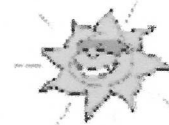


## Alpine Alternatives, Inc. 2016 Summer Programs



Hurray! Summer is coming and Alpine Alternatives has a wide range of fun-filled recreational activities scheduled. We are pleased that we will have many returning staff, and look forward to a great summer. Please help Alpine Alternatives plan safe, fun, and educational activities by submitting completed registration forms as soon as possible. Activities with low enrollment will be canceled. Please keep the following in mind:

The programs as a whole are group activities. If your child/young adult does not function well in this type of environment you are required to provide a care provider to assist and monitor their behavior. There is no charge for the care provider, however if a one-on-one is coming it must be noted on the client's paperwork. The youngest age for Day Outings is 6 (on approval).

### Membership

Alpine Alternatives is a membership organization. Membership for all participants is a requirement stated in our By-Laws and required by our insurance carrier. Membership fees are tax deductible. Our membership/fiscal year is October 1 through September 30. If you have not yet paid your 2015-16 membership please do so at this time.

### Payment of Fees

Fees and memberships must be paid in full, or arrangements made, before anyone will be added to the program roster. We have a PayPal account set up on our web site ([alpinealternatives.org](http://alpinealternatives.org)) that can be used for paying fees. At this time, payments can be made under the "Donate" button, with a notation that it is for membership and summer fees and add the client's name. If you have any questions, please call Nancy in Accounting at 563-0148.

### Refunds

Alpine Alternatives, Inc. offers its adaptive outdoor activities at fees comparable to or less than those charged by other organizations that provide non-adaptive activities. In keeping with those organizations, we will be able to make a refund ONLY if a client does not participate due to the cancellation of an activity by Alpine because of weather conditions or other unforeseen events beyond the control of the agency. If you have any questions regarding this policy, please call our office.

### Return form(s)\* with payment to:

\*Pages 1 - 5 if not horseback riding; pages 1 - 9 if horseback riding\*\* is requested

Alpine Alternatives, Inc.  
2518 E. Tudor Road, Suite 105  
Anchorage, AK 99507

### To reach our office:

(907) 561-6655  
(907) 563-0148 (Accounting)  
(907) 566-4240 (Fax)

Alpine Alternatives, Inc.  
2016 Summer Programs

Day Outings

Alpine is offering a total of 24 outings this summer beginning June 6th. Day outings meet at Alpine's office (2518 E. Tudor) at 9:45 a.m. and return at 4:00 p.m. on all days except for the Valley Wednesdays, which will return at 4:30 p.m. Late pick ups will result in a \$10 late fee. The cost for each Day Outing is \$50, with the exception of the Color Me Mine outing which includes an additional \$15 for the item chosen for painting. (It will be ready one week later) We do not offer day outings during the time we run Camp Abilities.

Clients participating in Day Outings are required to bring the following:

- A sack lunch along with water as we are often in areas that do not provide drinkable water.
- Appropriate dress for the activity. For example, if we are hiking, the participant must wear shoes that are durable. It is also wise to pack an extra sweatshirt and/or light rain jacket in case the weather turns cool and/or wet.
- It is very important that any medication required during the day is in the original medication container, no exceptions. We will not be able to accept medication that is brought in baggies. Medications must be checked in each morning with the Day Outings Director.
- If toileting is an issue, please be sure to provide the necessary items (Attends, Pull-ups, etc.) as well as a change of clothing just in case.
- If signed up for JBER Tour, you must bring a valid I.D. to get on Base

\*\*As of this writing, we have not heard back from the people that provide the horse riding. For that reason, horse riding has been taken off the schedule. However, the Physician's Evaluation and other forms for horse riding are being included in this packet in case things should change.

Overnight Camps

Alpine will not be offering Camp Alpine this year. We anticipate that Camp Alpine will return in 2017.

