

Sensational Survivors

Program Fact Sheet for Physicians

Our Program:

Sensational Survivors is a 12-session group exercise program for women with a positive diagnosis of cancer. Each participant completes an initial one-on-one session with a member of the exercise team to discuss goals and perform a basic fitness assessment. From this initial session, a goal-based individual exercise program is developed. Clients are encouraged to incorporate exercise into their weekly routine and explore community exercise options.

Our Staff:

All exercise sessions are overseen by BCRPA Group Fitness leaders and Personal Trainers. The program is overseen by an American College of Sports Medicine Certified Clinical Exercise Specialist (ACSM CCES).

Our Clients:

We ask that as the primary care physician or oncologist, please work with your patient to determine if exercise can benefit her at this point in her treatment, recovery, or continued wellness. Please take the time to fill out the accompanying Referral for Exercise Participation form.

For more information please contact:
Jennifer Edgecombe, ACSM CCES
Exercise Specialist, City of Kamloops
Parks, Recreation, and Cultural Services Department
250-828-3742
jedgecombe@kamloops.ca

Please visit www.keeponmoving.ca for more great programs.



Sensational Survivors

Referral for Exercise Participation

Sensational Survivors is a six-week (12-session) group exercise program for women with a positive diagnosis of cancer. Each participant receives an individual goal-based exercise program to complete in a group setting. Sessions are supervised by a City of Kamloops Group Fitness Instructor or Personal Trainer.

Contact Information

Name: _____ D.O.B.: _____

Home Phone: _____

Physician Name: _____ Phone: _____

Referral Specifics

- Currently receiving treatment
- Orthopedic concerns - please specify: _____
- Rehabilitation specific to cancer surgery or treatment
- Other health concerns - please specify: _____
- Additional information: _____

I concur with my patient's participation in the Sensational Survivors Exercise Program.

Physician Signature

Date

Please send this form with your patient to the Tournament Capital Centre for drop off. Your patient will be required to fill out additional forms specific to her relevant medical and exercise history.

