FIT ALL YEAR ROUND

Medical Clearance to Resume Training

Dear Health Care Professional:

_____ is a client of **Fit All Year Round** (FAYR). During Fit All Year Round classes and training, clients participate in the following activities:

- **Controlled, low-impact movements on a Pilates Reformer using spring-based resistance**
- **Spinal articulation and stabilization exercises in supine, prone, side-lying, and seated positions**
- **Core strengthening focused on neutral spine alignment and deep abdominal engagement**
- **Movements that may involve mild to moderate spinal flexion, extension, rotation, and lateral flexion**
- **Lower- and upper-body resistance work using straps, springs, and props**
- **Weight-bearing positions including all fours (quadruped), plank variations, and kneeling**
- **Postural alignment work with an emphasis on maintaining axial elongation and spinal support**
- **Breathwork and pelvic floor integration to support trunk control and reduce spinal strain**
- **Balance, coordination, and proprioception challenges using unstable surfaces or dynamic movement**

As client safety is our top priority, we require written clearance from the client's health care provider following surgery, injury, or major medical events before resuming participation.

Please complete the clearance section below, indicating whether _____ may safely return to reformer Pilates sessions with or without restrictions. If modifications are necessary, please indicate those on a separate note or contact us directly.

Medical Clearance

I confirm that, in my professional opinion,_____ is medically cleared to return to full participation in Reformer Pilates and Strength classes at Fit All Year Round:

□ **Without restrictions**

□ **With the following modifications** *(please attach additional instructions or note on back of form)*

_____ _____

Printed Name **Contact Info**

_____ _____

Signature **Date**