# Alpine Alternatives 2016 Day Outings

## June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Teachers' LastDay: May 20 Memorial Day: May 30			1	2	3	4
5	6 <u>Pt. Woronzof</u> Drop off: 9:45a Pick up: 4:00p	7 <u>Alaska Zoo</u> Drop off: 9:45a Pick up: 4:00p	8 <u>Reindeer Farm</u> Drop off: 9:45a Pick up: 4:30p	9 <u>*Pizza/Disc Golf</u> Drop off: 9:45a Pick up: 4:00p	10	11
12	13 <u>Franz Bakery Tr</u> Drop off: 9:45a Pick up: 4:00p	14 <u>*Indian Vly Mine</u> Drop off: 9:45a Pick up: 4:00p	15 <u>Wonderland Pk</u> Drop off: 9:45a Pick up: 4:30p	16 <u>*E.R. Nature Ctr</u> Drop off: 9:45a Pick up: 4:00p	17	18
19	20 <u>C.C. Science Ctr</u> Drop off: 9:45a Pick up: 4:00p	21 <u>Color Me Mine</u> Drop off: 9:45a Pick up: 4:00p	22 <u>*Musk Ox Farm</u> Drop off: 9:45a Pick up: 4:30p	23 <u>Auntie Anne's</u> Drop off: 9:45a Pick up: 4:00p	24	25
26	27 <u>*Flattop Hike</u> Drop off: 9:45a Pick up: 4:00p	28 <u>Potters Marsh or Musm/Science</u> Drop off: 9:45a Pick up: 4:00p	29 <u>Wonderland Pk</u> Drop off: 9:45a Pick up: 4:30p	30 <u>AK Public Lands</u> Drop off: 9:45a Pick up: 4:00p		

## July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24	25 <u>JBER Tour</u> Drop off: 9:45a Pick up: 4:00p	26 <u>Anch. Museum</u> Drop off: 9:45a Pick up: 4:00p	27 <u>*T-Bird Falls</u> Drop off: 9:45a Pick up: 4:30p	28 <u>Wildlife Cons Ctr</u> Drop off: 9:45a Pick up: 4:00p	29	30

## August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 <u>*Eklutna Lake</u> Drop off: 9:45a Pick up: 4:00p	2 <u>Papa Murphys</u> Drop off: 9:45a Pick up: 4:00p	3 <u>Wonderland Pk</u> Drop off: 9:45a Pick up: 4:30p	4 <u>Part. Choice</u> Drop off: 9:45a Pick up: 4:00p	5	6

**Alpine Alternatives, Inc.**  
**2016 Summer Registration Form**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Membership

- Under age 18/Family \$30
- Age 18 and up/Individual \$25
- Paid with 2015 Ski Program Fees \$00

Total Membership \$ \_\_\_\_\_

Day Outings - Please check the activity

- M June 06 Pt. Woronzof/Earthquake Park Hike \$50
- Tu June 07 The Alaska Zoo/Park of Participants Choice \$50
- W June 08 Reindeer Farm \$50
- Th June 09 \*Pizza/Disc Golf @ Hilltop \$50
  
- M June 13 Franz Bakery Tour \$50
- Tu June 14 \*Indian Valley Mine \$50
- W June 15 Wonderland Park \$50
- Th June 16 \*Eagle River Nature Center \$50
  
- M June 20 Campbell Creek Science Center \$50
- Tu June 21 Color Me Mine \$65\*\*
- W June 22 \*Musk Ox Farm \$50
- Th June 23 Auntie Anne's Pretzels \$50
  
- M June 27 \*Flattop Hike \$50
- Tu June 28 Potters Marsh or Museum of Science & Nature \$50
- W June 29 Wonderland Park \$50
- Th June 30 AK Public Lands Info Ctr w/animal from zoo \$50
  
- M July 25 JBER Tour \$50
- Tu July 26 Anchorage Museum/Coastal Trail Hike/Elderberry Park \$50
- W July 27 \*Thunderbird Falls Hike \$50
- Th July 28 Alaska Wildlife Conservation Center \$50
  
- M Aug 01 \*Eklutna Lake Hike \$50
- Tu Aug 02 Papa Murphy's Pizza Tour \$50
- W Aug 03 Wonderland Park \$50
- Th Aug 04 Participants' Choice \$50

\*NOT WHEELCHAIR ACCESSIBLE

Total Day Outings \$ \_\_\_\_\_

**Total Fees Enclosed** \$ \_\_\_\_\_

ALPINE ALTERNATIVES, INC.  
2016 SUMMER CLIENT INFORMATION SUMMARY

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ M or F \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Evening Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Evening Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Other \_\_\_\_\_

