



What?

Individualised exercise management plan for cancer patients at any stage of disease or treatment.

Why?

- Reduced risk of recurrence studies with breast (\$\pi\$~24-40%, colorectal (\$\pi\$~38%), prostate (\$\pi\$~20-50%) and ovarian cancer have suggested that physically active survivors have a lower risk of cancer recurrence and improved survival compared to those who are inactive.
- Improved quality of life and management of treatment related side effects (see diagram ⇒)

American Cancer Society www.cancer.org; Cochrane Database

Program

Pre and post program assessments

- Assessment of program outcomes, goal setting, and activity planning etc.
- · Comprehensive report to referrer.

6-12 week tailored program

- Including individual, studio and group classes (eg.MoveWell, Fit-R, Aqua)
- Access to fully supervised gym.

Checkpoint Assessments

• Track progress reassess and modify program as needed





^{*} Medical Clearance may be required. Medicare and Private Health Rebates may apply (Accredited Exercise Physiology/Physiotherapy)

Student Training at the UWA Exercise & Performance Centre

The EPC is linked with the School of Human Sciences providing clinical training to postgraduate students undertaking Master of Clinical Exercise Physiology.

Rebates & Referral Pathways

- Exercise plans are paid for up-front with itemized receipts available for private health claiming.
- Medicare, Bulk Billing, and private health rebates may apply depending on individuals policy, and the choice of service (see below).
- Under the discretion of GP Medicare pathways may include;
 - Chronic Disease GP Management Plan (721) - Allied Health Services (Exercise Physiology - 10953, Physiotherapy 10960)

	Medicare Rebate & Codes *If applicable	Private Health Rebate & Codes *If applicable		
Service	Chronic Disease Management Plan (721 – 723)	Rebate dependent on fund and cover		
Individual/subsequent consultations or assessments	10953/10960	102/500 initial consultation & assessment 202/505 subsequent consultation		
Supervised Group sessions	N/A	502/560		
Exercise Studios/Group Classes	N/A	N/A		

Referral &/or Medical Clearance

Client Name:					D.O.B:				
Specific referral information:									
I have examined				and c	and clear them of any obvious condition that				
would prevent participation in a physical activity program. Based on my assessment his/her health									
status is stable; however I understand you will undertake a thorough assessment to ensure your									
pres	criptions meet	t the	ir current h	nealth ne	ed.				
Signed:				Date:					
Refe	errer/DR (Star	np if	available)	:					
Clini	c:			Phor	ne:				
Fax:				Ema	il:				
Pref	erred metho	d of	commun	ication:					
	Phone		Email		Fax]	Mail	

Contact Details for more information.

UWA Exercise & Performance Centre

- University of Western Australia (Crawley) Entrance #4, Parkway (street and ACROD parking available)

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W. www.uwa.edu.au/facilities/uwa-exercise-and-performance-centre

