

ODFS[®] Pace	Patient Handling Profile	Date:
Patient Name.....	Clinician sign.....	Print name.....
Date of Birth..... <i>(Attach label if available)</i>	Designation.....	

<u>Handling Considerations</u>		Cognition: <i>Impairment:</i> Mild, Moderate, Severe	
Height:	Pain:		
Weight:	Balance: <i>Impairment:</i> Mild, Moderate, Severe		
Eyesight: <i>Impairment:</i> Mild, Moderate, Severe	Skin integrity:		
Hearing: <i>Impairment:</i> Mild, Moderate, Severe	Falls history:		
Activity	Independent	Requires, Prompting, Assistance or aids. Clinician Comments	Signed/ Date
Sit ↔ Stand	<input type="checkbox"/>		
Bed ↔ Chair	<input type="checkbox"/>		
Walking	<input type="checkbox"/>		

Please turn over for amendments

ODFS[®] Pace	Patient Handling Profile	Date:
Patient Name.....	Clinician sign.....	Print name.....
Date of Birth..... <i>(Attach label if available)</i>	Designation.....	

Date of amendment	Task amended	Reason for change	New recommendation	Name / signature / designation



ODFS[®] Pace Care Pathway
 For use with ODFS[®] Pace, ODFS[®] Pace XL & ODFS[®] Leg Cuff

Patient name.....
DOB..... <i>(Attach label if available)</i>

EQUIPMENT PURCHASE/ LOAN FORM

Date					
Equipment Type					
Serial Number					
Loaned/Purchased					
Comments (e.g. why new stimulator required)					
Signature of OML staff issuing equipment					
OML staff print name					
Date Equipment Returned					
Name and Signature (received by):					



ODFS[®] Pace Care Pathway
 For use with ODFS[®] Pace, ODFS[®] Pace XL & ODFS[®] Leg Cuff

Patient name.....
DOB..... <i>(Attach label if available)</i>

EQUIPMENT PURCHASE/ LOAN FORM

Date					
Equipment Type					
Serial Number					
Loaned/Purchased					
Comments (e.g. why new stimulator required)					
Signature of OML staff issuing equipment					
OML staff print name					
Date Equipment Returned					
Name and Signature (received by):					

Treatment Consent and Service Agreement

Please
initial

1 I consent to receiving FES treatment from the clinical staff employed by the National Clinical FES Centre, Odstock Medical Ltd.

2 I understand that unless I have bought a device, my stimulator is on loan to me as part of my funded / private treatment pathway and I agree to return the device when I am no longer receiving treatment.

3 I commit to attending clinic as agreed by my FES clinician. Failure to attend without discussion with a clinician may result in discharge and I will be asked to return my equipment.

4 I understand that should I fail to return my equipment after being discharged I will be charged for its value.

5 Where accidental damage to the stimulator occurs, I am responsible for cost of repair or replacement of the stimulator.

6 I consent to photography of my arm / leg to assist me with the correct electrode placement and for my medical records - YES / NO

7 I consent to photography of my face to assist the clinical team in supporting me with personalised care – YES / NO

For an explanation on what personal information we collect about you, how and why we process (collect, store, use and share) your personal information, your rights in relation to your personal information and how to contact us to make a complaint, please see our Privacy Notice which can be found at www.odstockmedical.com.

Patient/carer sign:

Clinician sign:

Date:

Date:

Print:

Print:

ODFS® Pace	Treatment Stage: Set-up	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
Photo taken of patient		
Copy of consent given to patient		
GAS set and NRS completed		
10m walk test completed		
Pt handling profile completed		

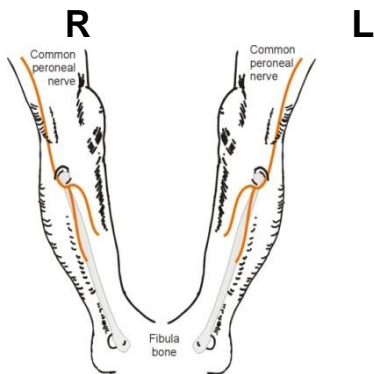
ODFS® Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____ s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS® Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

<u>Current set-up</u>			
Primary set-up	Waist	Krusssel	Cuff
Other:	.....	
Electrodes	Covidien	PALs	
Other:	.....	
Length of electrode lead	.....	
Length of FS lead or LINQ	.....	
Insole size	.....	
Cuff strap size	.....	