Individual(s) authorized to pick up client from Alpine events \_\_\_\_\_

Disability (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Learning Disabled     | <input type="checkbox"/> Spina Bifida      | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Mentally Challenged   | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Autism             |
| <input type="checkbox"/> Physically Impaired   | <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Speech Impaired    |
| <input type="checkbox"/> Hearing Impaired      | <input type="checkbox"/> Cerebral Palsy    | <input type="checkbox"/> Brain Injury       |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Down Syndrome     | <input type="checkbox"/> Other _____        |

Behavior (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Hyperactive              | <input type="checkbox"/> Hits Others                   |
| <input type="checkbox"/> Temper tantrums          | <input type="checkbox"/> Socially isolated             |
| <input type="checkbox"/> Loud or abusive language | <input type="checkbox"/> Inappropriate sexual behavior |

Warning signs of emotional or physical outbursts: \_\_\_\_\_

Techniques for control of inappropriate behavior: \_\_\_\_\_

Cognitive Ability: \_\_\_\_\_  
\_\_\_\_\_

Communication skills: \_\_\_\_\_

Mobility: \_\_\_\_\_ Ambulatory \_\_\_\_\_ Non-ambulatory

Special Adaptive Equipment (please list): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Does this person experience seizures? \_\_\_\_\_ Type: \_\_\_\_\_  
Duration \_\_\_\_\_ Name and dosage of seizure medication \_\_\_\_\_

Other current medication(s) and dosage: \_\_\_\_\_  
\_\_\_\_\_

Fears: \_\_\_\_\_

Specify type and degree of assistance required in each area:

Eating: \_\_\_\_\_

Dressing: \_\_\_\_\_

Grooming: \_\_\_\_\_

Bathing: \_\_\_\_\_

Toileting: \_\_\_\_\_

Bedtime routine: \_\_\_\_\_

Uses protective garments? \_\_\_\_\_

Additional information about the client that you would like to share: \_\_\_\_\_  
\_\_\_\_\_

Guardian/Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) responsible for payment of fees: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Alpine Alternatives and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

**In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Alpine Alternatives related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

1. **Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.
3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.
4. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of AK and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Municipality of Anchorage County, AK; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>
		<b>Date</b>

ALPINE ALTERNATIVES, INC.

AUTHORIZATION TO PROVIDE TRANSPORTATION

I, as parent/guardian with legal responsibility for this participant, give permission for \_\_\_\_\_ to go on Day Outings, field trips and other activities requiring transportation provided by Alpine Alternatives.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

---

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Alpine Alternatives has an established emergency medical plan. In cases of minor injuries or illness, authorized trained personnel may administer first aid or medication. In cases of serious injury or illness, personnel will call for emergency medical treatment or provide transportation to emergency services as needed. In all cases, a parent/guardian will be notified.

I, as parent/guardian with legal responsibility for this participant, authorize Alpine Alternatives to administer first aid, call for emergency medical treatment, and/or provide emergency transportation as described above to \_\_\_\_\_. I, as parent/guardian with legal responsibility for this participant, further agree to bear all cost of emergency services provided.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

---

AUTHORIZATION TO UTILIZE AUDIOVISUAL PRODUCTS

Alpine Alternatives has frequent occasion to illustrate and explain its programs and activities for volunteer recruitment, fund raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs of our activities and participants. However, we would never intentionally offend our clients, friends, and supporters without their understanding and consent. Should you feel comfortable in assisting in this manner, we would appreciate your consent.

I, as parent/guardian with legal responsibility for this participant, or as a volunteer/staff of legal age, consent to Alpine Alternatives, Inc. using any audiovisual products for such purposes as described above .

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



ALPINE ALTERNATIVES, INC.  
ADAPTIVE HORSEMANSHIP PHYSICIAN'S EVALUATION

(This form MUST be filled out by a physician if the client is to participate in the Horse Program)

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Cause: \_\_\_\_\_  
 Medications:(type, purpose, dose) \_\_\_\_\_

If Down Syndrome, Atlanto-Axial Subluxation?: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Cervical X-ray for Subluxation: Pos. \_\_\_\_\_ Neg. \_\_\_\_\_ X-ray Date: \_\_\_\_\_  
 Tetnus Shot: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Please indicate if the client had, or has, a history of the following secondary health concerns by checking YES or NO. If YES, please include information pertaining to the concern checked.

