Punchin' Parko's Exercise Program

Medical Assessment Form for a Person with Parkinson's disease (PwP)

Your G.P. or Specialist should complete this form

Dear Doctor,

Your patient, who suffers from Parkinson's Disease (Pd), wishes to participate in the Punchin' Parko's Exercise Program (PPEP).

PPEP is a **non-contact** physical therapy exercise program using techniques reserved for athletes training to be boxers. Past research has shown that rigorous exercise concentrating on gross motor movement, balance, core strength and repetition may have a positive effect on range of motion, flexibility, posture, gait and activities of daily living. More recently, studies have shown that intense "forced" exercise may be neuro-protective, culminating in slowing down of symptoms in Pd. Participants work out in a boxing gym atmosphere with fellow Pd sufferers. Each participant is graded (1 – 4) depending on the severity of their symptoms. Exercises and intensity are adjusted according to their ability. Coaches have qualifications ranging from Diplomas in PT3 and PT4, to university degrees in human movement, speech pathology and exercise physiology etc. Coaches are also qualified in first-aid. The atmosphere is further enhanced by using boxing terms. For example, participants are called "boxers" and their carers are termed "seconds". Exercises are timed in "rounds". Boxers are encouraged to attend at least two sessions a week, each session of about 90 minutes in duration.

Whilst the PPEP improves the health and well-being of its boxers, it also gives them hope. They know that at the moment they can't win the war, but they can win a lot of battles in the meantime, by active participation and constantly challenging their life-long foe, Pd.

If you would like further information, please contact the PPEP using the contact details above.

Patient details

Patient: ″ Mr ″ Mrs ″ Miss/Ms ″ Dr ″ Other_____

First Name: _____ Surname: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Doctor details – Please print or use a stamp

Doctor's Name: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Phone: Work: _____ Mobile: _____

Email: _____

f GP f Neurologist f Other (please specify) _____

Disease or conditions that may influence patient's ability to exercise

_____

_____

f I approve of his/her participation in PPEP **without any restrictions**.

f Approval is subject to the following **restrictions and/or recommendations** (continue below form or write on back if there is insufficient space below):

1. _____
2. _____
3. _____

Doctor's Signature_____ **Date**_____/_____/_____

Doctor, please read this carefully

Dear Doctor,

Before your patient can be graded and accepted into the PPEP, he/she must have this document signed by you. He/she must also sign a **'Waiver and Release of Liability'** form, a standard in all gymnasiums.

Paragraph 10 of the 'Waiver and Release of Liability' form states that "I (the Boxer) certify that, to the best of my knowledge, in the last three months, I have not sustained any injuries to my hands, arms and/or legs. I have had no incidents of head injuries, headaches, concussion or fainting spells. If, after signing this form, I sustain any injury, I will immediately notify PP orally and in writing, and will abide by the decision whether I may participate in the PPEP or not. I will not participate in PPEP until re-assessed and advised, in writing, that I may do so."

This section asks **you** to certify that, to the best of **your** knowledge (gained through consultation or other means), in the last three (3) months, prior to dating this form,

My patient: _____ (insert patient name)

HAS	HAS NOT		DETAILS	COMMENT / TREATMENT / OUTCOME
Sustained an injury				
☐	☐	– **to a hand**		
☐	☐	– **to an arm**		
☐	☐	– **to a foot**		
☐	☐	– **to a leg**		
Had an incident of				
☐	☐	– **head injury**		
☐	☐	– **headache**		
☐	☐	– **concussion**		
☐	☐	– **fainting spell**		

Doctor's Signature_____ **Date**_____/_____/_____

Please return the completed and signed form to your patient.