Patient Name Date of Birth <p style="text-align: center;"><i>(Attach label if available)</i></p>	Clinician sign..... Print name..... Designation.....
--	--

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		

Walking aid:	Unaided <input type="checkbox"/>
--------------	----------------------------------



Footswitch position:

Next Appointment:

ODFS[®] Pace	Treatment Stage: Set-up	Date:
Patient Name	Clinician sign.....	
Date of Birth	Print name.....	
<i>(Attach label if available)</i>	Designation.....	

Goal Attainment Scale (GAS)

Goal Domain			
Much more than expected (+2)			
More than expected (+1)			
Most likely outcome (0)			
Less than expected outcome (-1) (START)			
Much less than expected (-2)			
<u>Timescale</u>			
<u>Sign, print and date</u>			
<u>Review date and level achieved</u>			

Total GAS Score (T Score):

(use table)

ODFS[®] Pace	Treatment Stage: Set-up	Date:
Patient Name.....	Clinician sign.....	
Date of Birth..... <i>(Attach label if available)</i>	Print name.....	
	Designation.....	

Numeric Rating Scale (NRS)

Use a blank Numeric Rating Scale when asking patients to rate their symptoms.

When recording here circle number, state with or without FES and date

Fear of Falling

	_____	_____	_____
10	10	10	10
9	9	9	9
8	8	8	8
7	7	7	7
6	6	6	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1
0	0	0	0

No Fear of Falling

	_____	_____	_____
--	-------	-------	-------

At beginning of treatment: Select a couple of subjective symptoms and use the Numeric Rating scale to rate their perception of those symptoms WITHOUT FES. e.g confidence walking, muscle tightness, pain, frequency of trips/falls. ALSO ask them to rate the 2 set measures of quality of life and fear of falling.

At follow-up appointments ask them how they rate these symptoms WITH FES (do not tell them what they scored at the beginning of treatment WITHOUT FES).

CARRY THE NRS CATEGORIES FORWARD TO EACH APPOINTMENT.

ODFS® Pace	Treatment Stage: 6 weeks	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS® Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS® Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

<u>Current set-up</u>			
Primary set-up	Waist	Krussel	Cuff
Other:	.....	
Electrodes	Covidien	PALs	
Other:	.....	
Length of electrode lead	.....	
Length of FS lead or LINQ	.....	
Insole size	.....	
Cuff strap size	.....	

Patient Name Date of Birth <p style="text-align: center;"><i>(Attach label if available)</i></p>	Clinician sign..... Print name..... Designation.....
--	--

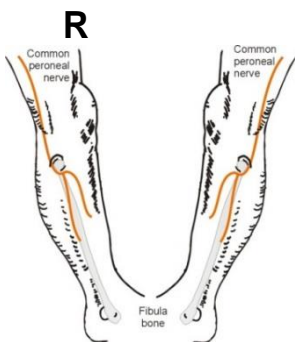
10 METRE WALK (state reason if not completed):

	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:
---------------------------	--------------------------------------

FoF without:	FoF with:	NRS
--------------	-----------	-----

Walking aid:	Unaided <input type="checkbox"/>
--------------	----------------------------------



Footswitch position:	Next Appointment:
----------------------	-------------------

Patient Name..... Date of Birth..... (Attach label if available)	Clinician sign..... Print name..... Designation.....
--	--

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
GAS discussed and scored		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

Current set-up			
Primary set-up	Waist	Krussel	Cuff
Other:	.....	
Electrodes	Covidien	PALs	
Other:	.....	
Length of electrode lead	.....	
Length of FS lead or LINQ	.....	
Insole size	.....	
Cuff strap size	.....	

ODFS® Pace serial no.	
Parameter	Setting
Specify left or right	
Set up	
Current	mA
R.Ramp	ms
Extn	ms
F.Ramp	ms
Time Out	ms
Delay	ms
Waveform	ASYM/SYM
Freq	Hz
Sounder	SETUP/OFF/ALWAYS
Beeps	ON/OFF
Timing	ADAPTIVE/FIXED/NTO
Lock	OFF ____s
Level +/-	1 / 2 / 5 %
On %	1% / 50% / Last %
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM /SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
T. Steps	
No. Walks	
Walk Time	
Dose Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
∑ Steps	
ODFS® Pace SW version	
Wireless SW version	
Footswitch SW version	
Spare Footswitch SW version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory	

