


|   |                     |   |
|---|---------------------|---|
|  <p>B.S. Aquino Drive,<br/>Bacolod City,<br/>Negros Occidental,<br/>6100</p> <p>DR. PABLO O. TORRE<br/>MEMORIAL HOSPITAL</p> | Document Code:      | DPOTMH-E-66-P02-S08   |
|   | Effective Date:     | 06-30-2022  |
|   | Document Type:      | Standard Operating Procedure                                |
|   | Page Number:        | 1 of 3  |
|   | Department/Section: | Physical Medicine & Fitness Center                          |
|   | Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

### **PURPOSE:**

To describe in detail the steps in the operation of the gym equipment to ensure accuracy and safety while using the machine.

### **SCOPE:**


Applies to all Physical Medicine & Fitness Center Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

### **RESPONSIBLE PERSON:**

Physical Therapist, Fitness Instructor

### **PROCEDURE:**

- 1 Physiatrist will do health screen of the client and decide whether the client is candidate for a fitness program.
- 2 PT/FI will assess the client's fitness level and will formulate the exercise program.
- 3 FI/PT checks the client's BP and HR if necessary prior to the start of exercise.
- 4 After warming up, the client may proceed to the machine if it is recommended by the PT/FI or if it is in the client's fitness regimen.
- 5 Have the client climb onto the machine.
- 6 If client has to do vertical knee raise:
  - 6.1 Position him with back against back support
  - 6.2 Hold the upper handle both sides;
  - 6.3 Have the elbows rest on elbow pads;
  - 6.4 Ask client to hang his legs;
  - 6.5 For first timer, ask him to bend both knees up about 90° angle.
  - 6.6 Then slowly lower both knees to starting position;
  - 6.7 Repeat the cycle based on program prescribed by PT/FI
  - 6.8 Remind client to take a deep breath before doing exercises and exhale as he exerts effort on raising his knees;
  - 6.9 To progress instead of bent knees, client can raise legs with knees extended.

|   |                     |   |
|---|---------------------|---|
|  <p>B.S. Aquino Drive,<br/>Bacolod City,<br/>Negros Occidental,<br/>6100</p> <p>DR. PABLO O. TORRE<br/>MEMORIAL HOSPITAL</p> | Document Code:      | DPOTMH-E-66-P02-S08   |
|   | Effective Date:     | 06-30-2022  |
|   | Document Type:      | Standard Operating Procedure                                |
|   | Page Number:        | 2 of 3  |
|   | Department/Section: | Physical Medicine & Fitness Center                          |
|   | Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

7 If client has to do dips:

- 7.1 Ask client to hold both lower handles facing the equipment;
- 7.2 Extend elbows and ask client to hang his legs with knees slightly bent or with feet crossed
- 7.3 Hold his body in an upright position;
- 7.4 Lower his body by bending his elbows;
- 7.5 Slowly push his body up by extending his elbows;
- 7.6 Repeat the cycle based on program prescribed by PT/FI;
- 7.7 Remind client to take deep breath before doing exercises and exhale as he exerts effort.

8 Remind the client to rest 15-30 seconds between sets and three seconds hold, two seconds rest for each cycle.




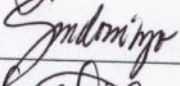
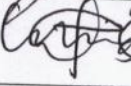
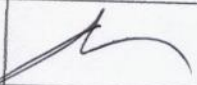

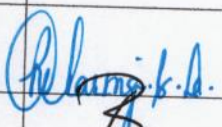

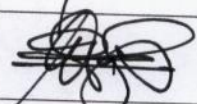


DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
6100

|                     |   |
|---------------------|---|
| Document Code:      | DPOTMH-E-66-P02-S08   |
| Effective Date:     | 06-30-2022  |
| Document Type:      | Standard Operating Procedure                                |
| Page Number:        | 3 of 3  |
| Department/Section: | Physical Medicine & Fitness Center                          |
| Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

