

# Walk On Client Application Form

Please return your application to:

PO Box 397, Matraville NSW 2036 [walkon@scia.org.au](mailto:walkon@scia.org.au) (02) 9661 9598

In an effort to facilitate the safest and effective recovery project, SCIA requires all potential clients to complete this application form. Information provided in this application form will remain confidential to SCIA and its contractors and is protected by the *Privacy Act 1988* (Cth). The information is to be used solely by the staff and contractors of SCIA in determining your eligibility to participate in the Walk On Project and, if eligible, for the purposes of designing and implementing your Exercise Program. To give effect to this, SCIA may provide information from this application form to entities granting the use of their facilities to SCIA for the purpose of the Walk On Project including, but not limited to, partnered facilities with which Walk On is affiliated.

## Client Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Occupation: \_\_\_\_\_ Sports/Hobbies: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Possible Start Date: \_\_\_\_\_

Is your accident covered by insurance? If yes, please specify Insurance Company YES / NO \_\_\_\_\_

Desired Program Type:  At-Home Program  In-House Preferred Location:  Brisbane  Sydney

## Alternate Contact / Next of Kin

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone/Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Set as primary contact? Y / N

## Injury Details

Level of SCI: \_\_\_\_\_

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please circle one Complete / Incomplete Asia Level/Score: \_\_\_\_\_

How were you injured?: \_\_\_\_\_

At what hospital were you treated?: \_\_\_\_\_ City/State: \_\_\_\_\_

Treating physician: \_\_\_\_\_ Date of last medical examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current predicted discharge date (if still in hospital): \_\_\_\_\_

## Bone Density Scan

**NOTE: All clients must obtain a bone density scan and are required to submit a copy of the bone density report with your doctor's interpretation (as we do not interpret bone density reports) with their application. Your application will not be processed without it.**

Have you recently had a Bone Density Scan completed? (please tick one)  Yes (Please attach to this form)  No

Results: Normal \_\_\_\_\_ Other: \_\_\_\_\_

**Physical Abilities** – Please describe your physical abilities in specific details, particularly regarding your legs

Upper Extremity: \_\_\_\_\_

\_\_\_\_\_

Trunk (ie. Can you sit up): \_\_\_\_\_

\_\_\_\_\_

Lower Extremity: \_\_\_\_\_

\_\_\_\_\_

Please list any physical problems or special considerations (i.e. Osteoporosis/osteopenia, knee instability, joint/muscle disorder, obesity, hypersensitivity, rods in back or other health issues):

\_\_\_\_\_

Are you able to complete a simple transfer independently?    YES / NO    Comment if required \_\_\_\_\_

Do you experience tone or spasm? If yes, please describe in detail    NO / YES \_\_\_\_\_

\_\_\_\_\_

Previous rehabilitation (if any): \_\_\_\_\_ Date last attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_

**Medication** - Please list all medications you are currently taking including any anti-depressants

Medication Type	Dosage mg/day	Type (function)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please indicate by ticking 'Yes' or 'No' to any of the following conditions that apply to you either at present or have applied in the past. If you tick 'Yes' to any of the following, please explain.**

Conditions	Details of Condition
History of chest pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of heart disease or any other heart / valve disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of heart problems in immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Varicose veins / Thrombosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Osteoporosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Osteopenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of pathological fracture, resulting from osteoporosis or osteopenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain / Sciatica?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spinal / Disc problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whiplash / Neck pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis / Joint injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscular conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous other major injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major skin conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery (other than SCI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head / Brain Injury / Memory Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dizzy / Faint spells?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma /Breathing / Lung problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advice from your Doctor not to exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty with physical exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke cigarettes? Please indicate how many packs a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consume alcohol? How many units per day and type of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consume caffeine? How many per day? (including energy drinks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any other condition or disorder not mentioned above that would complicate your participation in an exercise program? If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Medical Advice

Has your medical practitioner approved your participation in the Walk On Project and provided a recommendation which is attached to this application?  Yes  No

(Please note approval is required prior to commencing your first session with Walk On)

Are you accustomed to vigorous exercise?  Yes  No

### How did you hear about Walk On?

Referred by Doctor, Who? \_\_\_\_\_  Referred by Client, Who? \_\_\_\_\_

Online Search \_\_\_\_\_  Chat Room (i.e.: CureCare) \_\_\_\_\_

Referred by Walk On Staff, Who? \_\_\_\_\_  Other \_\_\_\_\_

### Become a member of Spinal Cord Injuries Australia

Spinal Cord Injuries Australia (SCIA) has a vision for an Australian culture that embraces people with disabilities and encourages them to participate equally in all aspects of life. It is important to us that we represent the needs of people with a spinal cord injury and those who form their network within the community. Your ongoing membership is a vital component in our efforts to ensure our services and support remain relevant to the people who need them most. By completing this section of the Walk On application form, not only will you will continue to play an active role in the development of our organisation but you will have access to a range of support groups and services, discounted Walk On fees, a quarterly magazine – Accord and be kept up to date with spinal cord research.

