

Client name: \_\_\_\_\_

Physiotherapist name: \_\_\_\_\_

# ProACTIVE SCI Physical Activity Form

## Are you interested in being more physically active?

<p style="text-align: center;"><b>Yes:</b></p> <p style="text-align: center;">What are your goals? (What are you currently doing and how much physical activity would you like to be doing? What benefits are you hoping to gain?)</p>	<p style="text-align: center;"><b>No:</b></p> <p style="text-align: center;">What might be getting in the way of you wanting to exercise (barriers)? (see benefits/address barriers)</p>
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## Benefits:

Examples include improved independence, sleep quality, ability to play with children, more energy, social interaction opportunities, lower risk of depression, and less pain.

## The SCI Physical Activity Guidelines



What types of activity do you enjoy/are you interested in doing?

*At home*

*Recreation*

*Competitive Sport*

What resources do you have available to you (e.g., equipment, gym, recreation centers near you, funding, etc.)

Things that could get in the way (barriers) of your goals?

Your Plan:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Activity							
Where							
When							
How Long							
Intensity							

Additional notes:

Want to continue the conversation? Contact Spinal Cord Injury BC:

**SCI BC**

(<https://sci-bc.ca/>)

1 800 689 2477

Monday - Friday

9am - 5pm