**APPROVAL:**

|                        | Name/Title   | Signature   | Date       |
|------------------------|--|---|------------|
| Prepared by:           | <b>MA. CLAUDETTE L. SOLANCHO, PTRP</b><br>PM&FC Staff                          |    | 7/11/22    |
|                        | <b>SUZETTE M. DOMINGO, PTRP</b><br>PM&FC Staff                                 |    | 7-11-22    |
| Verified:              | <b>MA. TERESA O. ANIERDES, PTRP, MBA-HA</b><br>PM&FC Supervisor                |   | 7/11/22    |
|                        | <b>JOHN ANDREW B. SANCHEZ, MD, FPARM</b><br>Physiatrist                        |  | 7/11/22    |
| Reviewed by:           | <b>DENNIS C. ESCALONA, RN, MN, FPSQua</b><br>Quality Assurance Supervisor      |  | 7/11/2022  |
| Recommending Approval: | <b>ROSARIO D. ABARING, RN, MAN, PhD</b><br>Ancillary Services Division Officer |  | 07-11-2022 |
|                        | <b>FREDERIC IVAN L. TING, MD</b><br>OIC-Total Quality Division                 |  | 7/18/22    |
| Final approved by:     | <b>GENESIS GOLDI D. GOLINGAN</b><br>President & CEO                            |  | 9/29/22    |




DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
6100

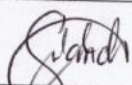
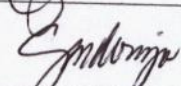
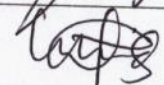
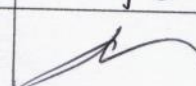

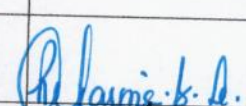

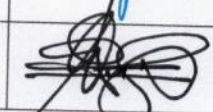
|                     |   |
|---------------------|---|
| Document Code:      | DPOTMH-E-66-P02-WI08  |
| Effective Date:     | 06-30-2022  |
| Document Type:      | Work Instruction  |
| Page Number:        | 1 of 2  |
| Department/Section: | Physical Medicine & Fitness Center                          |
| Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

| KEY TASKS  | PERSON RESPONSIBLE                    |
|--|---------------------------------------|
| 1. Clears the client as candidate for a fitness program.   | Physiatrist                           |
| 2. Assesses the client's fitness level and will formulate the exercise program.  |                                       |
| 3. Proceeds to the machine after warming up if it is recommended by the PT/FI or if it is in the client's fitness program. | Physical Therapist/Fitness Instructor |
| 4. Reminds the client to to rest 15-30 seconds between sets and three seconds hold, two seconds rest for each cycle.       |                                       |



|  |                     |   |
|--|---------------------|---|
|  <p><b>DR. PABLO O. TORRE<br/>MEMORIAL HOSPITAL</b></p> <p>B.S. Aquino Drive,<br/>Bacolod City,<br/>Negros Occidental,<br/>6100</p> | Document Code:      | DPOTMH-E-66-P02-W108  |
|  | Effective Date:     | 06-30-2022  |
|  | Document Type:      | Work Instruction  |
|  | Page Number:        | 2 of 2  |
|  | Department/Section: | Physical Medicine & Fitness Center                          |
|  | Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

**APPROVAL:**

|                        | Name/Title   | Signature   | Date       |
|------------------------|--|---|------------|
| Prepared by:           | <b>MA. CLAUDETTE L. SOLANCHO, PTRP</b><br>PM&FC Staff                          |    | 7/11/22    |
|                        | <b>SUZETTE M. DOMINGO, PTRP</b><br>PM&FC Staff                                 |   | 7-11-22    |
| Verified:              | <b>MA. TERESA O. ANIERDES, PTRP, MBA-HA</b><br>PM&FC Supervisor                |  | 7/11/22    |
|                        | <b>JOHN ANDREW B. SANCHEZ, MD, FPARM</b><br>Physiatrist                        |  | 7/11/22    |
| Reviewed by:           | <b>DENNIS C. ESCALONA, RN, MN, FPSQua</b><br>Quality Assurance Supervisor      |  | 7/11/2022  |
| Recommending Approval: | <b>ROSARIO D. ABARING, RN, MAN, PhD</b><br>Ancillary Services Division Officer |  | 07.11.2022 |
|                        | <b>FREDERIC IVAN L. TING, MD</b><br>OIC-Total Quality Division                 |  | 7/18/22    |
| Final approved by:     | <b>GENESIS GOLDI D. GOLINGAN</b><br>President & CEO                            |  | 9/29/22    |

