HARVESTCHRISTIANACADEMY ADAPTED PHYSICAL EDUCATION



Date	
Your patient	has indicated an inability to
participate fully in the physical education prograr	n. We wish to offer an activity program
adapted to meet his/her needs so that students v	vith short term injuries do not loose strength
in the unaffected areas of their body and students	s with chronic health conditions learn fitness
routines they can use for a lifetime. As a side ben	efit this will allow them to maintain school
credit.	
Would you kindly assist us by completing this for	m and returning it to our school?

Please circle any of the following activities the student can participate in.

____Physical Therapy exercises as directed

Weight Machines			
Lat pulldown	Assisted pull-ups	Assisted dips	Pectoral fly
Leg Press	Leg curl	Leg extension	Calf raises
Core exercises			
Planks	Crunches	Mason twist	In-outs
Fifer scissors			
Cardio			
Treadmill	Elliptical	Stationary Bike	
Upper Body		Lower Body	
Triceps Extension	Biceps curl	Foam Rollers	Stretch rope
Bench press	Push ups	Dead lift	Lunges
Front/Lateral raise (wit dumbbells	h	Jump Rope	Parallel squat
		Agility ladder	Jump Boxes

This is to certify that I have examined the above patient and recommend that his/her physical
education program be modified according to the above until
(Date)
Are there any other exercises or activities you feel would be beneficial to the student in the
recovery process?
Yes No If so, what?
Additional Remarks
Additional Nemanis
Physician / Therapist Signature

Note: Students will be supervised and receive education on the proper use of the equipment suggested.