

Physician's Consent Form

Your patient has decided to take part in a *prenatal or postpartum* personal training program. I have been certified in proper pre and postnatal exercise design by PROnatal Fitness™. The program I would be conducting with your patient meets all ACOG Guidelines, and includes:

- Proper deep core training to prevent pregnancy pains, prepare for labor, and expedite recovery
- Postural and alignment work to prevent and reduce pains/injuries/falls
- Functional strength training to prevent pregnancy pains and prepare for the activities of motherhood
- Appropriate aerobic conditioning to reap health benefits and prepare for energy demands of labor
- Education on pain/injury prevention and proper recovery
- Safely returning client to postpartum daily & athletic activity,
including postural, core & pelvic floor considerations

Your patient's safety is my utmost priority, and I will always ensure she is listening to her body and working at a level that is safe and appropriate for her body.

_____ (Patient's name) has my permission to participate in this program.

Physician's name (please print): _____ Phone: _____

Physician's signature: _____ Date: _____

Please add any specific recommendations or considerations to keep in mind for this patient.

Please do not hesitate to contact me if you have any questions or concerns

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