



# Medical/Liability Release Form (To be completed by Physician)

Patient Name: \_\_\_\_\_

Diagnosis (list all): \_\_\_\_\_  
\_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Date of Last Exam \_\_\_\_\_ Physical Exam: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal

Explanation of Abnormalities: \_\_\_\_\_

Recent Bone Density Study: Results (T-Z Score, Brief Summary, Date)  
\_\_\_\_\_  
\_\_\_\_\_

***As a client at Center Of Recovery & Exercise (CORE), patient is able to participate in all of the following focused activities EXCEPT:***

- |  |   |
|--|---|
| <input type="checkbox"/> Rigorous Physical Exercise        | <input type="checkbox"/> Lower Extremity Program            |
| <input type="checkbox"/> Upper Extremity Program           | <input type="checkbox"/> Functional Electrical Stimulation* |
| <input type="checkbox"/> Trunk Stability                   | <input type="checkbox"/> Whole Body Vibration               |
| <input type="checkbox"/> Circuit Training                  | <input type="checkbox"/> Locomotor Training*                |
| <input type="checkbox"/> Loading/Weight Bearing Activities | <input type="checkbox"/> Other: _____                       |

**CORE provides an aggressive exercise-based recovery program to optimize the function, health, and independence for individuals with spinal cord injuries and other neurological disorders. Medical Release is required to ensure the safety and well-being of each participant.**

Physician's Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form to:***  
CORE  
1905 W. State Road 434  
Longwood, FL 32750  
Telephone: 321-418-3050 Fax: 321-421-1382

***(For Office Use Only) Considerations by Executive Director***

**\*FES Arm and Leg Cycle-** The Functional Electrical Stimulation (FES) Bicycle utilizes low voltage electrical stimulation administered via electrode pads placed over specific muscle groups and sequenced through a microprocessor to fire the targeted muscle groups in the proper sequence to facilitate coordinated movements. The most common areas for the lower extremities are the quadriceps, hamstrings, and gluteals to facilitate pedaling while in a seated position. The upper extremities include biceps, triceps, wrist extensors, wrist flexors, and shoulder stabilizer muscles. The RT300 FES also allows stimulation of trunk (abs and back extensors). The RT600 Step and Stand is performed while secured in a harness using a Body Weight Support System (BWSS). The main lower extremities stimulated include quadriceps, hamstrings, gluteals, anterior tibia and gastrocnemius.



**\*Absolute contraindications: cardiac demand pacemaker, unhealed fractures, pregnancy**  
**\*\*Relative contraindications: denervated muscles to be stimulated, severe spasticity, limited range of motion, severe osteoporosis, dysaesthetic pain syndrome, pressure sores or open wounds in areas to be stimulated, implanted hardware less than 3 months old**

**Locomotor Training (LT)-** Locomotor training utilizes a specialized whole body weight support treadmill system with two trainers positioned next to each leg and a third to stabilize the hips.

The principle of locomotor training is to assist the stepping process by providing appropriate sensory cues to the flexor and extensor surfaces of the lower leg during locomotion. Partial weight bearing allows for freedom of input through the feet. Neural retraining occurs as the nervous system relearns motor patterns associated with walking. Repetitive episodes increase overall fitness.

**\*Precautions/Considerations:** Since partial weight bearing is involved with LT, individuals at risk for osteoporosis may require bone density evaluation and gradual weight bearing intervention prior to participating in LT. Previous unstable joints (hip, knee, ankle) or joints with underlying conditions predisposing to injury may be problematic and may require evaluation.