If you would like to enjoy the benefits of being a member of SCIA, **including discounted fees to Walk On**, please complete the section below. Our President, David Brice has endorsed anyone who completes this section of the Walk On application form to receive a free 12 month membership that does not require a proposer or endorsement for the application on SCIA Membership to be accepted.

NOTE: To become a member of SCIA you must be 18 years of age or over. Those applicants who are under 18, but have a Parent or Guardian who wish to become a member will still receive the Walk On discounted fee. Those receiving their first year free are eligible to vote 12months after a membership is approved.

\_\_\_\_\_  
Name of applicant (Required) Relationship to the Walk On Client (if applicable)

Do you wish to become a member of SCIA? (NB discounted fees only apply to SCIA members)  Yes  No

Do you wish to receive Accord, the organisation's quarterly magazine?  Yes  No

Do you wish to receive the Annual / Financial Report?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if wishing to become a member)

### Declaration

I have completed this application to the best of my knowledge. I have disclosed any known or diagnosed medical problems or characteristics that may affect my eligibility to participate in the Walk On Project. I understand that if necessary, SCIA reserves the right to request [additional] medical clearance which may involve a [further] bone scan and/or physician's evaluation and approval to join the project. Further, that SCIA has the right to deny my participation in the project if these requests are not fulfilled. I also understand that participating in the Walk On Project while under the influence of any uncontrolled substance is strictly prohibited and will result immediate termination of my participation in the program if detected. SCIA reserves the right to terminate training at anytime.

\_\_\_\_\_  
Clients Name (Required) Signature (Required)

\_\_\_\_\_  
If client under 18, print name of Parent/Guardian Relationship to Client

\_\_\_\_\_  
Parent/Guardian Signature Date

# Walk On Direct Debit Agreement

Spinal Cord Injuries Australia (SCIA) is a not for profit organisation and currently receives no government funding to support Walk On clients. While we endeavour to keep costs to a minimum, the program exists on client fees and SCIA and support partner organisations subsidies. Fees are to be **paid in advance via direct debit from a nominated bank account or by credit card**. A Direct Debit Payment form is included in this application pack. A cancellation policy for individual sessions is outlined below.

## DIRECT DEBIT AGREEMENT

### Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between Spinal Cord Injuries Australia (SCIA) and you, we undertake to periodically debit your nominated account or credit card for the agreed amount for your four week cycle in-house fees or one off At-Home Program fee as defined in the Walk On Fee Table. All fees covered by insurance require a letter from the insurance company confirming the payment schedule as agreed with SCIA.

### Drawing arrangements

Drawings under the Direct Debit arrangement will occur on a predetermined 4 week cycle. Please note that drawings may take up to 5 business days to come out of your account and credit card debits will be dependent upon your financial institution. If you wish to discuss any changes to the initial terms of your debit arrangements please contact SCIA at [walkon@scia.org.au](mailto:walkon@scia.org.au) or (02) 9661 8855. If your drawing is returned or dishonoured by your financial institution we will contact you seeking that you urgently rectify the issue.

### Changes to the arrangements / enquiries

If you want to make changes to your payment arrangements, written notice of this must be forwarded to SCIA. Adequate notice is required to allow for processing of your request. Should you wish to discuss these arrangements or have any general enquiries, please contact Walk On at [walkon@scia.org.au](mailto:walkon@scia.org.au) or (02) 9661 8855. If you are experiencing financial difficulties please contact SCIA to discuss as non payment of fees will result in suspension from the program.

### Cancellation Policy

If a client misses a session due to injury or illness every effort will be made to find a suitable time to reschedule the session for another time during the four week cycle (or in a future cycle). This will be solely dependent on the availability of recovery specialists and clients and the availability and suitability of other cancellation spots. Refunds will not be available. A minimum of 24 hours notice is requested for any cancellation to assist rescheduling.

