

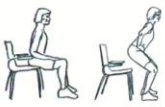






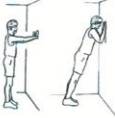



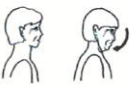


1		Ankle Range of Motion
2		Standing and Seated Marching
3		Chair Stand
4		Rowing
5		Heal and Toe Raise
6		Side Leg Raise
7		Modified Hip Extension
8		Modified Push-Up
9		Arm Raises
10		Tricep Push
11		Modified Abdominal Curl
12		Chest Stretch
13		Calf Stretch
14		Chin to Chest



One on One SMART Referral

(Seniors Maintaining Active Roles Together)

To be eligible, clients must:

1. Not be currently receiving physiotherapy
2. Have functional goals that can be addressed through standardized exercise
3. Be currently unable to attend group exercise
4. Have a goal to transition to group exercise

Health Care Provider Name & Designation: _____

Patient/Client Name: _____

DOB: _____

Address: _____

Telephone: _____

_____ would like to participate in the SMART gentle exercise program. A trained facilitator will support him/her to complete these 14 exercises.

Please let us know if there are any **contra-indications** to these exercises or any medical conditions that might be adversely affected by gentle movement on a regular basis:

If one or more of these exercises is NOT advisable, please put an X through that particular box.

_____ is appropriate for the SMART gentle exercise program on this date. Yes No

Health Care Providers Signature: _____
 Discharge summary attached

Client Signature: _____
(Completed at time of assessment)

Date: _____

FAX: 905-821-8256 ATTN: SMART Program Phone: (905)821-3254 x 4216