

**“Improving Lives Through Exercise”**

Dear Health Care Professional:

Abilities Unlimited, Inc. has a progressive exercise program designed to enhance the level of fitness of you patient.

We are proposing the following exercises for our new client with your advice/permission.

Please review the following program and sign the release below, so that we may allow our new client entrance to our program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Cardio Workout** |  | **Back** |  | **Chest** |
|  | **Stretching** |  | Lat Pulldowns |  | Bench Press |
|  | **Abdominal** |  | Lat Pullovers |  | Cable Flies |
|  | Crunches |  | Seated Rows |  | Vertical Press |
|  | Planks |  | Dumbbell Rows |  | Butterfly |
|  | Leg Raises on mat |  | Deadlift |  | Push ups |
|  | Sit-ups |  | **Shoulders** |  | **Legs** |
|  | Oblique sideTwist |  | Overhead Press |  | Knee Extension |
|  | **Lower Back** |  | Anterior Delt. Raise |  | Knee Flexion |
|  | Planks |  | Internal/External Rotation |  | Plantar Flexion |
|  | Hyper Extensions |  | Medial Delt. Raise |  | Dorsi Flexion |
|  | Superman on Knees |  | **Arms** |  | Hip Adduction |
|  | Superman on Mat |  | Bicep Curls |  | Hip Abduction |
|  | Quarter Deadlift |  | Tricep Extension |  | Squats |
|  | **Gait Training** |  | **Balance/Coordination** |  | Lunges |

Physician/Therapist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature \_

Patient Release for information to Abilities Unlimited, Inc. to be enrolled in our Progressive Exercise Program.

**Future Client: Please hand deliver this form once complete or**

**mailed to the P.O. Box below!**

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