

# Community Fitness and Wellness Facility

Thank you for your interest in participating in the Community Fitness and Wellness Program for individuals with physical disabilities at Frazier Rehab Institute. In collaboration with the Christopher and Dana Reeve Foundation's NeuroRecovery Network we began the development of Community Fitness and Wellness facilities across the nation in 2008.

The goal of this activity-based program is to assist in the improvement of cardiovascular/aerobic fitness, muscular strengthening and flexibility in an effort to provide education and skills for living a healthier lifestyle. We have an excellent team of highly trained staff with backgrounds in fitness and exercise science to help meet your fitness expectations and goals.

Included in this packet are the following forms:

- Community Fitness and Wellness Fact Sheet
- Client Information/ Application
- Consent and Release of Liability
- Membership Categories and Fees (2 pages)
- Membership Agreement
- Membership Payment Withdrawal Form
- Membership Terms
- Authorization for Audio/Visual & Emergency Treatment Consent
- Medical Waiver to be completed by physician (2 pages)

Please feel free to contact us if you have any questions about the program and associated paperwork.

Karey McDowell, MS, CTRS, CPT Frazier Facility Supervisor NRN Facility Director

Frazier Rehab Institute is a designated Community Fitness and Wellness Facility under the Christopher & Dana Reeve Foundation's NeuroRecovery Network



Frazier Rehab Institute- 9<sup>th</sup> Floor Gym 220 Abraham Flexner Way Louisville, KY 40220



## COMMUNITY FITNESS AND WELLNESS FACILITY FACT SHEET

#### Overview:

The Community Fitness and Wellness Facility at Frazier Rehab Institute in collaboration with the Christopher and Dana Reeve Foundation's NeuroRecovery Network provide individuals with disabilities the opportunity to be 'fit for life'. This activity-based exercise program is designed specifically for individuals with physical disabilities to improve cardiovascular/aerobic fitness, muscular strengthening and flexibility. Frazier Rehab's Community Fitness Facility is fully accessible with state of the art equipment and professional staff trained to provide specialized activity based exercise interventions.

#### **Specialized Equipment:**

- HUR Easy Access Circuit includes 8 strength machines that allow independent training for wheelchair users, those with other mobility and specialty needs, as well as non-disabled.
- Therastride Locomotor Training Treadmill
- Functional Electrical Stimulation Cycles for upper and lower extremities
- Power Plate Pro 6
- Dual Cable Cross Strength Training Machines
- VitaGlide Pros
- NuStep Recumbent Stepper with bilateral leg stabilizers
- SCI Fit Upper Extremity Bike
- Versatrainer
- Easystand Standing Frame and Tilt Table
- Hi-lo mats, stability balls, kettle bells, etc...

#### Criteria for Joining the Community Fitness and Wellness Facility:

- · Primary applicant must have a physical disability
- Have medical clearance from a primary care physician or health provider to participate
- Be committed to a minimum of three months of participation
- Possess a desire for improved health and quality of life
- Complete membership application, orientation, and assessment procedures

#### Membership process:

- 1. Complete a Client Information & Application form
- 2. Have your physician/health care provider complete the Medical Participation & Referral form
- 3. Schedule and complete a facility orientation and assessment
- 4. Review the intervention options available and choose membership package
- 5. Begin working towards fitness and wellness goals

#### **Membership Packages and Interventions:**

- Basic Membership
- Guided Exercise
- Locomotor Training
- Functional Electrical Stimulation- legs, trunk, and arms

Contact Information:
Frazier Rehab Institute- 9<sup>th</sup> FI Gym
Community Fitness and Wellness Facility
220 Abraham Flexner Way
Louisville, KY 4020
(502) 582-7411 FAX (502) 582-7477

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COMMUNITY FITNESS AND WELLNESS FACILITY  Client Information/ Application (to be completed by the Client) Social Security #			
First Name: Last Name	Date		
Address:			
City: State:			
Home Phone: ( ) Work:( )	Cell: ()		
Date of Birth:E-	-Mail:		
NATURE OF THE DISABILITY  amputation	Date of Onset  Level of injury (SCI)		
Adaptive equipment currently AFO/KAFO cane crutch(es) prosthesis	v used wheelchair		
MEDICAL HISTORY asthma seizures high blood press diabetes	heart disease seizures		
Other			
SURGICAL HISTORY			
ALLERGIES None Yes			

