



## ***SPORTS WELLNESS PROGRAM***

*FOR THOSE HIGH SCHOOL AND COLLEGE ATHLETES LOOKING TO GET THE MOST OUT OF THEIR BODY WHILE REDUCING THEIR RISK OF INJURY!*

At Boots Chiropractic & Wellness Center, S.C. we consistently try to bring the best in health and wellness to Northeast Wisconsin. Our goal is to keep athletes healthy and performing their best! We serve many families in the Fox Valley and one area of continued concern is the risk of sports-related injuries. Preventative chiropractic care promotes proper alignment allowing for correct biomechanics, which may reduce the incidence of injury, and often improve performance. If injured, chiropractic care is extremely beneficial in the healing process, helping to improve recovery time and restore function.

### ***PROGRAM DETAILS***

- ✓ Orthopedic, neurologic, and chiropractic exam
- ✓ One all-inclusive weekly chiropractic visit throughout the season
- ✓ An \$800+ value all for ***only \$300!***



### **BOOTS CHIROPRACTIC & WELLNESS CENTER, S.C.**

1020 Truman St. Suite B, Kimberly, WI 54136  
(920) 997-9700 – [www.BootsChiropractic.com](http://www.BootsChiropractic.com)

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# ***SPORTS WELLNESS ~ FREQUENTLY ASKED QUESTIONS***

- 1) Why should I participate in the Sports Wellness Program?
  - ✓ Are you an athlete? Would you like to perform your best? Do you want enhanced recovery and injury prevention? Preventive chiropractic care will help maintain spinal and extremity integrity during the rigorous athletic season, and in many cases, keep sports-related injuries to a minimum. Improved recovery after an injury is also noted.
- 2) Is chiropractic care safe?
  - ✓ Chiropractic care is extremely safe! At our office we specialize in instrument-assisted chiropractic care, which results in very limited amounts of twisting or uncomfortable positions. Each treatment plan is specifically tailored to the athlete, their problem areas, and personal goals.
- 3) What can I expect?
  - ✓ Once all the appropriate paperwork (including proof of participation signed by the coach) and paid program balance is received, a detailed chiropractic, orthopedic, and neurological examination will be performed (X-rays may be taken if warranted). The first visit may take about an hour. Each visit after will take about 10 minutes and can fit into almost any schedule. Instrument-assisted chiropractic adjustments at Boots Chiropractic are comfortable and well received.
- 4) How much does it cost?
  - ✓ The Sports Wellness Program is designed to be both convenient and affordable. The \$300 program cost includes the exam, and weekly adjustments throughout the sports season. Additional cost may apply for nutritional supplements, Foot Levelers custom orthotics, and Power Plate whole body vibration. Other restrictions may apply.
- 5) Can I use my insurance?
  - ✓ Wellness/Preventative care is not covered by insurance plans, yet it can be a vital part of an athlete's ability to maintain maximum health, prevent a relapse of any prior conditions, and help avoid future health problems associated with sports injuries – saving both time and money.
- 6) What if I would like additional chiropractic visits?
  - ✓ Awesome! Additional wellness chiropractic visits can help enhance the many benefits of the Sports Wellness Program. These visits can be purchased at a discounted rate of \$45. If an athlete becomes injured, their health insurance will be utilized to help them recover from the injuries and return to the game.
- 7) How important is nutrition?
  - ✓ Proper nutrition is vital! If you want to push your body further, you need to give your body the nutrients it needs to function at a high level. This starts with a balanced diet: high in vegetables, lean protein and healthy fats, while limiting carbohydrates. A few supplements most people should consider include a high potency multi-vitamin, probiotic, fish oil, and vitamin D. Additional nutritional supplements can help athletes with muscle building, recovery, and healing.
- 8) Are Foot Levelers custom functional orthotics ideal for me?
  - ✓ We would love to scan your feet for FREE! A digital scan of your feet would show if you could benefit from custom orthotics. Foot Levelers assess all 3 arches of the foot, combining to determine foot stability and integrity. Our athletes prefer light-weight and durability orthotics specifically designed for their needs.
- 9) What is the Power Plate and how does it work?
  - ✓ The Power Plate whole body vibrational therapy system is used for quicker recovery, improved motion, and enhanced musculoskeletal function. Engineered precisely to the body's natural reflexive response to vibration, this advanced vibrating platform moves 25 to 50 times per second resulting in corresponding muscle activation. The Power Plate causes an increased muscle fiber firing rate of over 80% when compared to standard exercises, so much so that 10 minutes on the Power Plate is equivalent to over an hour of exercise in the gym.
- 10) How many times can I use the Power Plate each week?
  - ✓ As a general guide, we recommend two to three 10-minute training sessions per week, leaving a minimum of 48 hours for recovery between sessions, stimulating the body to adapt and develop.

Any additional questions may be directed to the doctors at *Boots Chiropractic & Wellness Center, S.C.*

We welcome any questions in your journey towards better health and function!

