AQUATHERAPY INFORMED CONSENT

Aquatherapy is therapy that takes place in a heated pool or similar environment under the supervision and control of a trained healthcare professional.

Aquatherapy uses the properties of water (temperature, immersion, buoyancy, hydrostatic pressure, viscosity and turbulence) to assist with rehabilitation of movement (range of joint motion, strength, balance, proprioception and normalising muscle tone), decreasing pain, reducing swelling and enhancing cardiovascular fitness as well as improving the patients well-being and mood. Aquatherapy also focuses on "water safety" for all clients.

Please check if any of these apply to you currently:

___ Incontinence of feces or urine
___ Contagious skin rashes
___ Abnormal blood pressure
___ Perforated eardrum or ear infection
___ Open wounds unable to be covered by bio-occlusive dressing
___ Fever
___ Epilepsy/seizures
___ Infectious diseases such as AIDS, Hepatitis, MRSA
___ Hydrophobia - fear of water
___ Kidney diseases
___ Medications that may cause drowsiness
___ DVT, pulmonary embolism
___ Heart condition

I confirm that I have read and understood the contraindications and precautions to therapy.

I confirm that I am aware that the Aquatherapy pool should NOT be used if I have any contra-indications for therapy.

I confirm that I take full responsibility for consulting with my medical practitioner before attending Aquatherapy sessions.

I confirm that I take full responsibility to enter and exit the pool.

I voluntarily agree to participate in Aquatic Physical Therapy and I will abide by the pool rules and recommendations of the Therapist. I understand that there are risks associated with aquatic therapy including, but not limited to, hypotension (decrease in blood pressure), skin reactions to water, dizziness, falls and drowning. Should any complications occur, I agree to the medical care required to correct the complication.

I fully understand the risks and responsibilities of participating in the aquatic therapy program.

Declaration:

Signed: _____ **Date:** _____