

Information Handout

R.E.A.C.T. (Recreation Enjoyment Aquatic Controlled Therapy)
Tuesday and Thursday 1:00-2:00 pm

REACT is a supervised water exercise program open to any individual that has a permanent or temporary physical or mental disability. The program offers 3 components:

- Prescribed individual exercises
- Water walking deep or shallow
- 30 minute group exercise class (Gentle functional exercise, range of motion, water walking & stretching)

This program requires a **completed and signed REACT referral form** from your physician before participating. All participants are required to be assessed by the nurse and physiotherapist before they perform any exercise. You will be contacted by phone to set up your initial consultation and in-pool assessment once the referral form has been received. (Due to high demand waiting lists are common. It may take up to 2 weeks before you are contacted.) After a one time, initial consultation participants may perform exercises on their own. Follow up sessions with the nurse and physiotherapist are available but may require prior booking with the co-coordinator.

Please note:

- REACT is a drop-in program. We encourage participants to come to all sessions to experience the best results.
- Please check in with the REACT Volunteers in the lobby prior to changing.
- Participants must follow the advice of the REACT team at all times when participating in the program.
- Volunteers may be available to assist participants in the pool but participants are requested to bring their own assistant if they require help. (There is no charge for assistants accompanying a patient to the program.)
- Personal Care Services are NOT provided.

Drop-in Fees:

- Seniors - \$6.50 or \$65.00/10 ticket pass Adults (under 60) - \$7.50 or \$75.00/10 ticket pass
- There is no pass discount available for this program.
- Lockers – 50¢ or bring your own lock
- All fees and schedules are subject to change without notice.

For more information email REACT@penticton.ca or call 250-490-2424 and leave a detailed message. Your message will be returned as soon as possible.

REACT

(Recreation Enjoyment Aquatic Controlled Therapy)
Physician Referral Form

Patient's Full Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Please print primary diagnosis: _____

Please list any exercise restrictions or other conditions we need to be aware of:

List all medications that may affect this patient's ability to exercise:

Allergies:

REFERRING MEDICAL PROFESSIONAL

Name: _____ Signature: _____

STAMP or PRINT ADDRESS, PHONE & FAX OF MEDICAL OFFICE
Incomplete referral forms will not be accepted

PLEASE FAX, EMAIL or RETURN COMPLETED FORMS TO:

Penticton Community Centre - 325 Power Street Fax: 250-490-2427 email: REACT@penticton.ca

(Office use only) Start date: _____