IOAPT
INTERNATIONAL ORGANISATION OF AQUATIC PHYSIOTHERAPISTS

World Physiotherapy
SPECIALTY GROUP

INTERNATIONAL GUIDELINES AND GOOD PRACTICE STANDARDS FOR AQUATIC PHYSIOTHERAPY INTERVENTION

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INTERNATIONAL GUIDELINES AND GOOD PRACTICE STANDARDS FOR AQUATIC PHYSIOTHERAPY INTERVENTION

INTRODUCTION

This document is the first work developed by the IOAPT (International Organisation of Aquatic Physiotherapists), a Specialty Group of World Physiotherapy (WP) with the purpose of guiding good physiotherapy practice in an aquatic environment. One of the IOAPT objectives is to encourage communication, the exchange of information, and encourage high standards for good practice worldwide. By creating this document the IOAPT strives to improve the quality of care for our users/clients.

The "International Guidelines and Good Practice Standards for Aquatic Physiotherapy Intervention" provides a model to assist physiotherapists in different countries around the world, by guiding their practice and giving them acceptable standards. These guidelines and standards cover several areas including the level of aquatic physiotherapy education, safety, ethical and professional practice.

The guidelines related to the recommended level of education recognise that physiotherapists must master the knowledge of biomechanics, the understanding of the laws and properties of water (fluid mechanics) which impact the submerged body of our user/client ensuring a high quality and professional service. In this context we can argue and direct our efforts to justify that aquatic physiotherapy is a specialty. The IOAPT recognises that there is diversity in the global provision of aquatic physiotherapy and these guidelines provide the fundamental basis on which to build this speciality.

This document outlines the basic standards that can be considered to provide a safe, responsible practice within aquatic physiotherapy worldwide. This includes safety in the pool area, water quality, safety for the user/client, safety for the aquatic physiotherapist, interdisciplinary work,

administrative procedures and methodology, ethics and professional practice, and regulations among others.

It's important to recognise that this document is not definitive and outlines the minimum information considered when working with our clients for their safety. We encourage looking for each Country's/State's standards and guidelines related to pool control and safety protocols. The aquatic physiotherapists are responsible for the duty of care for users/clients considering adequate intervention and facilities.

INTERNATIONAL GUIDELINES FOR PHYSIOTHERAPY INTERVENTION IN AQUATIC PHYSIOTHERAPY

I - PROFESSIONAL PRE - REQUIREMENTS

AQUATIC PHYSIOTHERAPY:

Aquatic physiotherapy involves the application of physiotherapy in a unique aquatic environment, requiring a comprehensive understanding of physics, physiology, assessment and screening protocols, safety measures, clinical reasoning, evidence-based practice, and specific legal regulations, especially those regarding water quality and infection control. The essential components of knowledge in this field encompass the management of risks to ensure safe practice, as well as the acquisition of skills and expertise necessary for effective treatment.

THE AQUATIC PHYSIOTHERAPIST SHOULD:

- Have basic training in aquatic physiotherapy;
- Have the necessary knowledge and skills in order to provide a safe and effective practice;
- Have continuous professional development in the area of aquatic physiotherapy (including informal learning, mentoring or supervision, reading literature, problem solving, shadowing with experienced other clinicians and case-based discussions);

- Keep a regular active practice (clinical, pedagogical and/or scientific).
- The IOAPT "*Aquatic Physiotherapist's Skills Profile*" document is a reference to consider for a professional scope.

II - REQUIREMENTS FOR GOOD PRACTICE

The IOAPT acknowledges the significant global disparity in aquatic physiotherapy entry-level education. The duration of educational sessions varies in some courses and educational programs. Moreover, certain courses offer minimal or no direct education on aquatic physiotherapy altogether. Considering that graduate physiotherapists are expected to work independently in aquatic physiotherapy across various settings such as hospitals, communities, outpatient settings and private practices globally, it becomes crucial for entry-level courses to equip their students with essential knowledge and skills required for this field. It is suggested that the following requirements of aquatic physiotherapists should be included to cover safe and effective practice.

