MEDICAL CLEARANCE TO RESUME TRAINING

Reason for Medical Clearance	☐ Injury	☐ Extended Absence	☐ Pregnancy / Postpartum
	☐ Surgery	☐ Medical Condition	☐ Other: _____

Dear Health Care Professional,

_____ is a client of **Fit All Year Round** (FAYR). FAYR offers **Reformer Pilates** and **Strength Training** through group classes and private training. Depending on the class or training session, clients may participate in the following activities:

- Controlled, low-impact movements on a Pilates Reformer using spring-based resistance
- Exercises requiring spinal and core stabilization using external loading through kettlebells, dumbbells, and trap bar
- 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
- Full-body resistance training using free weights, resistance bands, and cable machines
- Weight-bearing positions including all fours (quadruped), plank variations, kneeling, and squatting
- 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 body awareness challenges using dynamic movement

As client safety is our top priority, we may require written clearance from a client's health care provider following an injury, surgery, medical condition or event, pregnancy/postpartum, or extended absence before beginning or resuming participation.

Please complete the clearance section on the reverse side to indicate whether the client may safely participate in or return to Reformer Pilates and/or Strength Training with or without restrictions. If modifications are necessary, please indicate them in the space provided or contact us directly.

MEDICAL CLEARANCE

I confirm that, in my professional opinion, the client is medically cleared to participate in or return to Reformer Pilates and/or Strength Training classes at Fit All Year Round:

□ **Without restrictions**

□ **With the following restrictions/modifications**

_____

_____

_____

PREGNANCY / POSTPARTUM *(only if applicable)*

Client Status: ☐ Pregnant ☐ Postpartum

Medical clearance is required for group class participation during pregnancy or when returning postpartum. FAYR recommends private sessions for individualized assessment and modifications; however, the client has elected to participate in group classes.

During group classes, instructors may modify or limit:

- Flexion and rotation of the spine
- Abdominal curls and intense core strengthening
- Prone positioning
- Supine positioning for longer than 10 minutes at a time (supported with a pregnancy wedge)
- All-fours (quadruped) positioning for longer than 5-minute increments
- External resistance exceeding 60 pounds

Please list any additional activities, movements, positions, or loads the client should avoid or modify:

_____

_____

PREGNANCY / POSTPARTUM CLEARANCE

☐ Cleared as described ☐ Cleared with additional restrictions ☐ Not cleared for group classes

_____ _____

Healthcare Provider Name (printed) **Date**

_____ _____

Signature **Phone Number**

_____ _____

Practice Name **Email**