

Health Issues Affecting AquaStretch™ Participation

The health issues listed below relate to immersion as well as AquaStretch™. Clients with health risks should be medically screened before participating in AquaStretch™.

Please check any of the following that apply to you:

<input type="checkbox"/> Contagious skin rashes, open wounds	<input type="checkbox"/> Soft Tissue Tears
<input type="checkbox"/> Waterborne diseases: typhoid, cholera, dysentery	<input type="checkbox"/> Abnormal laxity of joints
<input type="checkbox"/> Allergies to chlorine, bromine or other pool chemicals	<input type="checkbox"/> Breaks (fractures)
<input type="checkbox"/> Fever of 38° C or higher	<input type="checkbox"/> ≤ 6 weeks post-operative
<input type="checkbox"/> Pulmonary disease or insufficiency which will not accommodate the increased work of breathing (vital capacity less than 1500 ml)	<input type="checkbox"/> Long-term steroid use
<input type="checkbox"/> Unstable angina; cardiac or renal failure	<input type="checkbox"/> Edema of unknown cause (should get medical clearance first)
<input type="checkbox"/> Kidney disease where there is an inability to adjust to fluid loss	<input type="checkbox"/> Heavy meds or substance abuse
<input type="checkbox"/> Urinary tract infections / lack of bowel or bladder control	<input type="checkbox"/> Involved in litigation re: your injury
<input type="checkbox"/> Epilepsy, uncontrolled seizures	<input type="checkbox"/> Joint replacement
<input type="checkbox"/> Excessive fear of water	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Cognitive functional impairment which would pose a risk to yourself or others	<input type="checkbox"/> Anticoagulant medications (possible bruising)
<input type="checkbox"/> Perforated ear drum	<input type="checkbox"/> Instability of the first vertebrae below the skull (atlas, axis).
<input type="checkbox"/> Uncontrolled abnormal blood pressure (hyper / hypotensive)	<input type="checkbox"/> Whiplash (do not do AS within first 2 weeks of injury)
<input type="checkbox"/> Current or recent radiation treatment (less than 3 months)	<input type="checkbox"/> Cervical fusion (bones of the neck have been surgically fused).
<input type="checkbox"/> Severely weakened or deconditioned state which would pose a risk for safety	<input type="checkbox"/> Vertebral artery compromise: <ul style="list-style-type: none"> ○ <i>Drop attacks (loss of motor control = collapse)</i> ○ <i>Lip paraesthesia (funny sensation = numbness, tingling, burning...)</i> ○ <i>Nystagmus (rapid, uncontrolled flicking of eyes side to side)</i> ○ <i>Spinal cord compression/ compromise (ie: stenosis)</i> ○ <i>Multiple symptoms in the extremities</i>
<input type="checkbox"/> Hiatus hernia; acid reflux	<input type="checkbox"/> Signs of nerve root compression: <ul style="list-style-type: none"> ○ <i>Pain, numbness and tingling distally (toward hands / feet)</i> ○ <i>Loss of sensation</i> ○ <i>Isolated muscle weakness</i>