

AQUATIC PHYSIOTHERAPY SCREENING - TO BE COMPLETED BY PHYSIOTHERAPIST

ASSESSMENT

Please tick box to indicate whether the patient has any of the following conditions, which may be contra indications for Aquatic Physiotherapy/Hydrotherapy (If yes please specify)

	YES	NO	Comments
<u>CNS</u> Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
<u>CVS</u> Hyper/Hypotension	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	
<u>R.S.</u> Respiratory Condition	<input type="checkbox"/>	<input type="checkbox"/>	
<u>G.I.T.</u> Incontinence: Faeces	<input type="checkbox"/>	<input type="checkbox"/>	
<u>G.U.T.</u> Incontinence: Urine	<input type="checkbox"/>	<input type="checkbox"/>	
Indwelling Catheter	<input type="checkbox"/>	<input type="checkbox"/>	
<u>SKIN</u> Open Wound	<input type="checkbox"/>	<input type="checkbox"/>	
Sensitivity to Chlorine	<input type="checkbox"/>	<input type="checkbox"/>	
Other Skin Conditions e.g. Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	
<u>EARS</u> Infections, Hearing Impairment/Hearing Aids, Tubes in Ears	<input type="checkbox"/>	<input type="checkbox"/>	
<u>EYES</u> Infections/Discharges, Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
<u>FEET</u> Tinea, Papilloma, Warts	<input type="checkbox"/>	<input type="checkbox"/>	
<u>OTHER</u> Febrile Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Renal Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Acute Inflammatory Condition e.g. RA	<input type="checkbox"/>	<input type="checkbox"/>	
Swallowing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Deep radiotherapy in past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	
Infectious diseases eg. HIV, Hepatitis, MRSA, VRE, Herpes Simplex (cold sores)	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	N/A Complications: Y/N

	High	Low	Nil
Overall Assessment of Risk through Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Gait:</u> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Supervised <input type="checkbox"/> Non ambulant <input type="checkbox"/>			
Gait Aids _____			
Recommended mode of entry to Pool:	Steps <input type="checkbox"/>	Over side <input type="checkbox"/>	Hoist <input type="checkbox"/>
Level of Assistance required in the water	Maximal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Minimal <input type="checkbox"/>
Is the patient a swimmer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is the patient afraid of water?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Aquatic Physiotherapy/Hydrotherapy Information Sheet given?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Signed _____ Physiotherapist	Surname _____ (BLOCK LETTERS)		
DATE: _____			

Disclaimer:

These aquatic physiotherapy screening forms have been provided as a guide for physiotherapist to use when screening patients before accepting them for aquatic physiotherapy treatment due to the physiology of immersion particularly to the cardiovascular implications, infection control, water safety, current and past medical history. For further details on the responsibilities of the physiotherapist please refer to the 2002 APA Guidelines for Physiotherapists working in and/or managing Hydrotherapy Pools under the sections Clinical Management (assessment, reassessment, documentation) and the Appendices related to screening and infection control.

The screening forms are an adjunct to a full subjective and objective assessment which will be unique to each client. The screening forms can be modified by the treating physiotherapist as necessary for their individual client groups or for individual clients.