Thank you for your interest in the Activity Based Locomotor Exercise (ABLE) Program at Courage Kenny Rehabilitation Institute. We are excited about our innovative program, the first of its kind in our area. Through this program, we have the opportunity to work with each client to develop a unique exercise plan utilizing a variety of specialized equipment and techniques. We will customize this intensive, activity-based exercise plan to meet your needs. Results include increased cardiovascular/aerobic fitness, muscular strength and flexibility to improve your overall quality of life.

In 2010, Courage Kenny Rehabilitation Institute joined the Christopher and Dana Reeve Foundation’s NeuroRecovery Network as a Community Fitness and Wellness Facility. We are proud to be a part of this internationally recognized network as a means to integrate scientific and clinical evidence that supports the effectiveness of the interventions to improve or maintain health and fitness for life.

We have an excellent team of highly trained staff with backgrounds in occupational therapy, fitness, kinesiology, and exercise science. Our staff has the knowledge and skill to develop individualized exercise plans to help you meet your fitness expectations and goals. This highly motivated and energetic team will welcome you and answer any questions you may have about the program.

We encourage you to take advantage of this great opportunity. Please look over the enclosed forms and fact sheets to learn about the interventions our program offers. Please feel free to contact us if you have any questions or concerns.

If you are interested, please review information, complete the application form and return to:

ABLE Program, MR 78434
3915 Golden Valley Road
Minneapolis, MN 55422

Phone: 612-775-2200
Fax: 612-262-6733

Email: ABLE@allina.com

When we receive your application, we will place your name on our waiting list. When your name is near the top of the list, we will reach out to schedule an assessment, and to gather more information.
APPLICATION FORM
ABLE: Activity Based Locomotor Exercise

Last name ____________________ First name _______________ Date _____________
Address ___________________________________________________________________
City _________________________________ State ___________ Zip ______________
Country ___________________________________________________________________
E-mail address ___________________________________________________________________
Phone ______________________________ Phone _________________________
Emergency contact _________________________
Emergency contact phone _________________________
Date of birth ________________________ Height ___________ Weight _____________
Gender ☐ Male ☐ Female
Are you receiving other services related to your medical diagnosis? ☐ Yes ☐ No
List:

PHYSICIAN INFORMATION:
PRIMARY CARE:
Name ___________________________________________________________________
Address ___________________________________________________________________
Phone number ___________________________________________________________________
Specialty ___________________________________________________________________

PHYSICAL MEDICINE & REHABILITATION:
Name ___________________________________________________________________
Address ___________________________________________________________________
Phone number ___________________________________________________________________
Medical diagnosis:

- Brain injury
- Stroke
- Multiple sclerosis
- Cerebral palsy
- Other

Date of onset _____________________________

Date of injury _____________________________ Cause of injury _____________________________

Level of injury _____________________________ □ Complete □ Incomplete

ASIA (if known):

Current problems limiting your independence:

What are your goals?

- Strength
- Mobility
- Improved health
- Increased independence
- Home exercise program
- Other

Are you currently participating in other Courage Kenny Rehabilitation programs?

- Yes □ No □

List:

How did you hear about the program?
**ABLE Interventions Pricing**

**Locomotor Training (LT)**

Includes:

- application of the specialized support harness
- 45 minutes on the treadmill with the assistance of up to four fitness specialists
- followed by 30 minutes of over-ground activities off the treadmill.

Treadmill activities include work on all components of standing and walking based on the client's needs and goals.

Over-ground activities are completed with assistance from a fitness specialist and vary based on specific needs identified during the assessment and locomotor training. It will include a variety of activities in sitting, standing and walking.

This approach is essential to maximize benefits for the client. Studies indicate that effects of locomotor training are optimized with use of both the body-weight supported treadmill and over-ground training. Locomotor training is scheduled for 1½ hours.

This intervention requires written approval from your physician and may only be appropriate for specific diagnoses. An assessment is required and will be completed prior to starting any locomotor activity.

LT with over-ground - 90 minutes $196
2 times a week for 12 week session Cost: $4,080
3 times a week for 12 week session Cost: $6,120

**NMES-Functional Electrical Stimulation**

Electrical stimulation placed on selected muscle groups according to the client’s Neuromuscular Recovery Scale sub-phase scores while performing task-specific activities. Interventions promote decreased compensatory movement by increasing appropriate kinematics of movement as well as exciting the central nervous system (CNS) to improve neuroplasticity.

The nervous system is activated below the level of the lesion through use of electrical stimulation paired with task-specific training. The goal is to improve independence in functional activities and promote recovery.

Principles applied in this intervention are based on current activity-based concepts used in locomotor training sessions. Retraining and activating the nervous system occur with electrical stimulation, using the Xcite Clinical System to facilitate functional task movement patterns. The functional integration (similar to OG) portion focuses on task-specific training without stimulation. It also integrates skills into home and community settings.

NMES - 90 minutes $170
2 times a week for 12 week session Cost: $4,080
3 times a week for 12 week session Cost: $6,120

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*turn to next side for more information*
**Guided exercise (GE)**

Includes individual instruction and assistance from a fitness specialist. Sessions may include strengthening and/or cardiovascular exercise. A variety of specialized exercise equipment can be used. Equipment and exercises are customized to meet each client’s individual needs.

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**GE2 - 60 minutes with 2 staff $100**
2 times a week for 12 week session  **Cost: $2,400**  
3 times a week for 12 week session  **Cost: $3,600**

**GE1 - 60 minutes with 1 staff $75**
2 times a week for 12 week session  **Cost: $1,800**  
3 times a week for 12 week session  **Cost: $2,700**

**Basic membership**

Independent, unlimited use membership to the Fitness Center:

$50/month  
$130 for a 3-month pass

A basic Fitness Center membership is included with a 12 week ABLE program.