

'Get Hip' Exercise Class

Pre Class Information

Thank you for considering joining the 'Get Hip' Exercise Class.

The class is designed specifically for **rehabilitation following hip surgery**, such as:

***Hip Replacement**

***Hip Resurfacing**

***Arthroscopic surgery**

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 exercises to facilitate you through your rehabilitation.

A simple written record will be kept by yourself and the physiotherapist at each attendance to help monitor your progress. This will be kept on site.

There is a **maximum of 6 patients per class**, which allows for excellent supervision. Classes run on a **weekly basis**. We recommend attending a 6 week programme.

Nature of class: Each class runs for **one hour**. This is an active class, you will be on your feet for most of the exercises. The class includes exercises to improve the movement and strength in your hip, walking practice and stairs practice. One exercise may involve lying on your back. A chair is provided for each participant. You must work at a pace comfortable for you and are welcome to rest whenever you need one! If you have a severe problem with the other leg, 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** during the class, as this will allow the Physiotherapist to monitor the appearance and alignment of your leg, and it is much easier to observe your exercises and walking pattern 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, which takes you to the 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. It is a good idea to have a chauffeur, as you are often advised not to drive for a number of weeks and you will be tired after the class. There is alternative parking a two minute walk away between the business park and the traffic lights.

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

We look forward to meeting you and your hips!

'Get Hip' 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.

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

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Time of Class _____

Terms of Business:

The fee for enrolling on the 'Get Hip' exercise class programme is £15 per class, minimum booking of 3 classes, or £75 for 6 consecutive weeks.

Please make cheques payable to "Lakeland & Lunesdale Physiotherapy"

This 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.

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 _____

'Get Hip' Registration Form

Name _____ Date of birth _____

Address _____

Occupation _____

Telephone No. Day _____ Eve. _____

Emergency Contact _____

G.P. _____ Practice _____

Operation _____ Date of Operation _____

Please indicate which hip (please circle) LEFT RIGHT

Operation _____ Date of operation _____

Surgeon _____ Hospital _____

For how long have you had a problem with your hip? _____

Do you have any other joint problems? _____

Please list your medical and other surgical history _____

Do you suffer from any of the following?

Please circle/delete as appropriate, and give details below if not above

Heart problem Blood disorder Circulatory problem

Diabetes Osteoporosis Breathing problem

Fits Allergies Cancer

Please list your current medication _____

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)

Have you had any complications as a result of your recent operation? YES NO (please tick)
(Please tick. Please give details if YES)

Home situation: Please circle the one which best applies to you.

I live: Alone / With someone who is able to help me / With someone who isn't able to help me
I am a carer

Is there any other information which might be relevant?

Important information:

Please advise your physiotherapist before commencing each session if:

- You have any new concerns about your hip;
- Your health or ability to exercise has changed;
- You have started some new medication.

Please advise your physiotherapist if you experience pain during the session, or if you experienced increased pain after the last session.

Patient 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 _____