



Letter of Medical Clearance for Intensive Exercise

Dear Medical Physician;

Your patient is being referred to our program for intensive suit therapy. The intensity is 2/4 hours per day, 2/5 days a week. The program consists of intensive exercises causing increased blood pressure, increased heart rate and increased respiration rate. The suit will also be used which causes increased weight bearing throughout the joints of the body anywhere from 10 to 30 pounds. This suit is comprised of a vest, shorts, kneepads, and shoes that are connected with bungee type cords to correctly align the body and then the patient is put through a series of exercises to strengthen the muscles and increase range of motion.

If you believe you patient would benefit from our Intensive Suit Therapy program please fill out and sign the attached form.

If you have any additional questions please feel free to contact us.

Thank you for your time.

Sincerely,

Angelica Gomez
Exercise Therapist/Founder
Allternative Gym
1365 Pritchett Industrial Blvd.
Austell, Ga. 30168
678-945-4662
offices@allternativegym.com
www.allternativegym.com



Patient name: _____ Date of Birth: _____

Diagnosis: _____

Physician's name: _____

Physician's address: _____

Physician's phone: _____

Please review the following conditions and check any that apply:

Cardiac conditions? _____

If yes, please describe _____

High blood pressure? _____

Have a shunt? _____

History of fractures? _____

Bone conditions? _____

Hip subluxation? _____

Please write degree of subluxation for: Right _____ Left _____

Would you recommend a bone density test prior to an intensive therapy session? _____

Seizures? _____ Are they controlled by medicine? _____

Date of last seizure _____

Respiratory conditions? _____

Scoliosis? _____ Degree of curvature? _____

Diabetes? _____

Kidney problems? _____

Any other conditions not mentioned in which precautions need to be taken or would make the intensive therapy contraindicated?

I recommend this patient participate in a program at Allernative Gym.

Physician's Signature

Date