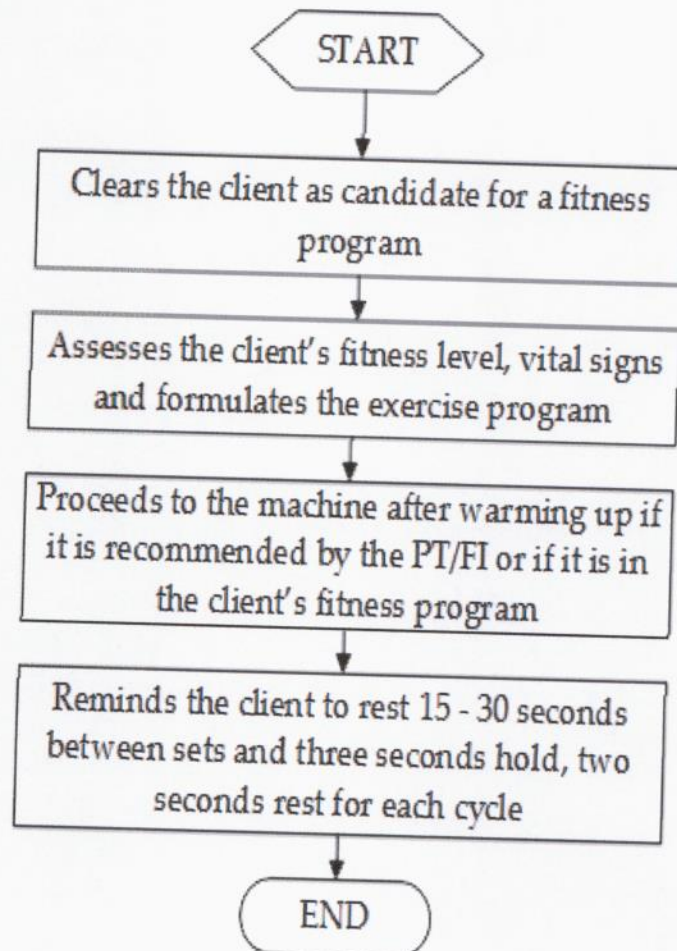



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
6100




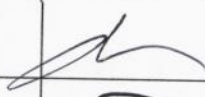

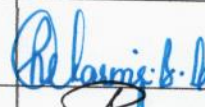

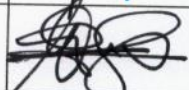
|                     |   |
|---------------------|---|
| Document Code:      | DPOTMH-E-66-P02-FC08  |
| Effective Date:     | 06-30-2022  |
| Document Type:      | Flowchart   |
| Page Number:        | 1 of 2  |
| Department/Section: | Physical Medicine & Fitness Center                          |
| Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

### FLOWCHART



|  |                     |   |
|--|---------------------|---|
|  <p><b>DR. PABLO O. TORRE<br/>MEMORIAL HOSPITAL</b></p> <p>B.S. Aquino Drive,<br/>Bacolod City,<br/>Negros Occidental,<br/>6100</p> | Document Code:      | DPOTMH-E-66-P02-FC08  |
|  | Effective Date:     | 06-30-2022  |
|  | Document Type:      | Flowchart   |
|  | Page Number:        | 2 of 2  |
|  | Department/Section: | Physical Medicine & Fitness Center                          |
|  | Document Title:     | <b>GYM EQUIPMENT PROTOCOL<br/>(VERTICAL KNEE RAISE/DIP)</b> |

**APPROVAL:**

|                        | Name/Title   | Signature   | Date       |
|------------------------|--|---|------------|
| Prepared by:           | <b>MA. CLAUDETTE L. SOLANCHO, PTRP</b><br>PM&FC Staff                          |    | 7/11/22    |
|                        | <b>SUZETTE M. DOMINGO, PTRP</b><br>PM&FC Staff                                 |    | 7-11-22    |
| Verified:              | <b>MA. TERESA O. ANIERDES, PTRP, MBA-HA</b><br>PM&FC Supervisor                |   | 7/11/22    |
|                        | <b>JOHN ANDREW B. SANCHEZ, MD, FPARM</b><br>Physiatrist                        |  | 7/11/22    |
| Reviewed by:           | <b>DENNIS C. ESCALONA, RN, MN, FPSQua</b><br>Quality Assurance Supervisor      |  | 7/11/2022  |
| Recommending Approval: | <b>ROSARIO D. ABARING, RN, MAN, PhD</b><br>Ancillary Services Division Officer |  | 07.11.2022 |
|                        | <b>FREDERIC IVAN L. TING, MD</b><br>OIC-Total Quality Division                 |  | 7/18/22    |
| Final approved by:     | <b>GENESIS GOLDI D. GOLINGAN</b><br>President & CEO                            |  | 9/29/22    |