MEDICATIONS	
Tobacco use Alcohol use	
Do you have a history of autonomic dysreflexia (A.D.)?	☐ No ☐ Yes
Are you currently participating in any outpatient therapy, r	rehabilitation, or exercise program?
Physician or primary healthcare provider	
Emergency Contact Person	Number ()
Frazier Rehab	CHRISTOPHER & DANA REEVE FOUNDATION NEURORECOVERY NETWORK

# COMMUNITY FITNESS AND WELLNESS FACILITY Membership Terms

#### **Duration of Membership**

KentuckyOne Health™

Frazier Rehab Institute Community Fitness And Wellness Facility membership is continuous for a minimum of one year and not transferable or refundable after 30 days. After one year, membership will automatically renew month to month after the first year in the month you joined the facility program. At this time all paperwork will need to be updated by a member of the fitness team and physician. Any changes to your personal or account information must be updated regularly.

#### Member's Right to Cancel

All members are required to sign up for a minimum of three months. At the end of three months if you choose to cancel your membership, a written notice of your intention to cancel must be delivered or mailed prior to the first of the month and you must bring your account balance to zero. Members agree to pay charges for services and monthly dues, whether the facility programs are used or not, until termination of membership. Please mail cancellation notice to:

Frazier Rehab Institute-Community Fitness and Wellness Facility Attention: Karey McDowell 220 Abraham Flexner Way, 9<sup>th</sup> Floor Louisville, Kentucky 40202 (502) 582-7411 (office) (502) 582-7477 (fax)

#### Cancellation Of Membership By Frazier Rehab Institute

Frazier Rehab Institute and the Community Fitness and Wellness Facility reserve the right to immediately terminate the membership of any member engaging in conduct in violation of this contract or the rules and regulations of the Frazier Rehab Institute Community Fitness and Wellness Facility Programs.

#### **Medical Conditions**

If you are unable to participate in programs for an extended period of time due to a medical condition, your membership may be placed in an inactive status up to two months after receipt of written documentation from your physician. After two months, your account will become active and charges will be incurred. If you need a further extension due to a medical condition, you must notify our business office at (502)-582-7411 of your

status. Each occurrence will be approved on a case-by-case basis upon receipt of documentation from a physician. A one-time fee of \$50.00 will be assessed for each membership placed in the frozen status.

#### **Continuous Membership**

A re-enrollment fee of \$100.00 must be paid to rejoin if membership is allowed to expire or if membership is cancelled during the year of this agreement. All necessary paper work will have to be resubmitted prior to reenrolling.

#### Past Due Accounts / Fees

Membership must remain current to avoid cancellation and loss of privileges to the facility. A statement will be sent at thirty (30) days for outstanding fees. After sixty (60) days, memberships will be temporarily suspended until all fees are paid in full. After ninety (90) days, memberships will be cancelled. To rejoin at a later date, all past due fees must be paid as well as a \$75.00 re-registration fee. A fee of \$75.00 will be charged for insufficient funds or returned checks



fees, expenses and/or costs.

Legal Representative of

A CONTRACT BETWEEN CLIENT AND FRAZIER.



# COMMUNITY FITNESS AND WELLNESS FACILITY Consent & Release of Liability

utilize its physical fitness equipment and facility for the purpose of creating and maintaining a personal, physical fitness regimer Prior to using the physical fitness equipment and facility, you must read, acknowledge and sign this consent and release of liabilit agreement.
I,, the client or on behalf of the client, ("Client" is defined to include myself, children spouse, parents, heirs, assigns, personal representatives, guardians and estate) consent and affirmatively elect to use the physical fitness equipment and facility offered by the Frazier Rehab Institute.
Prior to Client's use of the physical fitness equipment and facility, a Frazier team member will conduct Client's orientation to the physical fitness equipment and the facility. Client should consult with his or her physician prior to using the physical fitness equipment or facility and have the physician complete a Client Release to Participate form. The hours of operation for Client's use of the physical fitness equipment and facility are Monday through Friday, 9A.M. to 7P.M, excluding holidays, subject to variation (change/expansion).
By signing this document, Client expressly represents that he or she is in good health and is capable of full participation in rigorous physical activity. Furthermore, Client agrees to assume all risk of personal injury while using the physical fitness equipment and facility. Client also agrees to release and hold harmless Frazier and any affiliate, associate, successors and assigns, as well as an trustees, officers, directors, employees and agents from any type of liability or loss arising from or in any way connected or associate with Client's use of the physical fitness equipment and facility. Should Frazier be required to incur attorneys' fees, expenses and/ocosts to enforce this consent and release of liability agreement. Client agrees to indemnify and hold Frazier harmless from all successors.