### What you need to do

If paying from a nominated bank account ensure that:

- Your account can accept direct debits to cover your agreed Walk On fee (your financial institution can confirm this); *and*
- On the drawing date (and for 5 subsequent days) there are sufficient cleared funds in the nominated account; *and*

If paying by credit card ensure that:

- You advise us of any changes, in writing, to your credit card information, e.g. expiry date, or bank account details, *and*
- Your credit card daily limit is sufficient to cover your Walk On fees.

# Walk On

## Direct Debit Payment Form

Your account will be charged on a predetermined 4 week cycle for your participation in Walk On. In the event of cancellation of a session by you every effort will be made to find a suitable time to reschedule the session for another time during the four week cycle (or in a future cycle). A minimum of 24 hours notice is requested for any cancellation to assist with rescheduling. **Please note: There will be no refunds for cancelled sessions.**

I / we request Spinal Cord Injuries Australia (SCIA) to arrange for funds to be debited from my / our nominated account at the financial institution shown below in payment for any amounts owed by me to SCIA.

### Applicant's Details

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### Banking Details – If paying by a nominated bank account

**Please ensure that your daily limit is sufficient to cover your Walk On fee**

Name on Account: \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ BSB: \_\_\_\_\_  
Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card details – If paying via Credit Card

**Please ensure that your daily limit is sufficient to cover your Walk On fee**

Name on Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Card Expiry: \_\_\_\_\_ Card Type: Visa  Mastercard  American Express   
Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Service Agreement

## Between

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

Client's Address: \_\_\_\_\_

and

Spinal Cord Injuries Australia ("SCIA")

Address: PO BOX 397 MATRAVILLE NSW 2036

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## Background

- (a) SCIA proposes to provide You with the opportunity to participate in Walk On®, a program of monitored exercise to advance recovery using the Dardzinski Method™ and other allied methods.
  - (b) SCIA will develop a structured program of exercise for You using the Dardzinski Method™ and other allied methods ("**the Exercise Program**") in accordance with this Service Agreement ("**the Agreement**").
  - (c) You agree to participate in the Exercise Program.
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## 2. Service provided by SCIA

- (a) Upon receipt of Your Application Form, SCIA will assess the application to determine whether You are suitable for participation in the Exercise Program. SCIA may decide in its absolute discretion not to allow You to participate in the Exercise Program.
- (b) If Your Application Form suggests that You may be a suitable candidate for the Exercise Program SCIA will meet with You for an initial consultation at the Walk On centre ("the Centre").
- (c) During the initial consultation, SCIA will:
  - (i) review Your Application Form and medical records including a bone density report;
  - (ii) explain the theory of the Dardzinski Method™ and its guidelines;
  - (iii) evaluate Your abilities and prepare Your Exercise Program.

- (d) Following the initial consultation, SCIA will confirm Your suitability to participate in the Exercise Program.
  - (e) Unless otherwise agreed between You and SCIA, the Exercise Program will allow for regular visits ("**Visits**") to the Centre.
  - (f) At each Visit, SCIA will provide You with supervision and guidance for Your Exercise Program.
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### **3. The Client's responsibilities**

- (a) You must complete the Application Form and answer all questions in it truthfully and to the best of your abilities. You must also read the Client Acknowledgement and Checklist provided to You by SCIA and sign it to acknowledge that You have read it.
  - (b) The Exercise Program does not constitute medical advice, diagnosis or treatment. It is your responsibility to obtain such medical or other health advice as you think necessary in relation to the Exercise Program.
  - (c) You must undergo a bone density test and provide the results of that test to SCIA along with a medical clearance acceptable to SCIA before participating in the Exercise Program.
  - (d) Before commencing and at all times during Your participation in the Exercise Program, You must satisfy yourself that the exercises are appropriate and acceptable to You. There is no obligation on You to agree to the Exercise Program. However, by participating in the Exercise Program You acknowledge that they are appropriate and acceptable to You.
  - (e) During any Visit You must obey any lawful and reasonable direction of SCIA or its authorised representatives.
  - (f) It is Your responsibility to inform an exercise recovery specialist employed by SCIA immediately if You develop a blister, skin breakdown or any other medical condition which may affect Your participation in the Exercise Program.
  - (g) It is Your responsibility to manage and provide for Your own personal care during each Visit.
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### **4. Payment of fees**

- (a) You agree to pay SCIA a fee in advance for each scheduled visit in accordance with the Fee Table at Schedule 1 to this Agreement and as amended from time to time.
- (b) SCIA may increase its rates at any time without prior notice to you.

