



Dear Health Care Provider:

Strokes4Survivors is a wellness and rehabilitation program for cancer survivors. The program is specifically designed to allow survivors to reorient themselves with their bodies, obtain a healthy expression of control, and put them in contact with other survivors

### **Goals of the Strokes 4 Survivors Program**

To help individuals recovering from cancer;

- Develop healthy and strong bodies
- Become active participants in their own recovery
- Assert control over their health and fitness
- Rediscover the joy of movement
- Contribute to a mutually empowering recovery team

Strokes4Survivors begins where surgery and physical therapy end by providing physical exercise, self-image enhancement, group support and a team-building approach for individuals transitioning from being patients to survivors. It is conducted under the guidance of highly knowledgeable and experienced coaches and healthcare professionals. A key aspect of the success of the program is recognizing the integration between the survivor's mind, body and spirit and using this information to improve personal and athletic recovery and growth.

Strokes4Survivors begins June 1 – 2. This 2-day introductory weekend will familiarize the participant with the basics of rowing, including introduction to Yoga, light stretching, rowing safety, and learning to row. The program will continue with a 11-week program one two-hour practice weekly. Participants will be engaged in any or all of the following physical activities during the course of the program:

*Stretching and warm up exercises*

*Entering and exiting watercraft*

*Rowing with a standard oar, on either left or right side of the boat (there is a chance of getting wet)*

*Lifting and carrying boats and oars (35 lb max)*

*Working out on rowing machines (ergometers)*

*All participants are required to certify they are able to swim prior to beginning of the program.*



You as their primary care specialist is welcome anytime to observe and participate in the program to gain information about the Strokes4Survivors. If you have any questions or concerns, please contact Coach Renee Bremer, strokes4survivors@gmail.com, or (586) 243 – 9528.

**Medical Release Form**  
To be filled out by participant's physician  
Please print and Return

Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical restrictions or limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed the information concerning the Strokes4Survivors and believe that the above-named patient is a reasonable candidate to participate in a coached rowing program.

Physician's Signature: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Telephone: \_\_\_\_\_



Annapolis' Cancer Survivors' Rowing Program  
strokes4survivors@gmail.com  
www.AnnapolisRowingClub.com

### Required Forms

**Please print out and complete all sections then Bring with You!**

**Annapolis Rowing Club  
Strokes4Survivors  
P.O. Box 4191  
Annapolis, MD 21401**

**Participant Name:** \_\_\_\_\_

### Health Information

Do you have any physical disorder or health condition (such as asthma, diabetes, heart problems, injuries, surgeries, seizures or back or joint muscle problems) or any condition that may affect your ability to row safely, or that your coach should know about? Please be specific.

Please check one: \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide two emergency contacts:

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_



### Required Forms

**Please print out and complete all sections then Bring with you!**

**Annapolis Rowing Club  
Strokes4Survivors  
P.O. Box 4191  
Annapolis, MD 21401**

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

### Questionnaire

Please take the time to fill out this questionnaire. Your answers will help us know more about you so that we can tailor your time at the weekend.

**1. How did you find out about Strokes4Survivors?**

**2. What are your expectations / goals?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What side do you row?**

- a. Port
- b. Starboard
- c. Both
- d. I scull
- e. Never rowed

**4. Occupation:** \_\_\_\_\_

**5. DOB:** \_\_\_\_\_



**Weight:** \_\_\_\_\_

**Height:** \_\_\_\_\_  
(We ask this in order to place you in the correct seat of the boat)

6. Do you have dietary restrictions? \_\_\_\_\_
7. Any athletic experience prior to your treatment
  
8. Any physical limitations?

**Please answer the following questions so that we can tailor workouts based on your baseline of various activities:**

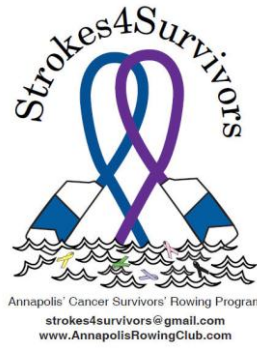
9. How long can you walk?
  - a. < 15 Mins
  - b. 15 – 30 Mins
  - c. 30 – 45 Mins
  - d. 45 – 60 Mins
  - e. 60+ Mins

10. How long can you run?
  - a. < 15 Mins
  - b. 15 – 30 Mins
  - c. 30 – 45 Mins
  - d. 45 – 60 Mins
  - e. 60+ Mins

11. How long can you weight train?
  - a. < 15 Mins
  - b. 15 – 30 Mins
  - c. 30 – 45 Mins
  - d. 45 – 60 Mins
  - e. 60+ Mins

12. How long can you stand?
  - a. < 15 Mins
  - b. 15 – 30 Mins
  - c. 30 – 45 Mins
  - d. 45 – 60 Mins
  - e. 60+ Mins

13. How long can you sit?
  - a. < 15 Mins
  - b. 15 – 30 Mins



- c. 30 – 45 Mins
- d. 45 – 60 Mins
- e. 60+ Mins

14. Can you lift 35 lbs over your head?

**Please describe your diagnosis and treatment of cancer including dates:**

**Please add any additional information you think we need to know. Thanks!**