

ENCORE, a YWCA initiative, is a gentle exercise programme for women who have experienced a diagnosis of breast cancer. The programme consists of one (2-hour) session per week over an eight week period and offers specifically designed hydrotherapy and land-based exercises; healthy lifestyle information; and peer support.

ENCORE is offered through the Victoria Y free of charge, however registration is required.

The Encore program was created by medical specialists specifically for women who have experienced mastectomy, lumpectomy or breast reconstruction surgery at any time in their lives. The gentle land and water exercises target areas that have been affected by breast cancer and help to restore mobility, flexibility and confidence.

The Encore program seeks to achieve the following outcomes:

- Improve mobility and flexibility in arms and shoulders
- Improve strength in the upper body
- Relieve discomfort associated with surgery
- Reduce risks of lymphoedema and manage symptoms of existing lymphoedema
- Help relieve stress and tension
- Help restore a sense of control and self esteem
- Provide an opportunity to share experiences with other women who understand
- Provide an environment for women to laugh, relax and have fun

Next Session April 20 – June 8

For further information

Contact Email:

ywcaencore@victoriay.com

Contact Phone:

Janet Champion 250-418-1834

Litzia Eccleston 250-418-1847

Dear ywcaENCORE participant,

Welcome to the ywcaENCORE, after breast cancer exercise program at the YMCA-YWCA of Greater Victoria Downtown Branch.

The ywcaENCORE program is an eight week program, with each week consisting of one two hour session. For information on upcoming dates please contact us at your earliest convenience and we will add you to our interest list.

Each day is composed of time for group discussion and / or guest speakers, gentle floor exercises and pool time. We recommend loose, comfortable clothing and sneakers or walking shoes for exercising. It is advisable to bring along a warm sweater or shirt in case you find the exercise studio cool. The pool session is a gentle, fun oriented aquatic exercise session. A bathing suit (a t-shirt can be worn over your bathing suit) and towel will be needed for this session. It is recommended you wear water shoes or socks to protect your feet. No outside shoes are allowed. Lockers are available for your use. You will need to bring your own lock.

This package includes all the forms necessary for enrolment in the ywcaENCORE, after breast cancer exercise program at the YMCA- YWCA of Greater Victoria. The forms can be returned to the Downtown branch or mailed to the Program Coordinators. The Medical Approval Form can be handed in on the first day of the session.

Should you have any questions regarding the program or enclosed forms, please call Janet at 250-418-1834 or Litzia at 250-418-1847.

We look forward to meeting you.

Sincerely,

Janet Champion and Jenna Kurylo
YMCA-YWCA of Greater Victoria

Medical Approval Form

This form must be signed by a general practitioner or specialist

ywcaENCORE is a non medical exercise and support program for any woman who are least eight weeks post breast cancer surgery. It consists of gentle floor and pool based exercised. The exercises have been developed in consultation with relevant health professionals. Trained ywcaENCORE instructors with CPR, deliver all programs.

Medical approval is sought before women may participate in the program. You are asked to complete and sign this form. If you require any additional information about the program, please contact the ywcaENCORE coordinators.

I, (*print name of physician*) _____ give approval for (*print name of participant*) _____ to participate in the ywcaENCORE, after breast cancer exercise program.

Are there any recommended limitations? (*Please circle*) YES NO

If yes, please specify:

Signature: _____

Date: _____

Phone Number: _____

Enrolment Form

Location: _____

Start Date: _____

Name: _____

Date of Birth: _____

Address: _____

Postal Code: _____ Email: _____

Telephone: (H) _____ (W) _____

Emergency Contact person: _____

Telephone: (H) _____ (W) _____

Relationship: _____

I, (*name*) _____ signify my enrolment in the ywcaENCORE program. In doing so, I waive all and any claim, right or course of action against the YMWCA-YWCA of Greater Victoria, it's officers and servants for any accident, or illness, which occurs during participation in the ywcaENCORE program.

I further authorize said officers or servants of the YMCA-YWCA of Greater Victoria to administer first aid and/or procure medical assistance, as they may determine necessary, in the event of any illness or accident which may occur while participating in the ywcaENCORE program, and agree to meet any expenses incurred therein.

I consent to collection of personal information (including health information) and the confidential handling of that information between the YWCA and the ywcaENCORE host organization. I understand that my personal information will be confidential and will not be shared or sold to any third parties.

Signature: _____ Date: _____

Agreement for Publicity

(optional)

I authorize the YMCA-YWCA of Greater Victoria to record or print, film or otherwise, my name, likeness and performance during the ywcaENCORE program to be used for purposes of promotion and marketing for the ywcaENCORE program. I understand that all medical information will remain confidential within the ywcaENCORE program and will not be disclosed.

Name: _____

Signature: _____

Date: _____

Health Assessment
(confidential)

Name (in full): _____

Age: _____

Name of Doctor: _____

Telephone: _____

Do you have, or have you ever had any of the following?
If you answer yes, please indicate if it is controlled.

			<u>Controlled?</u>	
	YES	NO	YES	NO
Fainting / dizzy spells	YES	NO	YES	NO
Epilepsy	YES	NO	YES	NO
Heart Condition	YES	NO	YES	NO
High Blood Pressure	YES	NO	YES	NO
Low Blood Pressure	YES	NO	YES	NO
Asthma	YES	NO	YES	NO
Anemia	YES	NO	YES	NO
Breathlessness	YES	NO	YES	NO
Diabetes	YES	NO	YES	NO
Chest Pains	YES	NO	YES	NO

Arthritis or other joint or muscle problems?
(include hip or knee replacement information)

If yes, what? _____

If yes, where? _____

If other than above, please describe: _____

Are you currently taking medication? YES NO
If yes, what medications are you taking? _____

Details of breast cancer surgery (circle as appropriate):

Year of Surgery _____

Radical mastectomy

(breast, lymph glands and muscles) left breast right breast both breasts

Modified radical mastectomy

(breast and lymph glands) left breast right breast both breasts

Lumpectomy

Wide local excision left breast right breast both breasts

Removal of lymph glands / nodes left breast right breast both breasts

Sentinel node biopsy left breast right breast both breasts

Type of Treatment (circle as appropriate)

Chemotherapy

Radiotherapy

Medication

Are you still undergoing treatment? YES NO

If yes, what treatment? _____

Will you be having treatment in the future? YES NO

If yes, what type and when? _____

Do you have Lymphedema? YES NO

If other, describe: _____

Do you suffer from stiffness of muscles / joints? YES NO

If yes, where? _____

Rate level of stiffness on scale below:

1-slight 2 3 4 5- extreme

Are there any reasons why you should not take part in a gentle exercise program?

If yes, what? _____

Signature: _____

Date: _____

ywcaENCORE
after breast cancer exercise program

Please choose four of the following subjects you would be interested in having a guest speaker present at our sessions.

Number them in order of your preference.

- Nutrition
- Toxins
- Exercise Options - what next?
- Yoga / Meditation / Relaxation
- Lymphedema
- Osteopath
- Dragon Boating
- Sexual Health
- Art Therapy
- Others (please list below)

We will do our best to provide the guest speakers that you have collectively agreed are the most important to you at this time.

Also, as you know, breast cancer can affect not only women, but also men. Please let us know if you would prefer a female only group or co-ed.

- Female only
- Co-ed