- (c) You acknowledge that You are personally responsible to pay all fees for services rendered to You and agree to pay them as and when they become due.
  - (d) Any billing sent by SCIA to an insurance company, solicitor, or other third party is for Your convenience and does not relieve Your liability to pay any Fee charged for services provided pursuant to this Agreement.
  - (e) You authorise SCIA to release to the client's insurance carrier and its agents any information needed to determine payments to be made by the insurance carrier or any of its agents. You authorise payment for these services to be paid directly to SCIA in advance of each scheduled appointment.
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## 5. Release and Indemnity

- (a) In consideration for being permitted to participate in the Walk On® program conducted by SCIA, You release and hold harmless, forever discharge and covenant not to sue SCIA, its owners, officers, staff, employees, agents and/or subcontractors, from and against any and all liabilities, claims and causes of action including, but not limited to, negligence, by reason of any personal injury, accident, illness, death or property loss or any other consequence resulting directly or indirectly from or in any manner arising out of, or in connection with, Your being a participant in the Exercise Program.
- (b) You agree to indemnify SCIA and its owners, staff, employees, and agents in connection with any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, solicitor's fees, brought as a result of Your involvement in the Exercise Program and to reimburse them for any such expenses incurred.
- (c) You agree that the foregoing release and indemnity are intended to be as broad and inclusive as is permitted by the law of the state or territory in which You participate in the program and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect
- (d) In the event that this Agreement constitutes the supply of services to a consumer as defined in the *Trade Practices Act 1974*, as amended, or relevant State or Territory legislation ("the Acts") nothing contained in this Agreement excludes restricts or modifies any condition, warranty or other obligation in relation to this Agreement and the services to be supplied hereunder which pursuant to the Acts or any of them is applicable or is conferred on You where to do so is unlawful, in which event SCIA's sole liability for breach of any such condition, warranty or other obligation, including any consequential loss which You may sustain or incur, shall be limited (except to the extent specifically set forth herein) to:
  - (i) the cost of supplying of the services again; or
  - (ii) the payment of the cost of having the services supplied again,as in each case SCIA may select.

- (e) Subject only to clause 5 (d), all conditions and warranties which would or might otherwise be implied in this Agreement, whether by operation of statute, inference from circumstances, industry practice or otherwise, are hereby excluded.
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## **6. Termination of Services**

- (a) Either You or SCIA may terminate this Agreement and Your further participation in the Exercise Program at any time, for any reason, with or without cause or notice.
  - (b) In the event of termination, You are liable to pay SCIA for any scheduled visits which You have attended, but neither party shall otherwise be liable to the other.
  - (c) No oral or written statement shall limit the right to terminate the agreement.
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## **7. Consent to Use of Materials**

- (a) By signing this Agreement You give SCIA a perpetual, worldwide, royalty-free, sub-licensable, assignable license to use their name, voice, visual likeness, photographs and film of them obtained in connection with Walk On® (collectively, the "Materials") to use, adapt, modify, reproduce, distribute, publicly perform and display, in brochures, advertisements, commercials, on the SCIA website and in any form now known or later developed throughout the world. You understand and agree that SCIA shall be the exclusive owner of all title and interest, including copyright, in any and all works containing the Materials.
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## **8. Governing law**

- (a) This agreement is governed by and must be construed according to the law applying in New South Wales.
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## **9. Entire agreement**

- (a) To the extent permitted by law, in relation to its subject matter, this Agreement:

- (i) embodies the entire understanding of the parties, and constitutes the entire terms agreed by the parties; and
  - (ii) supersedes any prior written or other agreement of the parties.
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**10. Informed consent**

- (a) You warrant that You are able to participate in the Exercise Program and have not been advised otherwise by a qualified medical practitioner.
- (b) You hereby confirm that You are at least 18 years of age; You have read this Agreement and understand its contents. If You are under 18, Your parent or guardian must sign. You acknowledge that You understand, and agree to the terms and conditions of this Agreement.

