RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

DON KNABE WELLNESS CENTER

RANCHO Research Institute

Standing Program

PHYSICAL THERAPY WAIVER

Dear Physical Therapist,

Your patient, ________________________________, would like to use a standing frame and participate in the Rancho Wellness Center Standing Program. In order to participate, the patient requires a doctor's prescription and medical clearance from contraindications to standing and the patient requires a physical therapy evaluation to assess the following participation criteria:

1. Hip, knee, and ankle joint range of motion adequate for use of the standing program
2. Spasticity, if present, does not prevent user from easily standing
3. Physiologic responses with prolonged standing are sage for continued use

TO BE COMPLETED BY PARTICIPANT

I, ___________________________________, authorize my physical therapist to release the following requested information to Rancho Los Amigos National Rehabilitation Center and to the Los Amigos Research and Education Institute, Inc. for the purpose of participating in the Don Knabe Wellness Center.

____________________________________ ____________________________________

Signature of participant **Date** **Signature of Guardian or parent if minor**

TO BE COMPLETED BY PHYSICAL THERAPIST (Initial the appropriate line below)

Patient ________________________ has a prescription to participate in the Don Knabe Wellness Standing Program has a written medical clearance for the contraindications to use of this equipment.

- Patient has **no limitations** to participation. _______(PT Initials)
- Patient has **limitations to participation,** however if patient adheres to these limitations, s/he is cleared to participate, Limitations are as follows: __________________________
____ _______ (PT Initials)

____ ______________________________

Physical Therapist Name (Please Print) **Phone Number**

____________________________________ ______________________________

Physical Therapist Signature **Date**

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