THE PHYSIOTHERAPIST SHOULD:

Use the IOAPT "International Guidelines and Good Practice Standards for Aquatic Physiotherapy Intervention" document as a guide and:

1. Hold relevant knowledge, in order to be able to ensure an effective and safe treatment of the user/client, in an Aquatic Physiotherapy unit:

    1.1. Have knowledge of the hydrostatic and hydrodynamic principles (water properties and fluid mechanics) and be able to apply them properly when designing an intervention/exercise program for each user/client;

    1.2. Understand the physiological changes that occur (of the human body in immersion);

    1.3. Identify the indications, contraindications/precautions of aquatic physiotherapy, in order to be able to carry out an effective screening to rule out situations that may arise;

1.4. Identify the benefits and disadvantages of aquatic physiotherapy in each case with determined functional limitation;

1.5. Recognise and apply aquatic physiotherapy techniques and implement a strategy developed for each user/client;

1.6. Promote teamwork with other professionals (physiotherapy colleagues, swimming coaches, assistants / operational assistants, etc.);

1.7. Apply evidence-based practices and clinical reasoning in this area;

1.8. Have knowledge of, and regular training in all emergency and evacuation procedures of the pool;

1.9. Guide and monitor the training of assistants / operational assistants (if exists), with the aim of ensuring that emergency / evacuation procedures and transfer techniques are understood and properly executed.

2. Have the ability to apply your knowledge to the user/client:

2.1. Evaluate and properly register the user/client (assessed on land and in water) in accordance with the IOAPT "International Guidelines and Good Practice Standards for Aquatic Physiotherapy Intervention" document;

2.2. Always take into account the user/client's degree of adaptation and response to the aquatic environment;

2.3. Select the safe entry/exit method for the user/customer, in the pool, taking into account their prior assessment;

2.4. Develop and implement a progressive intervention program that meets the needs/goals of the user/client;

2.5. Conduct periodic reassessments in order to adjust the intervention program to the user/client;

2.6. Inform users/clients of the pool rules and necessary hygiene requirements. The information can be provided in leaflet format;

2.7. Have knowledge of Occupational Health and Safety for screening and infection control.

3. Physiotherapists with the goal to specialise in aquatic physiotherapy should:

   3.1. Be a professional who, in addition to their basic training, has the necessary complementary training and professional experience which demonstrates their specialisation in aquatic physiotherapy;

   3.2. Have the competence to ensure the appropriate conditions for meeting the good practice guidelines in aquatic physiotherapy:

   - Understanding the basics of pool design related to access, depth and dimensions which influence the use of the pool;
   - Management standards for the Aquatic Physiotherapy Pool;
   - Essential safety and hygiene conditions;

   3.3. Have completed at least one internship/placement in aquatic physiotherapy during basic/post-basic training; and

   3.4. Have basic first aid skills.

All physiotherapists who work within the scope of aquatic physiotherapy, as well as the coordinators within the same setting, must ensure that their work complies with the principles of Good Practice in Physiotherapy.

INTERNATIONAL GOOD PRACTICE STANDARDS FOR THE PROVISION OF AQUATIC PHYSIOTHERAPY SERVICES

The standards described below aim to provide a reference standard for the provision of a physiotherapy service in an aquatic environment. In general terms, establishing the provision of management, safety, hygiene, technical and functional standards that must be observed in swimming pools and establishments dedicated to aquatic physiotherapy. This document should be considered as a guide, as there is still a responsibility to review the regulations and/or laws of each country in relation to each topic presented below.

For the purposes of this standards, the following definitions shall apply:

- Swimming pool – An artificial installation, whether covered or uncovered, consisting of one or more water surfaces in its own container with surrounding areas, intended for use for sports, educational, recreational and/or therapeutic purposes.
- Public swimming pools or public use - definition in accordance with the country.
- Aquatic physiotherapy indoor pool - An indoor pool, where physiotherapy intervention occurs, which uses the aquatic environment to apply specific techniques - of the profession - in prevention and / or therapeutic programs. These programs can be developed in public or private pools, or even in therapeutic pools, held in groups or individually.
- Therapeutic Pool – public, private, community, hospital or thermal pool that by its characteristics (valence, constructive and functional typology), was designed primarily for therapeutic purposes and in which there is the intervention of aquatic physiotherapy.
- Cuba or tank – is the reservoir in which the water is contained and in which the activities are carried out.
- Pier / Pool Deck / Concourse – the pedestrian area surrounding the pool tank, associated with the use of the tank itself that comprises the circulation area, areas of entry and exit of the tank, etc.
- Operational Pool Assistant – An individual who works in the institution where aquatic physiotherapy is practiced in a swimming pool. Who receives training and (periodic) training in emergency and evacuation techniques, transfer techniques and who is informed of all the standards of good practices to be used in the pool, collaborating with the physiotherapist in maintaining the safety of the same.

