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[www.BaltimoreSportsRehab.com](http://www.BaltimoreSportsRehab.com)

**Note to the Doctor:**

Baltimore Sports Rehabilitation and Physical Therapy is offering the Arthritis Foundation YMCA Aquatic Program (AFYAP). This eight-week program consists of range-of-motion, muscle strengthening and endurance-building activities and has been approved by the Patient and Community Services Committee of the Arthritis Foundation National Office and by the local chapter.

Data collected from a national sample of course participants demonstrated the following significant changes: a) decreased pain and/or stiffness, b) improved joint flexibility, c) increased muscle strength, and d) improved coordination, endurance and the ability to perform daily tasks.

Your patient, (full name of patient) \_\_\_\_\_ has indicated an interest in participating in this program. Because of the exercise content of this course, all potential participants are advised to seek consultation from their doctor about whether they can safely participate in this program and whether there are precautions of limitations to their participation. Exercises are demonstrated in class. Prior to participation, we are requesting documentation that your patient has an appropriate diagnosis. Please fill out the physician portion of the enclosed Diagnosis Verification Form and return it to your patient so he/she can return it to us.

If you have any questions about any aspect of this program, please feel free to call Baltimore Sports Rehabilitation at (410) 721-7201, or your local Arthritis Foundation Chapter.

Thank you for your cooperation.

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## Diagnosis Verification Form

**Part I: For patient to complete**

Print your name:

\_\_\_\_\_

I give permission to Dr. \_\_\_\_\_ to complete this Diagnosis Verification Form.

\_\_\_\_\_  
*Your Signature*

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

**Part II: For physician to complete**

My patient, named above, has the following type of arthritis/rheumatic disease:

\_\_\_\_\_  
*Physician's Signature*

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

Please print or stamp address here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_