers available for my use on which I can put my own lock. I must remove the lock before I leave. (Helen Hayes Hospital staff will remove any locks left on after a session has ended).
- G. I will wear **non-slip pool shoes** at all times on the pool deck and in the locker rooms.

III. Pool Rules

- A. I understand that I must abide by the Helen Hayes Hospital therapeutic pool rules (see attached) **at all times**. If I fail to abide by the rules, my right to participate in this program will be jeopardized.
- B. I understand that visitors must wear shoe cover-ups before entering the pool area and **remain seated** during the session.

IV. Medical Status

- A. I understand that I must complete an Aquatics Questionnaire (attached) before attending the aquatics program.
- B. I understand that, if I have any open draining wounds or emergent skin conditions, I will not be able to go into the pool due to the risk of myself and others.
- C. I understand that I am responsible for ensuring that Helen Hayes Hospital is informed of any medical problems which may impact on this program. I am also responsible for informing Helen Hayes Hospital of any medical problems which arise after my referral has been signed and reviewed. Failure to inform Helen Hayes Hospital will lead to my privileges being revoked.

V. Payment Agreement

- A. **Enrollment is on a month by month basis.**
- B. **All payments are due by 1st of the month. You will not receive a bill.** The fee is not billed to the insurance.
- C. 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, 51-55N Route 9W, West Haverstraw, NY 10993 Att: Outpatient Scheduling, 1st Floor.**
- D. Pool participants must call the **Aquatics Director at (845) 786-4457** to make arrangements to re-start this program. If returning **after an absence of one month or more, a new medical clearance form must be submitted.**
- E. I understand that 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.

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

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Participant Signature: _____

Participant Name: _____ Date: _____
(Please Print)

Aquatic Director: _____ Date: _____

Participant Contact Information:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____



Department of Health
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:

- | | | |
|--|--|---|
| ☐ Myocardial Infarction | ☐ COPD | ☐ CVA |
| ☐ Percutaneous Intervention | ☐ Asthma | ☐ TBI |
| ☐ CABD | ☐ Interstitial Fibrosis | ☐ Spinal Cord Injury |
| ☐ Chronic Stable Angina | ☐ Osteoarthritis | ☐ Seizures |
| ☐ Pacemaker | ☐ Chronic Pain Syndrome | ☐ Dementia |
| ☐ Atrial Fibrillation | ☐ Spinal Stenosis | ☐ Hypertension |

☐ 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**



Department of Health
Helen Hayes Hospital

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

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.
15. You must rinse off in the shower before entering the pool.