

AXON – Medical Clearance Form

would like to participate in the Advanced Exe	rcise for Our Nerves (AXON)
(patient's name) program but is required to have physician's c	learance to participate. As a
result, we request that the patient confer with you to ensure that they	• • •
program specifically designed to improve upper and lower body functi	onal strength as well as improved
balance.	
The AXON program is a twice per week progressive program designed	for those who are experiencing
physical complications due to a neurological condition. Each day will i	, ,
build and/or maintain upper and lower body strength as well as balance	ce. All exercises are led by
Canadian Society of Exercise Physiology certified staff. Pre and post-t	esting is completed and is used as
an objective measurement for improvement.	
The AXON program is adapted to meet the needs of each participant i	n a non-intimidating and
encouraging environment. In order to be accepted into AXON, participation	pants must be able to walk (with
or without a walking aid), have the ability to verbally communicate, ar	nd have appropriate endurance to
exercise at a light to moderate level for one hour.	
For more information please contact:	
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