- Lifeguard – technician with adequate qualifications to intervene in case of emergency in the water. The technical training component of the Lifeguard Course (CNS) follows Laws for each country. "Lifeguard" is the person qualified with the lifeguard course certified or recognised by, who is competent, in addition to the specific professional technical contents, to inform, prevent, assist and provide basic life support in any circumstance on the bathing beaches, in concession areas, in swimming pools and other places where aquatic practices occur with mandatory surveillance.

The aquatic physiotherapist should have knowledge of applicable regulations and legal considerations; and comply with all applicable codes and laws related to aquatics facilities for rehabilitation in each country. The facilities regulations, maintenance plan, hygienic quality plan for the pool and surroundings are important to consider within the aquatic practice, as well as the formation of procedure manuals.

1. Facilities - The environment and the pool for aquatic physiotherapy must be in a condition that ensures comfort and safe protection to all users

1.1. Access and architectural facilitators of the facilities

The access to the water plan, the relationship between the water level and the pier floor, the hygienic quality and maintenance procedures for the pool floor and pier conditions, the effective emergency plan and evacuation. In general, the physiotherapists have to evaluate the access to the pool at each facility including the presence of stairs, ramps and mechanical or hydraulic lifter for the entry of the users/clients with different physical disabilities. Access to the pier and water must align with the legislation of the respective country. In the absence of specific legislation, the IOAPT recommends following these IOAPT's guidelines and recommendations. The physiotherapist operating in the aquatic environment should oversee any situations that pose a potential safety risk to users/clients and collaborate with staff, assistants, or maintenance technicians. This includes taking into consideration:

- periodic inspection of the pool floor and pier-pool surround;

- the access areas to the pool floor and pier (marked passage zones, foot washes, handrails, vertical or progressive steps marked, ramps, mechanical lifts – preferably non-electric – hydraulic, etc.). Lifting systems should be subject to periodic evaluations by specialised personnel.

1.2. Sanitary areas and dressing/changing rooms

The physiotherapist must choose to work in facilities that offer areas for the personal hygiene of each participant and for themselves with the correct accessibility. Guide the user/client with the recommendations by changing clothes or bathing to avoid health problems. In collaboration with the rest of the team, it is necessary to maintain the safety and good hygiene conditions of the support facilities and material resources (changing rooms, clothing, equipment storage, rest area, office for professionals, first aid equipment, basic water safety equipment, areas for personnel in charge of the maintenance and administration of the pool, among others).

Consider orientation of:

- The client must be informed, in writing and/or verbally, of the hygiene rules and behavioural code that must be complied with both before and after the intervention in the aquatic environment (toileting/showering before entering the pool, inform any disease that can be transmitted to another person inside the pool, wearing the appropriate clothing and equipment, etc);
- Appropriate use of storage areas for the materials/equipment (floats, buoys, etc.);
- Periodic verification of the state and conservation of the materials/equipment;
- Presence of alarm systems and equipment for emergency situations that comply with the quality standards established by the community regulations and current legislation of the country.

1.3. Signage

It is important to display signs in both the changing rooms and the pool desk areas. Suitable signs may include messages such as:

- "Caution: Wet floor"
- "Do not enter the pool area without staff or physiotherapist present"

For additional information and guidance on pool signage, it is recommended to consult reputable organisations like the life saving organisations or equivalent entities.

2. Water pool Maintenance and treatment

2.1. Hygienic-sanitary maintenance of water

While physiotherapists using pools for aquatic physiotherapy are not directly responsible for pool management, they should ensure that the conditions align with the standards outlined in these guidelines. In the event of any undesirable effects resulting from using the pool, it is important for these effects to be documented, and the pool managers should be promptly informed. It is typically mandatory for pool managers to maintain a log book that records chemistry and microbiology readings, which should be accessible to individuals using the pool for various purposes.

It is important to highlight that the pool water must meet the water quality standards of their individual countries. In the case that there are no local guidelines, then the following guidelines should be followed.

