

'Stand in Line' Exercise Class

Pre Class Information

Thank you for considering joining the 'Stand in Line' Exercise Class.

The class is designed specifically for **improving the alignment and muscle control of your legs from the pelvis to the feet**. This will reduce the abnormal strains inflicted on your joints, muscles, ligaments and nerves caused by faulty movement patterns.

Benefits:

- ✓ **Reduce the risk of developing a lower limb injury**
- ✓ **Facilitate recovery from existing lower limb injuries.**
- ✓ **Improve your performance**

We are sure you will find the classes friendly, motivating and enjoyable. The classes are run by a **Chartered Physiotherapist**, who can provide expert professional advice and observation / correction of your technique. A simple written record will be kept at each attendance to help monitor your progress. There is a **maximum of 8 patients per class**, which allows for excellent supervision. We recommend attending for six consecutive weeks, once a week.

Nature of class: Each class runs for **one hour**. This is an active exercise class, you will be on your feet for most of the exercises. You will also spend some time for example, using an exercise ball and stepping up/down a step. Chairs are provided. You must work at a pace comfortable for you and are welcome to rest whenever you need one! If you have a very severe problem which could hinder your ability to remain standing for most of the class, or a medical problem which could be aggravated or could hinder your ability to participate it may be more appropriate to have individual treatment instead. Please don't hesitate to consult us and/or your doctor if you are in any doubt as to your suitability for the class, before you enrol.

Dress code: It is a good idea to **wear shorts**, as this will allow the Physiotherapist to better observe your exercises and alignment to ensure you are moving correctly.

If you would like to enrol:

Please first **check availability and make a provisional booking**.

Please fill in the **Registration Form and Business Agreement Form and return these together with your payment** to the clinic to secure your place. When you arrive for your class, you will see two entrances to the clinic, please use the one to the right, clearly signed **Exercise Studio**.

Parking: We try to keep the spaces outside the door available for patients attending individual appointments. You can be dropped off and collected at the clinic. There is alternative parking a two minute walk away between the business park and the traffic lights. In the evening there is plenty of parking in the business park.

Please do not hesitate to contact the clinic if you require any further information.

We look forward to meeting you.

'Stand in Line' Business Agreement Form

Please fill in the dates you have provisionally booked below. Once we have received your forms and payment your booking is secured and we will send confirmation and a receipt.

Your **first class** will take place on _____

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Time of Class _____

Terms of Business:

The fee for enrolling on the 'Stand in Line' exercise class programme is £55 for a booking of 6 consecutive classes. Although we do recommend a programme of 6 classes, alternatively you can book a minimum of 4 classes at £10 per class.

Please make cheques payable to "Lakeland & Lunesdale Physiotherapy".

Payment is non-refundable. No reimbursement will be made for failure to attend the classes. It is not possible to alter the dates or times of classes after enrolment.

Cancellation Policy:

In the event of you cancelling within a reasonable period prior to the first class we are under no obligation to reimburse. However, if we are able to find a replacement participant then the clinic will reimburse the fee, less a £10 cancellation fee/£5 cancellation fee for single bookings.

Disclaimer:

Every precaution will be taken by our physiotherapists to ensure your safety. You acknowledge that you are aware of the nature of the classes and that some elements will be physically demanding, and that you are aware of the risks involved. You agree that you are physically capable of participating and accept full responsibility for your own participation in the class. You agree that should any medical or physical reason arise prior to or during the class which is likely to affect your ability to safely participate that you will inform the physiotherapist and agree to withdraw from the class. Lakeland & Lunesdale Physiotherapy & Sports Injury Clinic Ltd's liability for personal injury, death or loss or damage to property is limited to any damage so caused as a direct result of the negligence of the company or the physiotherapist. We shall not be liable to you for any indirect or consequential loss or damage including loss of earnings arising from your participation in the classes nor for an aggregate amount greater than the fee paid for the classes.

We can accept no liability for personal injury related to participation if you have been advised against such exercise; you fail to observe instructions on safety or technique; such negligence is caused by another class participant.

Client Declaration: I have read the above terms of business, cancellation policy and disclaimer, and confirm that I agree to these terms and conditions. I confirm that I have received and read the pre class information sheet.

Signature _____

Date _____

Full Name _____

‘Stand in Line’ Exercise Class Registration Form

Name _____ Date of birth _____

Address _____

Telephone No. Day _____ Eve. _____

Occupation _____

Emergency Contact _____

G.P. _____ Practice _____

Do you have any pain in the following places? Please circle. (L=Left, R = Right)

Back Pain

Hip L Knee L Ankle L Foot L Thigh L Lower Leg L

Hip R Knee R Ankle R Foot R Thigh R Lower Leg R

Have you had any specific injuries? YES NO (Please tick)

For example, sprained R ankle 5 years ago. If YES please give details

Please list your medical and surgical history _____

Please list your current medication _____

Do you suffer from any of the following?
Please circle/delete as appropriate, and give details below.

Heart problem	Blood disorder	Circulatory problem
Diabetes	Osteoporosis	Breathing problem
Fits	Allergies	Cancer

Have you ever taken oral steroids? YES NO (please tick)
If yes please give details

Do you take blood thinners? YES NO (please tick)
If yes please give details

Have you recently been on any other drugs not listed above?
(For example antibiotics)

Is there any other information which might be relevant?

Important information:

Please advise your physiotherapist before commencing each session if:

- Your health or ability to exercise has changed;
- You have started some new medication.

Participant Declaration: I confirm that I have read and understood the important information and that the information I have given is correct.

Signature _____

Date _____

Full Name _____