

ROBOFIT

Dr. _____,

RoboFit is a capacity building and rehabilitation centre with sessions conducted by an Exercise Physiologist or Physiotherapist. We require clients to update their Medical Clearance every 12 months.

Your patient _____ is wanting to participate in RoboFit's exercise program. RoboFit's trainers work with clients to help them set goals and perform a range of exercise programs. An exercise program will be tailored to suit the needs of your patient following an initial evaluation/consultation.

Please acknowledge that you provide clearance to the exercises below by **ticking the appropriate boxes**, complete the section providing current health information and **attach a current medication form**.

Does _____, require a bone density scan?

Yes

No

Current resting Blood Pressure: _____/mmHg Resting Heart Rate _____

No BP Issues Clearance for BP _____/_____ mmHg

Medication form attached

Exoskeleton training program - which may involve the use of ECG electrodes, conducted out of a wheelchair, and providing load bearing to the limbs. Involving but not limited to;

- Body Weight Supported Treadmill Training (BWSTT)
- Load bearing (partial and full) in different positions standing, kneeling, crawling
- Repetitive task specific exercise
- Gait and balance training
- Sitting balance
- Standing balance
- Strength and conditioning

These exercises may be performed with and without use of exoskeleton. To learn more about the neuro controlled exoskeleton contact our team 1800 560 842

Wheelchair based exercises, no load bearing. Involving but not limited to;

- Strength exercises (weight machines, thera bands, dumbbells, medicine balls)
- Cardio exercise (arm ergo, boxing)
- Motor control exercises to stimulate and involve balance (throwing, balance)
- General Mobility training

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General health and wellbeing program, conducted in a group or one on one setting.

Frequency can be between 1 to 5 sessions per week dependent on the patient's goals.

We work with our clients to design a program that suits their requirements. If you wish to discuss anything with our team please contact us on 1800 560 842

I hereby approve,

Name: _____ D.O.B: _____

Address: _____

To undertake training sessions at RoboFit.

Additional recommendations and comments:

Name: _____ Signature: _____

Date: _____ Provider number: _____