



It is our policy that a licensed physician (MD) completes this form.
We cannot accept a signature from a Physician's Assistant (PA) or
a patient care assistant (PCA) or any other non-physician providers.

MEDICAL RELEASE

Your patient has expressed interest in participating in our program. Bridging Bionics Foundation (BBF) requires your medical clearance to confirm that the patient is physically capable of participating in our physical therapy interventions and can safely use our equipment and technology. Some of the neuro-rehabilitation equipment used in our program have multiple contraindications and involve a level of inherent risk, and we want to ensure your patient's safety.

Our Mobility Program

The interventions employed by the program fit into four (4) categories:

1. Physical Therapy – Functional movement maintenance and/or enhancement. *Clinical expertise, clinical decision-making and critical thinking* to determine who can qualify to use a variety of advanced technologies.
2. Performance Training – individual and small group
3. Whole Body Vibration technology
4. Gait Rehabilitation Assistive Technology: Exoskeleton or Robotic

Bridging Bionics Foundation utilizes the following therapeutic technologies as part of our mobility program. Note, this is a *partial list* highlighting our primary advanced technologies.

- Galileo side-alternating whole-body vibration devices (platform, tilt table, and dumbbell) (<https://galileousa.com>)
- Lokomat – a robotic assisted gait training device (<https://www.hocoma.com/us/solutions/lokomat/>)
- Ekso GT™ - a wearable robot or exoskeleton that enables people with lower-extremity paralysis or weakness to stand and walk (<https://eksobionics.com>)
- Ekso Indego Therapeutic Device – a wearable exoskeleton used in a clinical setting (<https://eksobionics.com/ekso-indego-therapy/>)
- Keeogo Deroskeleton - a walking assistance device or smart powered orthosis for rehab use (<https://keeogo.com>)
- KineAssist MX™ walking and balance system – a harnessed treadmill that will support and prevent falls.
- Neubie by NeuFit - The Neubie, short for 'Neuro-Bio-Electric,' is an innovative, FDA-cleared device that utilizes direct current (DC) to foster tissue healing and neuromuscular re-education. (<https://www.neu.fit>)
- Blood Flow Restriction Training
- Functional Dry Needling

Examples of some of the equipment used in our program

			
<p>GALILEO PLATFORM</p>	<p>GALILEO TILT TABLE</p>	<p>EKSOGT</p>	<p>LOKOMAT NANOS</p>

Patient Information

Patient's Name: _____ Date of Birth: ____/____/____
First Name Last Name

Patient's Diagnosis: _____

Cause of Disability: _____

Is this Diagnosis Progressive: _____

Are there significant secondary disabilities? () Yes () No

If yes, please describe: _____

Does this patient use any of the following aids or assistive devices? (Please circle below)

Prosthesis *Leg brace* *Wheelchair- manual* *Wheelchair- electric*

Wrist brace *Crutch/cane* *Walker*

Before a physical therapy plan is established, a good knowledge of the patient's physical condition and possible risks must be assessed. Following is a list of **contraindications** that might exclude an individual from using one or more technologies in our program. Please check if your patient experiences any of the following conditions and provide additional details if necessary.

Pregnancy:	<input type="checkbox"/> Yes	_____
Acute Thrombosis (acute vascular constriction):	<input type="checkbox"/> Yes	_____
Joint Replacements:	<input type="checkbox"/> Yes	_____
Arthropathy (condition affecting a joint, leading to pain, swelling etc.):	<input type="checkbox"/> Yes	_____
Acute Hernia (soft tissue prolapse):	<input type="checkbox"/> Yes	_____
Acute Tendinopathy:	<input type="checkbox"/> Yes	_____
Acute Discopathy (degeneration of the intervertebral discs in the spine):	<input type="checkbox"/> Yes	_____
Acute Inflammation:	<input type="checkbox"/> Yes	_____
Diabetes:	<input type="checkbox"/> Yes	_____
Gall, Bladder, Kidney Stones:	<input type="checkbox"/> Yes	_____
Wounds:	<input type="checkbox"/> Yes	_____
Recent Surgeries (describe what and dates):	<input type="checkbox"/> Yes	_____ _____
Rheumatoid Arthritis:	<input type="checkbox"/> Yes	_____
Cancer (describe):	<input type="checkbox"/> Yes	_____
Bone Tumors:	<input type="checkbox"/> Yes	_____
Epilepsy:	<input type="checkbox"/> Yes	_____
Acute Stroke (patients not released for therapy):	<input type="checkbox"/> Yes	_____
Vertigo/Dizziness:	<input type="checkbox"/> Yes	_____

Hypotension (intolerance for upright standing for less than 15-30 minutes): ☐ Yes _____

Hypertension: ☐ Yes _____

Uncontrolled BP: ☐ Yes _____

Cardiopulmonary Conditions: ☐ Yes _____

Medications that Increase Clotting: ☐ Yes _____

Blood Thinners: ☐ Yes _____

Arterial Calcification: ☐ Yes _____

Sickle Cell Traits: ☐ Yes _____

Impaired circulation ☐ Yes _____

Peripheral Vascular Compromised: ☐ Yes _____

Osteoporosis/Osteopenia: ☐ Yes _____

Fresh Fractures (<12 weeks): ☐ Yes _____

Autonomic Dysreflexia: ☐ Yes _____

Immunocompromised: ☐ Yes _____

Seizures (How Often): ☐ Yes _____

Baclofen Pump: ☐ Yes _____

Deep Brain Stimulator ☐ Yes _____

Pacemaker: ☐ Yes _____

VP (ventriculoperitoneal) Shunt: ☐ Yes _____

History of Hydrocephalus: ☐ Yes _____

Please describe other relevant past/current medical conditions not listed above: _____

Are there any medical factors in your patient's history that would affect his or her ability to safely participate in this non-medically supervised program? ☐ **YES** ☐ **NO**

If yes, please list and explain:

**** Please attach your patient's list of medications ****

After medical clearance, each patient will be evaluated by one of our skilled physical therapists to ensure they are a suitable fit for a particular device or physical therapy intervention.

My patient, _____, has my permission to take part in Bridging Bionics Foundation's mobility program with the restrictions and/or recommendations stated below.

Please identify any recommendations, precautions, or restrictions that are appropriate for your patient:

Physician's Name (please print): _____

Type of Practice: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____

Physician's Signature: _____

Date: ____ / ____ / ____

Additional Information

If you have questions regarding our technologies and therapeutic mobility program, please contact:

Maria Grufstedt, Physical Therapist and Clinical Leader

Bridging Bionics Foundation

Email: maria@bridgingbionics.org

You may also call our business cell phone at (970) 379-0721.

BRIDGING BIONICS FOUNDATION is an IRS designated 501(c)(3) public charity: EIN# 46-2182977

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