



Robyn Tacon
Physiotherapists Inc

One step at a time



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 Redhill Pre-preparatory school Morningside, 811 Augrabies Avenue Little Falls
 Special interest in Paediatrics and Neurology

AQUATHERAPY INFORMED CONSENT

Aquatherapy is physiotherapy 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.

Client/Child’s Name: _____ **Surname:** _____

Emergency contact person: _____

Telephone: _____

Medical Aid Scheme: _____

Medical Aid Number: _____

Main Member ID Number: _____

Consent to CPR being performed if deemed necessary by treating therapist: yes/no

Consent to call an ambulance if deemed necessary by treating therapist: yes/no

(cost will be for your or your medical aid’s account)

I confirm that I have read and understood the contraindications and precautions to Aquatherapy listed below. I confirm that I am aware that the Aquatherapy pool should NOT be used should I/my child have any contra-indications and that I have consulted with my/their GP should I/they have any precautions mentioned below. I confirm that I take full responsibility for consulting with my medical practitioner before attending Aquatherapy sessions.

I agree to notify my physiotherapist of any such conditions should they arise.

Declaration:

I, _____, the legal guardian/parent of _____, (please print name) hereby indemnify Robyn Tacon, Robyn Tacon Physiotherapists Inc and all employees thereof for all claims against the aforementioned in respect of any loss or damage caused by any event or accident causing personal injury, damage to or loss of property to myself, my dependant and anyone I have responsibility for.

I understand and have been informed that there are inherent risks in my child participating in activities in the water including but not limited to drowning, slips, falls and even entrapment by hair, limb or mechanical items such as jewelery and bathing suit strings. I agree to follow the safety rules as outlined on signs around the pool area and to remind my child of these. I further agree to inform the therapist of any potential problems I or my child may have, or notice, which may affect the safety of myself or someone else.

As an adult and cognitively capable patient I have been informed that during my participation in this exercise, it is my obligation to stop exercising if I experience any symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences. It is also my obligation to stop exercising and discuss with my therapist if I experience back pain, neck pain or any other pain. I have been advised that at any time it is my complete right to decrease or stop exercise and that it is my obligation to inform the therapist of any symptoms I may have. I hereby state that I have been so advised and agree to inform the therapist of my symptoms, should any develop. Furthermore, where possible, I have explained the above to my child.

I hereby allow my child's physiotherapist to act *in loco parentis* regarding the safety and reasoning as to continue or discontinue a session.

Parent/Guardian Name : _____

Signed: _____ **Date:** _____

Please Tick and comment next to any condition that may apply to your child or yourself as applicable. Please indicate individual where applicable:

Contra-indications

Condition	y/n	Details
Gastrointestinal problems/virus		
Acute symptoms Deep Vein Thrombosis		
Systemic illness/pyrexia (normal temp 24hrs prior)		
Cardiac disease, resting angina, recent heart surgery		
Incontinence of faeces unless controlled regime		
Recent surgery – less than 6 weeks ago		

Precautions

Condition	y/n	Details
Wound infection		
Skin infection		
Skin/communicable disease		
Recent surgery – between 6 weeks and 3 months ago		
Recent kidney surgery or disease		
Cardiac or Circulatory problems		
Respiratory problems		
Infection of bladder, skin or eyes		
Uncontrolled Epilepsy		
Contact lens, hearing aid or grommets		
PEG Tube		

Please note:

The well-being and comfort of your child/you is of great importance to us. Therefore, please always remember these items:

- Water bottle with water in it for hydration every 15 minutes
- Sun block and a round hat if possible
- Sunglasses with strap if he/she has sensitive eyes
- Goggles as required
- Swimming Cap
- Aqueous cream (30 minutes before therapy and directly after therapy)
- Towel/s
- Swim nappy as applicable
- Warm clothing to change into afterwards (especially in colder months)