

## 'SAUGA STROKE BREAKERS ('SSB) Mississauga Valley Community Center Physician/Medical Professional Referral Form

Dear Physician/Medical Professional,

'Sauga Stroke Breakers ('SSB) is a therapeutic recreation group program for stroke survivors who have completed formal rehabilitation. Our therapeutic recreation programs bridge the gap between clinical therapy and traditional exercise and are not intended to take the pace of physical, occupational or other therapies. SSB is a four hour program offered once per week.

All participants are involved in a 1 hour pool session or land session which includes ambulation, stretching and gentle range-of-motion exercises geared toward maintenance of mobility and enjoyment. Community volunteers are in the water with participants and help to facilitate their participation at their own level of comfort. Additional activities follow the therapeutic movement sessions and include a lunch (brought by the participant), tai chi exercises (sitting or standing), table tennis, painting, socialization, crafts and games, may include special community outings.

Medical direction is required with regards to patients' limitations and to ensure this program is suitable for the individual. Our therapeutic programs requires that individuals are not under direct medical supervision while participating, educated about and able to manage their conditions either with or without personal supports.

(Patient's Name-Please Print Clearly)	
☐ May participate independently in the program	
$\square$ May participate with a support person (provided by fa	amily) in the program
☐ May <b>NOT</b> participate in 'Sauga Stoke Breaker program	1.
Physician/Medical Professional's name:	Telephone #: ( )
Office Address:	
Physician/Medical Professional's Signature:	Date:

\*do not include any personal medical information when completing this form

Note: An annual referral from is required. If health deteriorates or other health concerns arise during the program, participants may be required to provide an updated physician/medical professional referral form.