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**Client Name (Printed)** If under 18, a signature of parent or guardian is required

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Signature

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**Parent or Guardian Name (Printed)**

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Signature

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Date

**Spinal Cord Injuries Australia**

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**Name (Printed)**

---

Signature

---

Date

# Walk On Fee Table

as at March 2010  
Service Agreement Schedule 1

Spinal Cord Injuries Australia (SCIA) is a not for profit organisation and currently receives no government funding to support Walk On clients. While we endeavour to keep costs to a minimum, the program exists on client fees and SCIA and support partner organisations subsidies. Fees are to be **paid in advance via direct debit from a nominated bank account or by credit card**. Your account will be charged on a predetermined 4 week cycle for your participation in the Walk On program. A Direct Debit Payment form is included in this application pack. A cancellation policy for individual sessions is outlined below.

In-House Program			
Location	Cost – SCIA Member	Cost – Non SCIA Member	Details
Brisbane	\$75/hour plus GST +\$2.50 Gym Fee	\$90/hour plus GST +\$2.50 Gym Fee	Ongoing In-House one-on-one training for regular private clients of the Walk On program
Sydney	\$75/hour plus GST + \$2.50 Gym Fee	\$90/hour plus GST + \$2.50 Gym Fee	

In-House Program – Insurance Claims		
Location	Cost	Details
Brisbane	\$90/hour plus GST + \$2.50 Gym fee	For In-House clients requiring invoicing and reporting to Insurance Agencies including Workers Compensation and CTP claims NOTE: SCIA Membership discounts do not apply to clients covered by Insurance
Sydney	\$90/hour plus GST + \$2.50 Gym Fee	

At-Home Program			
Location	Cost – SCIA Member	Cost – Non SCIA Member	
At Home / Brisbane	\$1800 plus GST	\$2300 plus GST	Includes 16 hours (2 hours/day x 8 days/fortnight) of training in either the Sydney or Brisbane facility. Provision of a DVD of exercises and training manual included.  Note: Any sessions over the included 16 hours will be charged at \$75p/h + GST + gym fee.
At Home / Sydney	\$1800 plus GST	\$2300 plus GST	

## Standard In-House program

The majority of Walk On clients are likely to be private clients involved in the In-House program. All sessions are of 2 hours duration. Most clients are likely to be scheduled for 3 x 2 hours sessions each week to maximise recovery benefits. Clients need to take into account the hourly fee, additional GST component and gym fees when calculating their 4 week cycle program cost.

## Cancellation Policy

If a client misses a session due to injury or illness every effort will be made to find a suitable time to reschedule the session for another time during the four week cycle (or in a future cycle). This will be solely dependent on the availability of recovery specialists and clients and the availability and suitability of other cancellation spots. Refunds will not be available. A minimum of 24 hours notice is requested for any cancellation to assist rescheduling.



## Walk On: The Spinal Cord Injury Recovery Project

### Spinal Cord Injuries Australia (SCIA)

#### Client Acknowledgement and Checklist

This acknowledgement and checklist is intended to assist you in completing the Service Agreement ("the Agreement") and understanding more about the service provided to you by SCIA and your responsibilities under the Agreement.

If you have any questions in relation to this checklist or the Agreement please contact your Walk On Recovery Specialist.

**You should read this form carefully as by ticking the boxes you are agreeing to the following statements:**

<p>1. Prior to commencing and at all times during your participation in the program, you must satisfy yourself that the exercises are appropriate and acceptable to you. There is no obligation on you to agree to the exercises. However, by participating in the exercises you acknowledge that they are appropriate and acceptable to you.</p>	<input type="checkbox"/>
<p>2. You acknowledge that, while the exercise program will be prepared by SCIA employees who are trained in the Dardzinski Method, those employees are not medical practitioners or health practitioners of any kind.</p>	<input type="checkbox"/>
<p>3. You understand that the program and the exercises do not constitute medical advice, diagnosis or treatment. It is your responsibility to obtain such medical or other health advice as you think necessary in relation to the exercise program.</p>	<input type="checkbox"/>
<p>4. You acknowledge that participation in the program will be an extreme test of your physical and mental capabilities which raises the risk of personal injury and/or loss arising from personal injury.</p>	<input type="checkbox"/>
<p>5. You acknowledge that participation in the Walk On program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises and sprains to major injuries such as bone fractures, joint or back injuries, heart attacks, concussions and catastrophic injuries including further paralysis and death.</p>	<input type="checkbox"/>
<p>6. In particular, you acknowledge that, as a person with a spinal cord injury or disease you are susceptible to osteoporosis or osteopenia and you understand you are at high risk of breaking bones or suffering fractures.</p> <p>Osteoporosis is a disease in which bones become fragile and more likely to break due to loss of bone density. Osteopenia is low bone density. If not prevented or if left untreated, osteoporosis and osteopenia can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine and wrist. Any bone can be affected, but of special concern are fractures of the hip and spine. A hip fracture almost always</p>	<input type="checkbox"/>

