



## Post-Operative Pilates-Based rehab programme referral form

### Referral Criteria:

Patients with musculoskeletal problems as a result of the following types of surgery: Breast surgery/reconstruction, Axillary lymph node dissection, TAH, Sarcoma.

### Inclusion criteria:

- Minimum 6 weeks post-op
- Patients must be able to get on and off the floor
- Patients must be able to lie flat

Referrals can be made by any member of the **medical team** or **clinical nurse specialists**

PATIENT  
STICKER

Diagnosis: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Operation: \_\_\_\_\_

Date of operation: \_\_\_\_\_

Patient telephone number: \_\_\_\_\_

### **Symptoms: Please tick:**

Joint restriction/ dysfunction

Muscle weakness

Pain

Lymphoedema

Other: Please specify .....

Referred by \_\_\_\_\_ Designation \_\_\_\_\_ Contact Number \_\_\_\_\_

Please Fax to:  
Maxine Cumbo, Rachel Eldred or Julie Kenyon - Rehabilitation unit  
Fax 0161 446 8151

**Please Note: If referral is incomplete it will be returned**

On receipt of referral patients will be contacted within 4 weeks to arrange a one to one assessment and then be referred into the 6 week Pilates programme.