

Brock-Niagara Centre for Health & Well-Being

Dear Doctor _____:

Your patient, _____ wishes to begin an exercise program with us here at the Brock-Niagara Centre for Health and Well-Being in our Heart Strong Cardiac Rehab Program. _____ will be participating in an exercise program that will consist of Cardiovascular Conditioning, Strength Training, Balance Training and Flexibility. We would appreciate if you are able to support your patient with their fitness goals.

As _____'s primary care provider, you will have a thorough understanding of their past medical history and be able to recommend if they should undergo any diagnostic testing or provide us with any restrictions that you feel necessary in regards to their exercise regime before they begin an exercising with us.

Your patient will be exposed to the following inherent risks, including but not limited to:

- all manner of injury from physical exertion and cardiovascular output, including dizziness, shortness of breath, chest discomfort, leg cramps, sprains and/or strains;
- all manner of injury resulting from misuse, non-use and/or failure of any equipment;
- all manner of injury from exerting and/or stretching various muscle groups;
- all manner of injury arising from tripping and/or falling and impacting against the floor surface, walls, apparatus/equipment, the ground, other participants, or trainers;
- all manner of injury arising from falls during balance activities
- abnormal blood pressure, lightheadedness or fainting, and irregular heart beat and in rare cases, HEART ATTACK, CARDIAC ARREST AND EVEN DEATH.

Every effort will be made to minimize the risks during your patient's participation in the Program. Staff will be trained in basic cardiopulmonary resuscitation (CPR) and will have access to an Automated External Defibrillator.

Please use the appropriate circle to check below for an exercise program with no restrictions, exercise with restrictions or for further diagnostic testing. If you feel this program is inappropriate for your patient at this time, please advise them verbally.

No Restrictions:

_____ is able to begin an exercise program with the Brock Heart Strong Exercise Program with no restrictions.



Please check this circle for no restrictions.

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Brock
University

Brock-Niagara Centre for Health & Well-Being

Exercise Restrictions:

If you feel that _____ is able to exercise with us, but you would like to place certain restrictions on her program, please check this circle and indicate the restrictions that you wish to place on her program in the area below.



Diagnostic Testing:

It is my recommendation that _____
undergo the following diagnostic testing before they initiate an exercise program with the Brock/Niagara Centre for Health and Well-Being.



Please check this circle if you require further testing and then indicate tests below.

Test(s) to be performed:

Exercise Restrictions once we receive test results from your office:

Signed: Dr. _____

Thank you for your involvement with the Brock-Niagara Centre for Health and Well-Being. Please feel free to contact me for any further information that you require.

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