CLIENT HAS CAREFULLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTANDS ITS CONTENTS. CLIENT ACKNOWLEDGES THAT THIS IS A CONSENT AND RELEASE OF LIABILITY AGREEMENT, WHICH CREATES

Client's Signature: \_\_\_\_\_ Date:\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jewish Hospital & St. Mary's HealthCare, Inc. d/b/a Frazier Rehab Institute ("Frazier") is offering to the community an opportunity to

#### **EMERGENCY CONTACT INFORMATION:**

Name	Home Phone		Home Phone	
Relationship	_Employer			
Work Phone	Cell Phone			





## COMMUNITY FITNESS AND WELLNESS FACILITY Membership Packages and Fees

#### LT2 \$850.00/month

This package includes 2 sessions per week of locomotor training, basic gym access, and FES cycling for the legs, trunk, and/or arms.

\_\_\_\_ FES \$200/month (non-guided exercise members) \$100/month (Guided Exercise Members)

This membership includes Functional Electrical Stimulation cycling for the legs, trunk, and/or arms up to three days per week, one set of electrodes, and basic gym access during all hours of operation.





## COMMUNITY FITNESS AND WELLNESS FACILITY MEMBERSHIP AGREEMENT

Below are the signatures of all persons applying for memberships who are at least 19 years of age, and signatures of guardians for all persons applying for membership who are less than 19 years of age. I HAVE READ AND AGREE WITH THE TERMS OF THIS CONTRACT, and any questions were answered to my full satisfaction. I will follow the Frazier Rehab Institute Community Fitness and Wellness Facility's rules and regulations, amended from time to time, and the Frazier Rehab Institute Community Fitness and Wellness Facility failure to timely enforce, in whole or in part, its rights, privileges or powers under this contract shall not operate as a waiver thereof. I have received a copy of this contract.

Print Name	Signature	Date
(if member is under 19 years of ag	e)	
Signature of Member or Parent / G	uardian Date	





#### COMMUNITY FITNESS AND WELLNESS FACILITY

### PAYMENTS (Minimum of 3 month membership commitment) (page 7) Payment Schedule \_\_\_\_\_Monthly \_\_\_\_Quarterly Annually Method of Payment \_\_\_\_\_Credit Card Visa MasterCard (please circle) \_\_\_\_\_Debit Card Visa MasterCard (please circle) Bank Draft from Checking or Savings Account Credit / Debit option: Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name (as listed on card) Bank Draft option: I (we) hereby authorize Frazier Rehab Institute to initiate debit entries to my (our) Checking Account Savings Account (choose one) at the depository financial institution named below and debit the same to such account (s). Please Provide a Voided Check Bank Name Name(s) on Account

Routing No	_ Account No
Frazier Rehab Institute has received written not termination of this agreement can only occur if account is in good standing. I understand that	nority is to remain in full effect until 30 days after tification from me (or either of us). I understand that all transactions are resolved and my membership fee(s) will be charged to (credit card), or debited from 5th business day of the month. I agree to pay a \$75.00 ads in my account.
Signature	
Date	
Frazier Rehab Institute KentuckyOne Health™	CHRISTOPHER & DANA REEVE FOUNDATION NEURORECOVERY NETWORK
COMMUNITY FITNESS	AND WELLNESS FACILITY
or reproductions of the persons who are hereby copyright, license, publication or broadcast of the publicity purposes on the part of the Frazier Re and by its affiliated and associated organization and employees. I hereby grant and assign to the Wellness Facility the right, title, and irrevocable any and all claims for compensation and waive publication and dissemination of the same of ar communication of information concerning the un Reproductions by the Frazier Rehab Institute C affiliated or associated organizations, and their	otographs, movies, films, videotapes, tape recordings, applying for membership and consent to use, he same for advertising, educational, promotional, or hab Institute Community Fitness and Wellness Facility his, including its directors, officers, agents, servants he Frazier Rehab Institute Community Fitness and authority and interest to such Reproductions. I waive any and all claims related to or arising out of the hy lawful purposes. I further authorize the indersigned in connection with the utilization of such community Fitness and Wellness Facility and its respective directors, trustees, officers, agents, bensation and waive all claims related to or arising out
Client Signature	Date