2.1.1. The pool water must maintain good conditions of disinfection, clarity and clarity (except in some thermal structures because the water clarity can be hard to obtain), requiring the combination of a bacteriological control, temperature, and physical/chemical control/treatment, as well as adequate filtration and aspiration. The Centers for Disease Control and Prevention (CDC) in 2020 determined to filter the water in a minimum time of 8 hours daily.

2.1.2. The measurements of the physical-chemical factors are carried out by specialised technicians, but also the physiotherapist must know how to measure these factors and interpret their results in order to be able to make the appropriate modifications, if necessary and to determine if the water is safe to enter. The physiotherapist should also be aware of other ways of cleaning and filtering the water and the measures to be taken in case of contamination or risk of contamination.

2.1.3. The results of the tests and analyses, carried out, must be recorded and displayed (in visible places with appropriate tables) to the public and subsequently archived. The results can be consulted in the institution whenever requested (health record book).

2.1.4. Physical-chemical treatment:

The levels of disinfectant in the pool are kept within the following parameters:

When performed exclusively with chlorine:

- Free chlorine – 0.5 to 2.0 mg/l with pH of 6.9 to 7.4

  1.0. to 2.0 mg/ with pH 7.5 to 8.0
- Total chlorine – maximum value: free chlorine + 0.5mg/L

Note: the values are different when disinfection is carried out with chlorine and ozone and with chlorine and ultraviolet.

- The pH of the pool water is kept within parameters that ensure optimal effectiveness of disinfection and protection. Consequently, the pH of the pool water should be less than 8.0 and as close as possible to 6.9 (the ideal amplitude being between 6.9 and 7.4.)
- Total Alkalinity should be maintained between 75mg/L C_aCO_3 and 150mg/ C_aCO_3.
- Water hardness - is the measure of all calcium and magnesium salts = 150 to 300ppm
- Total Dissolved Solids – 500 to 1250 ppm

2.1.5. To ensure the stated values, the pool water is tested with the following frequency:

- Daily:
  - Clarity/transparency;
  - Manual (kit) or automatic chlorine test, 2 to 3 times a day;
  - Test pH with kit 2 times a day;
  - Cleaning and vacuuming of the pool.
- Weekly:
  - Total alkalinity;
  - Water hardness;
  - Water balance;
  - Bacteriological tests (laboratory);

- Disinfection of walls, steps, material and equipment, etc.;
- Filters.

- Monthly:
  - Electronic Test to the Total Dissolved Solids;
  - More thorough Bacteriological test.

2.1.6. The microbiological parameters for the water quality must be carried out twice a month, except for Legionella, which must be tested every three months.

Tests are performed for identify the presence of:

- *Escherichia coli*
- *Pseudomonas aeruginosa*
- Total *Staphylococcus* and *coagulare*
- Number of Coliforms
- Faecal *Streptococcus*
- Total *Staphylococci*
- Viable microorganisms
- Legionella

2.2. Water Temperature

The ideal water temperature in the Aquatic Physiotherapy pool should be maintained between 30ºC/86ºF and 35ºC/95ºF (according to the type of users/clients and/or programs to be developed). It should be taken into account that temperatures above 30ºC/86ºF allow a greater probability of bacteria proliferation, for this reason the analysis and levels of disinfection are different to colder swimming pools.

2.3. Room temperature and Humidity

The air temperature and humidity when high, can affect the health of customers (easily fatigued) and professionals who work inside or outside the pool, as well as increasing energy costs.

The following is recommended:

- The ambient temperature of the areas surrounding the pool must be maintained at a comfortable level for all users of the area.
- The temperature in changing rooms and rest areas is kept between a minimum of 22ºC in winter and a maximum of 28ºC in summer.

2.4. Pool Water emptying

It will be necessary to empty the pool water:

- Partial if:
  - There is excess chlorine (or increase the water renewal rate);
  - Total Dissolved Solids in excess (or through flocculants and aspiration);
  - Water contamination (also increasing levels of disinfectants).
- Total if:
  - Severe water contamination (which was not resolved with the previous action);
  - Annual maintenance.

2.5. Lighting and acoustics

The pool and surroundings must be properly lit, in order to guarantee the best conditions of visibility and safety for customers.

All physiotherapists working in the aquatic environment should take care to maintain an adequate acoustic environment.