# HEALTH HISTORY FORM

## Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male / Female

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please circle one for each of the following questions:

- |   |     |    |
|---|-----|----|
| • Currently experiencing contraindications to physical activity or intense exercise?        | YES | NO |
| • Notice any difficulties or abnormalities during current or past exercise sessions?        | YES | NO |
| • Experience any recent bone fractures or stress fractures?                                 | YES | NO |
| • Suffer from chronic pain? ( <i>back, neck, head, knee, ankle, shoulder, wrist, etc.</i> ) | YES | NO |
| • Involvement in a worker's compensation claim and/or auto accident?                        | YES | NO |
| • Have been under chiropractic care in the past?  | YES | NO |
| • Doing other things to promote health including taking nutritional supplements?            | YES | NO |
| • Participating in a Middle School, High School, or College sanctioned sport?               | YES | NO |

## Athlete Sports: (*select all that apply*)

- |                                     |  |  |                                       |
|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Football   | <input type="checkbox"/> Golf          | <input type="checkbox"/> Soccer        | <input type="checkbox"/> Dance        |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Softball      | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Gymnastics   |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Lacrosse     |
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Hockey        | <input type="checkbox"/> Other: _____ |

## SPORTS WELLNESS PROGRAM

Boots Chiropractic & Wellness Center, S.C. is proud to promote health and wellness for area athletes. It doesn't matter the level or sport, athletes push their bodies to the limit and this program supports that endeavor and works to decrease injuries\*.

### PURPOSE:

- ✓ Keeps athletes in "Peak Performance"
- ✓ Help maintain optimal musculoskeletal integrity
- ✓ Help minimize problems associated with strenuous and repetitive athletic activity

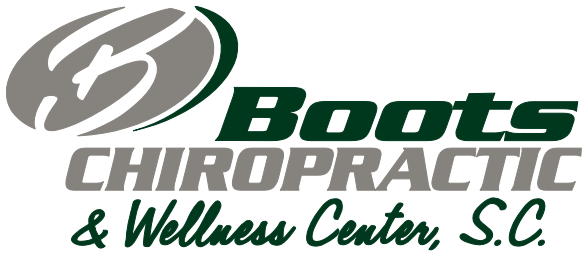
### PROGRAM:

- ✓ Chiropractic, orthopedic, and neurologic exam
- ✓ Vitals – height, weight, and blood pressure
- ✓ One (1) all-inclusive weekly visit
  - Specific Chiropractic Adjustment
  - Focused Nutritional Counseling
  - Peak Performance Education

### ADDITIONAL BENEFITS:

Discounted Power Plate® whole body vibrational therapy session (maximum 3 sessions per week) – used for increased coordination, improved flexibility and range of motion, increased circulation, and decreased inflammation!

\*Individual results may vary. Participation in the program is not a guaranty of improved performance, or that the athlete won't become injured. Program includes a detailed physical examination and one adjustment per week throughout the sport season. If an injury is sustained, the program will be paused while active care is given to return the athlete to preinjury status. Additional costs may apply for nutritional supplements, comprehensive nutritional counseling, cold laser therapy, orthopedic products/supports, custom functional foot orthotics, and any additional adjustments. Other restrictions may apply.



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Dr. James R. Boots

Dr. William J. Boots

Dr. Matthew J. Boots

Dr. Kevin J. Boots

## SPORTS WELLNESS PROGRAM POLICY

The purpose of the Sports Wellness Program is to help sports programs and athletes maintain peak performance during their event season. Preventative chiropractic care will help maintain spinal integrity during the rigorous athletic season, and, in many cases, keep sports-related injuries to a minimum. The Sports Wellness Program is designed to be convenient and affordable. Wellness/Preventive care is not covered by insurance plans, but it can be a vital part of the athlete's ability to maintain maximum health by preventing a relapse of any prior conditions and helping avoid future health problems associated with sports injuries. This saves the athletes and their families both time and money.

- 1) I am **NOT** currently injured but am looking to achieve spinal wellness and maintain peak performance. To qualify for this program the athlete must currently be participating in a local athletic program at the high school or college level. The athlete must be non-symptomatic and have no current injury or musculoskeletal illness.
- 2) The goal of this program is to maintain optimal musculoskeletal integrity, minimizing problems brought on by strenuous athletic activity, and to help achieve peak performance during the athletic season. Often times this can be associated with improved recovery and prevention of sports injuries.
- 3) All paperwork, including proof of participation signed by a coach, and full program cost of \$300 is due prior to beginning the Sports Wellness Program.
- 4) Participation in the Sports Wellness Program includes a t-shirt, the initial consultation and exam, and one wellness chiropractic adjustment per week throughout the duration of the in-season sport. Any additional visit(s) would be my financial responsibility to pay at the time of service. No nutritional supplements, outside services, medical supplies, cold laser therapy, or other forms of treatment are covered under this agreement.
- 5) It is my responsibility to report to the doctor any new or returning health problems. If at any time during the program I become injured, the program is suspended, and I will begin active care and will pay through my primary insurance provider or appropriate party. Sports Wellness Program benefits may resume once wellness is re-established.
- 6) If I participate in multiple sports back-to-back, I will need a coach's signature as proof of participation for each sport and I will not be required to repeat the physical exam unless there are notable changes in my health history.
- 7) This Sports Wellness Program is not covered by my health insurance as they do not cover maintenance/wellness care.
  - a. Active care or sick care is treatment addressing a specific injury, symptom, disease or condition.
  - b. Maintenance/wellness care is non-symptomatic care designed to maximize optimal spinal and nervous system function and aid in the prevention of disease.
- 8) This plan does not cover any work-related injuries, automobile accidents, personal injury claims, Medicare, Medicaid, or any health condition with a third-party financial liability. Therefore we will not be filing any paperwork you're your insurance. Receipts for income tax purposes can be requested at the end of the year. I will be charged a \$35.00 fee for each returned check.
- 9) I understand that there is no guarantee that any illness, injury, or disease can be prevented by participating in this program.

***By signing below, I acknowledge that I have completely read and understand this agreement and agree to the conditions.***

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Staff Initial and Date