

HARVEST CHRISTIAN ACADEMY

ADAPTED PHYSICAL EDUCATION



Date _____

Your patient _____ has indicated an inability to participate fully in the physical education program. We wish to offer an activity program adapted to meet his/her needs so that students with short term injuries do not lose strength in the unaffected areas of their body and students with chronic health conditions learn fitness routines they can use for a lifetime. As a side benefit this will allow them to maintain school credit.

Would you kindly assist us by completing this form 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 (with dumbbells)		Jump Rope	Parallel squat
		Agility ladder	Jump Boxes