<p>requires hospitalisation and major surgery. It can impair a person's ability to complete daily tasks unassisted and may cause further prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious consequences including, but not limited to, loss of height, severe back pain and deformity.</p>	
<p>7. You acknowledge that participation in the Walk On program may cause areas of your skin to suffer damage or injury.</p> <p>For obvious reasons, proactive, preventative skin checks should be a daily priority. It is your responsibility to check your skin every day, especially after a workout. It is also your responsibility to inform your Walk On recovery specialist immediately if you have a blister or skin breakdown which could potentially become a problem. This will allow your training team to design and implement a modified workout plan until your skin heals.</p> <p>If your Walk On recovery specialist is unaware of your skin problem, your workouts will continue as scheduled and your minor skin issue may eventually become an advanced pressure sore. If this occurs, it will definitely keep you out of your program and slow your recovery.</p>	<input type="checkbox"/>
<p>8. You acknowledge it is your responsibility to manage and/or provide for your own personal care during each visit.</p>	<input type="checkbox"/>
<p>9. You have read and understood the Indemnity Provisions in Clause 5 of the Service Agreement.</p>	<input type="checkbox"/>
<p>10. You understand that section 7 of the Service Agreement enables SCIA to use information about you and your progress in the program.</p>	<input type="checkbox"/>

I confirm that I am 18 years of age or older and have read this checklist in parallel with the Service Agreement.

I both understand and acknowledge the contents. If under 18, a parent or guardian must sign.

**Signed:** \_\_\_\_\_

**Signed (Parent/Guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Private & Confidential

Dear Doctor,

Your patient has applied to participate in the Walk On SCI Recovery Project, a program run by Spinal Cord Injuries Australia (SCIA). Walk On is an intensive exercise recovery program offering a path to maximise functional recovery through an individually tailored program. It aims to help improve the strength, functional ability and general health of our clients.

The Walk On program involves intense, dynamic, weight bearing exercises. Outlined below are examples of activities your patient may be required to perform. It would be greatly appreciated if you could consider the type of exercises in relation to the bone density of your patient before providing your signed approval. Videos of our program are on our website [www.scia.org.au/walkon/media](http://www.scia.org.au/walkon/media) and we recommend you view these examples to gain further understanding of our methodology.

Exercises performed by your patient with assistance, no matter their level of injury, may include:

- Rolling: prone to supine, supine to prone
- Transfers: between chair and plinth, chair and floor, chair and equipment
- Active and passive range of movement exercises through multiple planes of motion incorporating the whole body (including spinal rotation and full hip range of motion)
- Hands and knees (or elbows and knees), kneeling, crawling, standing
- Walking (for more advanced clients)

To determine if your patient is eligible to participate in the Walk On program and minimise their risk of potential injury, we require from you, as their treating practitioner, the following:

1. **A copy of your patient's bone density report**
2. **Your interpretation of the T-score and Z-score from the bone density report on your letterhead (as we do not interpret the results)**
3. **Any general comments / recommendations in relation to your patient**
4. **Your medical clearance for your patient to participate in Walk On**

Please complete the approval below and fax with a copy of your patient's bone density report and your interpretation of the T score and Z score from this report to (02) 9661 9598.

If you wish to discuss Walk On or you have any concerns regarding your patient, please contact The Manager, Walk On by phone (02) 9661 8855 or email [walkon@scia.org.au](mailto:walkon@scia.org.au)

Regards,

*The Walk On Team*

Information provided by you to SCIA will remain confidential to SCIA and its contractors and is protected by the *Privacy Act 1988* (Cth). The information is to be used by the staff and contractors of SCIA in determining your patient's eligibility to participate in the Walk On Project and, if that patient is eligible, for the purpose of designing and implementing their Exercise Program

I hereby approve \_\_\_\_\_  
(Patient's name and address)

\_\_\_\_\_ to participate in the Walk On program as outlined above.

Comments / Recommendations: \_\_\_\_\_

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

**Please fax this approval letter, the copy of bone density report and your interpretation of the T score and Z score from this report to (02) 9661 9598.  
Attention to: Walk On Recovery Specialist**