

**Wheaton North High School  
Physical Education & Wellness Program**

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The State of Illinois requires all high school students to be enrolled in a physical education program for each semester they are in school. At times, a student may need a medical adaptation for participating in a physical activity. Wheaton North High School has a complete fitness room equipped with cardiovascular equipment, selectorized weight machines and additional weight and non-weight bearing rehabilitative equipment.

We wish to provide this student with the most appropriate educational experience. Therefore we ask your assistance in determining what modifications should be made, and which of the following programs are most appropriate for this student:

**STUDENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_

**DATE OF NEXT APPOINTMENT:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

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

\*\*\*\*\*

Please check one of the following:

**MAY RETURN TO REGULAR PHYSICAL EDUCATION ON (indicate date)** \_\_\_\_\_

**MAY PARTICIPATE IN REGULAR PHYSICAL EDUCATION WITH THE FOLLOWING RESTRICTIONS:** \_\_\_\_\_

**MAY RETURN TO REGULAR PHYSICAL EDUCATION IN THESE SPECIFIC ACTIVITIES:**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Aerobics (Low Impact) | <input type="checkbox"/> Cross Country Skiing  | <input type="checkbox"/> Pickleball   | <input type="checkbox"/> Track & Field    |
| <input type="checkbox"/> Badminton             | <input type="checkbox"/> Dance/Tap/Ballet/Jazz | <input type="checkbox"/> Soccer       | <input type="checkbox"/> Tumbling         |
| <input type="checkbox"/> Basketball            | <input type="checkbox"/> Floor Hockey          | <input type="checkbox"/> Social Dance | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Biking                | <input type="checkbox"/> Golf                  | <input type="checkbox"/> Softball     | <input type="checkbox"/> Volleyball       |
| <input type="checkbox"/> Bowling               | <input type="checkbox"/> Non-Contact Football  | <input type="checkbox"/> Tennis       | <input type="checkbox"/> Weight Training  |

**SEE REVERSE SIDE FOR SPECIFIC ADAPTIVE PHYSICAL EDUCATION ACTIVITIES**

**MAY PARTICIPATE IN ADAPTIVE PHYSICAL EDUCATION**

**AEROBIC ACTIVITIES**

- Aerobic Steps
- Ellipticals
- Jogging
- Running
- Stair Master
- Stationary Bike
- Treadmill

**FLEXIBILITY**

- Neutral Spine Exercise
- Stretching (P.N.F./Static)
- Williams Flexion Exercise

**OTHER ACTIVITIES**

- \_\_\_\_\_
- \_\_\_\_\_

**MAY USE SELECTORIZED – RESISTANCE MACHINES**

All selectorized machines provide a non-weight bearing exercise position. Designs of our machines operate on a cam-lever & pulley system, allowing the participant to select the resistance while in a sitting-exercise position. Increments of resistance start at a load equal to 10 lbs. And increase at variables of 5 lbs. Range of limitation controls are available on the machines listed below. Starting and ending points of limitations can be established between 10-90 degrees of motion. Product protocol would be similar to “Cybex”.

**MUSCLES/MACHINES**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 SEATED BENCH PRESS    | <input type="checkbox"/> 23 SEATED DELTOID PRESS |
| <input type="checkbox"/> 3 QUAD EXTENSION*       | <input type="checkbox"/> 25 LEG CURLS*           |
| <input type="checkbox"/> 5 LAT PULLS             | <input type="checkbox"/> 27 SEATED ROW           |
| <input type="checkbox"/> 7 BACK EXTENSION*       | <input type="checkbox"/> 29 PULLOVER             |
| <input type="checkbox"/> 9 LEG ABDUCTION         | <input type="checkbox"/> 31 PEC DECK             |
| <input type="checkbox"/> 11 BICEP CURLS          | <input type="checkbox"/> 33 STANDING HIP*        |
| <input type="checkbox"/> 13 STANDING CALF RAISES | <input type="checkbox"/> 35 SEATED DIPS          |
| <input type="checkbox"/> 15 LEG PRESS            | <input type="checkbox"/> 37 4-WAY NECK MACHINE   |
| <input type="checkbox"/> 17 TRICEP EXTENSION     | <input type="checkbox"/> 39 ROTARY TORSO         |
| <input type="checkbox"/> 19 LEG ADDUCTION        | <input type="checkbox"/> 41 HYPER BACK EXTENSION |
| <input type="checkbox"/> 21 ABDOMINAL/SIT-UPS    | <input type="checkbox"/> 43 HIP FLEXION          |

\*RANGE OF MOTION LIMITATIONS

**MAY USE ADAPTIVE / THERAPEUTIC MODALITIES**

**REHABILITATIVE EXERCISE**

- |  |   |
|--|---|
| <input type="checkbox"/> ABROLLERS                       | <input type="checkbox"/> QUAD SETS                    |
| <input type="checkbox"/> ACTIVE R.O.M.                   | <input type="checkbox"/> REHABILITATIVE TRAINING      |
| <input type="checkbox"/> ANKLE EXERCISE                  | <input type="checkbox"/> STAIRMASTER                  |
| <input type="checkbox"/> BACK EXTENSION EXERCISES        | <input type="checkbox"/> STATIONARY BIKE (LIFECYCLES) |
| <input type="checkbox"/> CORE BODY EXERCISES             | <input type="checkbox"/> STEP-UP PLATFORMS            |
| <input type="checkbox"/> DUMBBELLS (5-70 LBS)            | <input type="checkbox"/> STRAIGHT LEG RAISES          |
| <input type="checkbox"/> ELLIPTICALS                     | <input type="checkbox"/> STRETCHING EXERCISES         |
| <input type="checkbox"/> NEUTRAL SPINE EXERCISES         | <input type="checkbox"/> TERMINAL EXTENSION EXERCISE  |
| <input type="checkbox"/> ORTHOTRON                       | <input type="checkbox"/> TREADMILL                    |
| <input type="checkbox"/> PASSIVE R.O.M.**                | <input type="checkbox"/> WILLIAM’S BACK EXERCISES     |
| <input type="checkbox"/> PROGRESSIVE RESISTANCE EXERCISE | <input type="checkbox"/> OTHER (Specify) _____        |

**PHYSICIAN’S SIGNATURE** \_\_\_\_\_

**PLEASE PRINT PHYSICIAN’S NAME** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**School nurse may contact the physician for clarification**

**PARENT’S SIGNATURE** \_\_\_\_\_ **DAY PHONE:** \_\_\_\_\_

Would you like to be contacted by the Modified P.E. Coordinator?  Yes  No

\*\*AFTER SCHOOL USE ONLY