The following is recommended:

- Non-use or proper use of music during treatment sessions;
- Verbal and non-verbal guidance (mimicry) appropriate to the client(s), also taking into account the environment and the number of clients/professionals;
- Written notices to “bystanders”.

3. Safety of staff and user/client

The physiotherapist who works in the aquatic environment must have continuous and adequate training (number of hours of specific training), to be able to practice "Aquatic Physiotherapy", as well as training in all safety aspects related to the handling of users/clients and procedures for emergency and evacuation, which allows them to act safely and in accordance with good practices.

3.1. Capacity

The physical conditions, abilities, specific impairments/pathology and disabilities of the users/clients/groups and the dimensions of the pool should determine the number of individuals in the water. For individual intervention an area of 4 m^2 would be ideal. Working with group interventions, each client may need 2 m^2 to 4 m^2, depending on the depth of the pool, but some may need less space depending on their health, independence, safety and the activity undertaken.

3.2 Staff and operation

3.2.1. For any type of intervention in the aquatic environment, there can be an operational helper/assistant inside or outside the pool, whenever the physiotherapist sees this need. In certain institutions (namely public swimming pools) there should also be a constant presence of a “lifeguard”.

3.2.2. Staff and physiotherapists must have First Aid training and learn about safety in the workplace, leading to a reduced number of accidents and injuries.

3.2.3. It is recommended for the staff and physiotherapy to have training in basic water safety to ensure swimming skills and at least achieve:

- Water competency - a way of improving water safety for the professional and those around through avoiding common dangers, developing fundamental water safety skills to be safer in and around the pool, and knowing how to prevent and respond to drowning emergencies. Water competency has three main components: water safety, swimming skills and helping others.
- Employ layers of protection - including barriers to prevent access to water, life jackets, and close supervision of pool users to prevent drowning.

- Manage emergency protocols in and around the pool – including how to help someone in trouble in the water safely, calling for emergency help and resuscitation skills (CPR).

3.2.4. The physiotherapist and facility staff must master the emergency protocols established by the administration of the facility and periodically carry out drills with users/clients and helpers including:

- Contingency plans
- Evacuation route in case of accidents

3.2.5. The physiotherapist and facility staff must give the user/client prior information - written and/or verbal - about the access areas to the pier and pool (steps, handrails, unevenness, depths, proper use of materials, posture in the water, etc.) and request the use of suitable footwear for everyone who circulates on the pool pier, in order to minimise risks. It should also provide prior written and verbal information on hygiene/health standards and care for users/clients.

3.2.6. The physiotherapist should be given regular breaks outside the water throughout the day and may find it most comfortable not working more than three consecutive hours in the water—ideally two. It is recommended that the daily workload in the water does not exceed a maximum of 5 to 6 hours. Sufficient time should be allocated in the schedule for post-pool hygiene and recovery. Employers may consider additional agreements to ensure the health and well-being of aquatic physiotherapists, such as appropriate equipment, insurance, workload reduction, remuneration, and hydration replenishment, etc.

3.2.7 The Aquatic Physiotherapists should use a professional and appropriate uniform both in the water and poolside when working in the aquatic environment (here are some examples: cap, slippers and swimsuit and when on the pier it is good to wear a bathrobe or shirt/shorts over the bathing suit to maintain adequate body temperature).

4. Methodology of patient administration / Methodology of intervention with users/clients

4.1. One to one modality - Individual Aquatic Physiotherapy

This modality is centered and based on individualised and personalised care, after an assessment by a clinical analysis with an outcome to be measured through performance-based tests. It allows direct attention to each physical limitation that the client/user presents in the water, including safety and how to control movements independently in the aquatic environment. One important goal is to provide individualised treatment for a certain amount of time with a specific plan of care to achieve specific goals. Some benefits of one-to-one aquatic physiotherapy are:

- It allows quality time to demonstrate, observe, and modify exercises;
- Can include time for manual therapy;
- Offers a higher level of privacy for better intervention outcomes;
- Sessions can establish a relationship between the physiotherapist and the client to provide effective care;
- Can incorporate the client/user's development of independent movement in water;
- Can include an educational component to enhance the patient's understanding of their condition and self-management strategies.

It is highly recommended that a physiotherapist who only offers on-land therapy services refer the client to the services of a physiotherapist with skills in aquatic physiotherapy.

