


<b>Name of Policy:</b> <u>Aquatic Therapy/Pool</u> <b>Policy Number:</b> 3364-137-IPG-09 <b>Department:</b> Rehabilitation Services <b>Approving Officer:</b> Chief Operating Officer - UTMC <b>Responsible Agent:</b> Director, Therapy Services <b>Scope:</b> Rehabilitation Services	 <b>Effective Date:</b> 12/1/2022 Initial Effective Date: 11/1/2016
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

The Rehabilitation Services Department will ensure that aquatic therapy treatment sessions are delivered in a professional appropriate manner and will be inclusive of all patients.

**(B) Purpose of Policy**

To assure all patients will receive quality aquatic therapy treatment sessions.

**(C) Procedure**

It will be responsibility of the Therapy department to maintain pool in accordance with infection control guidelines. Chemical levels of the pool will be checked by designated therapists daily prior to the initial treatment session to assure appropriate levels. Necessary adjustments will be corrected prior to first treatment session.

Before initiating aquatic therapy, patient will be evaluated by therapist. This therapist is responsible for assuring patient has no contraindications to aquatic treatment. This includes no open wounds and no bowel or bladder incontinence.

To participate in aquatic therapy patient will need to wear pool appropriate clothing. This includes modest bathing suit, non white t-shirt, shorts. Swim shoes are optional. Patient will also need to provide their own towel.

Before entering the pool, patient will be required to rinse off in shower to decrease risk of contaminants to pool. Patient will be required to have physical capability to enter/exit pool with minimal assistance. After completion of their aquatic therapy session, patient will be required to rinse off in shower prior to proceeding to changing room.

<b>Approved by:</b>  /s/ _____ 8/3/23 Alison Matson PT, DPT, NCD Director of Therapy Services Date  /s/ _____ 2/11/2025 Christine Stesney-Ridenour, COO Date	<b>Review/Revision Date:</b>  11/1/2016 11/2019 12/2022  <b>Next Review Date:</b> 12/1/2025
<b>Policies Superseded by This Policy:</b>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*