ODSTOCK MEDICAL LIMITED
National Clinical FES Centre - Salisbury

Initial Assessment for Lower Limb Functional Electrical Stimulation

Name…… DOB……. Address: Tel. No.	GP Consultant Referred by Receiving Physio/OT? Y / N Details……

HISTORY OF PRESENT CONDITION AFFECTED SIDE L R BILATERAL

Medical History

Epilepsy Y / N Controlled Y / N
Fit Frequency: ……

Details……

Cardiac arrhythmias Y / N Pacemaker Y / N

Other cardiac impairment Y / N

Details……

Respiratory problems? Y/N

Details……

Diabetes Y / N

Details ……...

Skin Problems Y / N

Details ……..

Sensation Problems Y / N

Details ……...

Other (e.g. orthopaedics)
……...

Falls:…Y/N……Frequency……/Month/Week…….

Injury…….. Hospital Y/N……

Drug History

Botulinum Toxin?

Social History

Climbs stairs? Y / N

Lives with/ family ……

Assistance with ADLs? ……

Works? ……..

Drives? ……..

Usual distance walked …….

Patient's perception of main problem;

Wheelchair user Y/N

Clinician (sign, print name and designation, date)

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Lower Limb Assessment Range of Movement			Patient Name…… DOB/ NHS No……...				
Position of Assessment ……..	Passive ROM		MRC Scale		Ashworth Scale		
Hip	L	R	L	R	Hip	L	R
Flexion Extension Abduction Adduction					Flexors Extensors Abduction Adduction		
Knee	L	R	L	R	Knee	L	R
Flexion Extension					Flexors Extensors		
Ankle	L	R	L	R	Ankle	L	R
Plantarflexion Dorsiflexion Eversion Inversion					Plantarflexors Dorsiflexors Evertors Invertors		

Clonus Right 0 1 2 Left 0 1 2

0 = none 1 = moderate 2 = severe

Gait Analysis

10m WALKING TESTS (if using AFO only)

WALK 1 (with AFO)	Time:	Speed:	Borg RPE:
WALK 2 (with AFO)	Time:	Speed:	Borg RPE:

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Lower Limb Assessment GAIT	Patient Name…… DOB/ NHS No……..

Use of an aid: Y / N (Description)…….

Use of orthosis (circle) Using AFO Never used AFO Rejected AFO

Other orthosis ……..

Reason for discarding orthosis
……..

Observed to be independent in transfers and gait necessary for treatment? Y /N
(*If no please complete manual handling form)*

Problem List	Tick Box	Treatment Stimulator
Unilateral Dropped Foot		ODFS Pace
Bilateral Dropped Foot		O2CHS
Calf Resistance Cause…….		MS2 or ODFS Pace
Other Exercise Cause…….		MS2 or ODFS Pace

Suggested Set Up Parameters

Output level …….

Ramps……..

Electrode positions……..

Other e.g. triggering ……

Clinician (sign, print name and designation, date)