<u>Concern</u>	<u>Yes</u>	<u>No</u>	<u>If Yes, describe</u>
Allergies	_____	_____	_____
Ambulatory	_____	_____	_____
Asthma/COPD	_____	_____	_____
Auditory Impairment	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Cranial Defects	_____	_____	_____
Dislocating joints	_____	_____	_____
Fractures	_____	_____	_____
Hemophilia	_____	_____	_____
Heterotrophis Ossification	_____	_____	_____
Hydrocephalus	_____	_____	_____
Joint disease	_____	_____	_____
Kyphosis/Lordosis	_____	_____	_____
Laminectomy/Fusion	_____	_____	_____
Learning disability	_____	_____	_____

Please complete back of page and sign

<u>Concern</u>	<u>Yes</u>	<u>No</u>	<u>If Yes, describe</u>
Mental Impairment	_____	_____	_____
Neurological	_____	_____	_____
Orthodontics	_____	_____	_____
Postural Hypotension	_____	_____	_____
Prosthetics	_____	_____	_____
Psychological Impairment	_____	_____	_____
Pulmonary	_____	_____	_____
PVD	_____	_____	_____
Scoliosis	_____	_____	_____
Seizures	_____	_____	_____
Last seizure: _____		Type: _____	
Sensory Loss	_____	_____	_____
Shunt	_____	_____	_____
Number of revisions _____			
Speech Impairment	_____	_____	_____
Spinal Abnormality	_____	_____	_____
Spinal Column Injury	_____	_____	_____
Spondylolistheses	_____	_____	_____
Subluxing joints	_____	_____	_____
Visual Impairment	_____	_____	_____

\*\*\*\*\*

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to :

Alpine Alternatives  
2518 E. Tudor Rd., Ste 105  
Anchorage, AK 99507  
Phone: (907) 561-6655  
Fax: (907) 563-9232

ALPINE ALTERNATIVES, INC.  
MEDICAL RELEASE  
HORSEBACK RIDING PROGRAM

(This form must be filled out by a physician in order to participate in the Horseback riding program)

Client's Name: \_\_\_\_\_

This client has permission to participate in a horseback riding program under appropriate supervision.

An evaluation by a Physical Therapist is \_\_\_\_\_ is not \_\_\_\_\_ necessary.

If an evaluation by a Physical Therapist is necessary, please write a prescription.

Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contraindications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to :

Alpine Alternatives  
2518 E. Tudor Rd., Ste 105  
Anchorage, AK 99507  
Phone: (907) 561-6655  
Fax: (907) 563-9232

ALPINE ALTERNATIVES, INC.  
PHYSICAL THERAPY EVALUATION FORM  
(Horse program only)

(This form is to be filled out only if stated as necessary on the form prior to this one)

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Muscle Strength: Gross: \_\_\_\_\_

Specific Weakness: \_\_\_\_\_

Joint ROM: Gross: \_\_\_\_\_

Specific Limitations: \_\_\_\_\_

\_\_\_\_\_

Muscle Tone: \_\_\_\_\_

Balance: Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_

Coordination: Gross Motor: \_\_\_\_\_ Fine Motor: \_\_\_\_\_

Reflex Activity: Developmental: \_\_\_\_\_

Tendon: \_\_\_\_\_

Pain: Character: \_\_\_\_\_ Location: \_\_\_\_\_

Caused by: \_\_\_\_\_ Relieved by: \_\_\_\_\_

Sensory Impairments: \_\_\_\_\_

Perceptual Problems: \_\_\_\_\_

Communication Difficulties: \_\_\_\_\_

Skin Condition(s): \_\_\_\_\_

Functional Abilities: Mobility: \_\_\_\_\_

Transfers: \_\_\_\_\_

ADL Skills: \_\_\_\_\_

Fused Joints (if any): \_\_\_\_\_

Severe Joint Limitations or Contractures: \_\_\_\_\_

Hip Subluxation (dislocation): \_\_\_\_\_

Significant degree of abductor tightness: \_\_\_\_\_

Precautions: \_\_\_\_\_

Contra-indications: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_