4.2. Group modality - Aquatic Physiotherapy Group Modality

This modality can be done in several ways, for example:

- group of clients/users with different conditions to achieve a common goal;
- group of clients/users may participate as part of a class designed to meet specific needs such as those associated with pregnancy, general fitness, mobility for the older adult and people with arthritis.

Physical activity in a group promotes an entertaining activity, and communication between participants and encourages socialisation. It is a modality that facilitates the consolidation of interpersonal relationships with communication, respect, and the feeling of mutual support; support that we can all offer regardless of our physical abilities.

When working in a group physiotherapists should be aware of identifying if a client has complex physical limitations who would respond better in an individual setting, and refer them for one-to-one sessions if it is identified that this would be better for their rehabilitation.

5. Ethical and professional practice of the aquatic physiotherapist

5.1 Ethical and deontological code - All clients/users have the right to:

- Received professional attention and service with mutual understanding of the process and specific goals to mutually achieve real and functional results;
- Maintaining confidentiality of the patient's identity and his condition;
- Any documentation (audio, visual or written) should be done with a written consent from the patient;
- Maintain a professional relationship with the patient. Any approach interpreted as sexually offensive will be flagged against the professional;
- As part of the first meeting, the client/user must be oriented on contraindications, risk/dangers that can be present in an aquatic setting;
- Once therapeutic goals are achieved, and with the client's/user's understanding and consent, a discharge process should take place, with a referral for reevaluation if necessary;
- Documentation of each service in a one-to-one modality must be completed;
- Any event that happens during the therapy with the client/user at the facility, the aquatic physiotherapist is responsible to take care of such a situation. It needs to be managed along with the trained team present;
- The aquatic physiotherapist should always be certified on CPR and hold indemnity insurance for the client/user and the therapy itself.
- It is highly recommended to search for the documents established in each of the countries on the rights and responsibilities of the patient according to the laws that protect them.

5.2. Continuous training

In general, the importance of continuing training for professional development is necessary within our increasingly globalised and competitive society. Worldwide our profession is constantly evolving and developing new opportunities within our specialty, bringing new opportunities with new challenges.

Continuing training enables the practitioner/professional to regularly apply focus and attention to important areas of their own development. Equally, a professional must-see continuing training to remain competitive and become qualified within the aquatic physiotherapy practices.

A planned approach to continuing professional training allows an individual to put themselves in charge of their own career development and work-related ambitions. A personal empowerment of learning brings with it an increase in confidence and resulting abilities, all of which correlate to an improvement of capability for their practice.

It is recommended that each professional review their own license regulation related to continuing education requirements established by their country's professional laws.

5.3. Documentation and confidentiality

5.3.1. Communicates with other health care professionals:

Documentation reinforces communication with peers in the field and allows other clinicians to understand the patient's history so they can continue to provide the best possible treatment for everyone.

5.3.2. Reduces risk management exposure:

Thorough and accurate documentation mitigates risks and reduces the chance of a successful malpractice claim. A well-documented record serves as evidence of treatment and care, progress of care and helps to the clinical decision of discharge. Documentation is the tool for evidence-based reports-work.

As physiotherapists, the clinical documentation of user/client management is a professional responsibility and a legal requirement in most countries. It's a record of services that provided outcomes to support payment for services. Documentation is critical to ensure that individuals

receive appropriate, comprehensive, efficient, person-centered, and high-quality health care services throughout the episode of care.

5.3.3. List of suggestions for required documentation - These types of documentation for therapy services are expected to be submitted in response to any requests for documentation, unless in the field is not required:

- Demographic data;
- Evaluation and plan of care. A diagnosis and description of the specific problem(s) to be evaluated and/or treated. The diagnosis should be specific and as relevant to the problem to be treated as possible. Include all conditions and complexities that may impact the treatment. Is recommended to document the results from functional measurement instruments. In addition, it must include the client/user goal, physiotherapist short-term goals, a plan of progression and the long-term goal;
- Treatment notes - Include a minimum of information as:
    - Brief list of problem areas: muscle tone & strength, sensory awareness, bladder & bowel control, coordination, communication abilities, cognitive status, functional status – activities of daily living (ADL) and general mobility;
    - In the aspect of aquatic physiotherapy: length of treatment. temperature of water, depth of water used for therapy, patterns of exercise, progression of exercise, any positive outcomes in the water, any untoward effects/incident in the water, number of sessions given/planned.
- Discharge Note/Summary.

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