Parent / Guardian Signature (if member is under 19 years of age)

#### **CONSENT FOR EMERGENCY TREATMENT**

In the event that an Applicant should sustain any injuries while participating in the Frazier Rehab Institute Community Fitness and Wellness Facility activity or while on the premises of Frazier Rehab Institute, the Applicant may be examined and treated by health care personnel, including examination at medical facilities. I voluntarily consent to such examination and treatment for the Applicant, and I release and forever discharge the Frazier Rehab Institute Community Fitness and Wellness Facility, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment.

Client Signature	Date
Parent / Guardian Signature (if member is under 19 years of age)	





### COMMUNITY FITNESS AND WELLNESS FACILITY

Medical Waiver Form- Must be completed by Physician (page 1)

Client/Participant's Name			
Diagnosis (list all)			
List impairments (ex; Hemiparesis	s, etc)		
Sex Height We	eightPulse	Blood Pressure	
Physical ExamNormalA	bnormal Explanation of Abr	rmal Explanation of Abnormalities	
Head/Neck			

Eyes/Vision	
Ears/Hearing	
Heart/Lung	
G.U	
C.N.S	
Skin	
Orthopedic Exam	
ROM Loss/Contractures	
Joint Laxity/Instability	
Other	
Dates of hospitalization in the past two years with admitting diagnosis	





### **COMMUNITY FITNESS AND WELLNESS FACILITY**

Medical Waiver Form (page 2) To be completed by Physician

. o so completed by . Hydrolan		
Significant ABNORMAL tests (EKG, X-Ray, Lab)		
I give Approval for Participation in the fol Fitness and Wellness Facility:	lowing activities at the Frazier Rehab Institute Community	
Regular Physical Exercise	Loading/Weight Bearing Activities (standing frame etc.)	
Locomotor Training	Functional Electrical Stimulation (FES) Bike	
Please list all Restrictions:		

Physician's Name (pleas	se print)	
Phone		
Address		
City	State	Zip
Physician's Signature		Date
Please return all forms to Frazier Rehab Institute-O Attention: Karey McDow 220 Abraham Flexner W Louisville, Kentucky 402 (502) 582-7411- OFFICE (502) 582-7477- FAX	Community Fitness and Wellness I ell ay, 9 <sup>th</sup> Floor 02 <u>=</u>	Facility
ORIGINAL INK FORM IN AND/OR FES PROGRA		T UPON START OF LOCOMOTOR
*(Original Ink Medical \	Naiver must be kept on file at Com	munity Fitness and Wellness Facility Site)
Frazier R Institute KentuckyOne Hea	COMMUNITY FITN	NESS AND WELLNESS FACILITY very Network ife Survey
Thank you for partici	oating in the NeuroRecovery Netw	vork (NRN).
•	he quality of life (QOL) assessmen available from/ to	
To access the questi	onnaire, please log onto this webs	site: <u>www.Nrnqol.co.nr</u>
You will be prompted	to enter your Login ID & Passwor	rd, which are:

\_\_ \_\_ \_

The questionnaire will take you approximately 60 minutes to complete. Please try to answer all the questions at one time, however if you cannot do this you will be able to start the questionnaire where you left off.

You will complete this questionnaire again at discharge from the NRN. Please keep your Login ID and Password.

Our staff will inform you when your next questionnaire is available for you to complete.

If you have any questions, please contact:

Brittney Branson (502) 582-7411 or 582-7461 brittney.branson@jhsmh.org

Karey McDowell (502) 582-7411 karey.mcdowell@jhsmh.org



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