Patient Name Date of Birth <p style="text-align: center;"><i>(Attach label if available)</i></p>	Clinician sign..... Print name..... Designation.....
--	--

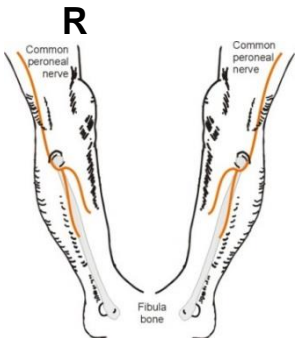
10 METRE WALK (state reason if not completed):

	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:
---------------------------	--------------------------------------

FoF without:	FoF with:	NRS
--------------	-----------	-----

Walking aid:	Unaided <input type="checkbox"/>
--------------	----------------------------------



Footswitch position:	Next Appointment:
----------------------	-------------------

ODFS® Pace	Treatment Stage: 6 months	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS® Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____ s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS® Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

Current set-up			
Primary set-up	Waist	Krusssel	Cuff
Other:	.....	
Electrodes	Covidien	PALs	
Other:	.....	
Length of electrode lead	.....	
Length of FS lead or LINQ	.....	
Insole size	.....	
Cuff strap size	.....	

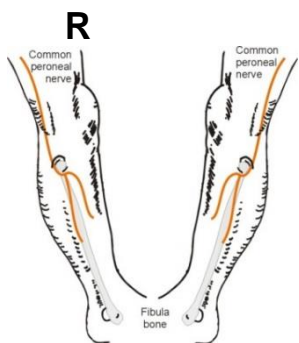
Patient Name Date of Birth (Attach label if available)	Clinician sign..... Print name..... Designation.....
--	--

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:
---------------------------	--------------------------------------

FoF without:	FoF with:	NRS
--------------	-----------	-----

Revisit occupation, activity restrictions without FES for IFR	Walking aid: <input type="checkbox"/> Unaided
---	---



Footswitch position:	Next Appointment:
----------------------	-------------------

ODFS® Pace	Treatment Stage:	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS® Pace serial no.		Setting	
Parameter			
Specify left or right			
Set up			
Current	mA		
R.Ramp	ms		
Extn	ms		
F.Ramp	ms		
Time Out	ms		
Delay	ms		
Waveform	ASYM/SYM		
Freq	Hz		
Sounder	SETUP/OFF/ALWAYS		
Beeps	ON/OFF		
Timing	ADAPTIVE/FIXED/NTO		
Lock	OFF ____ s		
Level +/-	1 / 2 / 5 %		
On %	1% / 50% / Last %		
Exe	OFF/ON Time:		
Exe Curr	mA		
Exe. Wave	ASYM /SYM		
Exe. Freq	HZ		
Exe. On	secs		
Exe. Off	secs		
Exe. Ramp	secs		
T. Steps			
No. Walks			
Walk Time			
Dose Time			
No. Exe.			
Exe. Time			
Log reset today?	Y / N		
Σ Steps			
ODFS® Pace SW version			
Wireless SW version			
Footswitch SW version			
Spare Footswitch SW version			
New equipment/manual issued		Y / N	
Serial No's logged in Inventory			

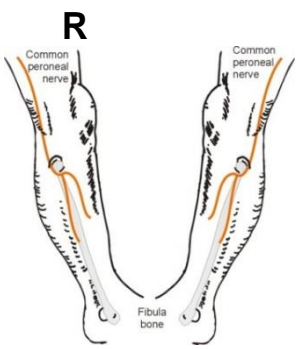
<u>Current set-up</u>			
Primary set-up	Waist	Krussel	Cuff
Other:	.....	
Electrodes	Covidien		PALs
Other:	.....	
Length of electrode lead	.....	
Length of FS lead or LINQ	.....	
Insole size	.....	
Cuff strap size	.....	

ODFS[®] Pace	Treatment Stage:	Date:
Patient Name		Clinician sign.....
Date of Birth <i>(Attach label if available)</i>		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1	(Orthotic effect)	%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2	(Orthotic effect)	%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:		
FoF without:	FoF with:	NRS	

<i>Revisit occupation, activity restrictions without FES for IFR</i>	Walking aid: <input type="checkbox"/> Unaided <input type="checkbox"/>
--	--



Footswitch position:	Next Appointment:
----------------------	-------------------

ODFS[®] Pace	Treatment Stage:	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS [®] Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____ s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS [®] Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

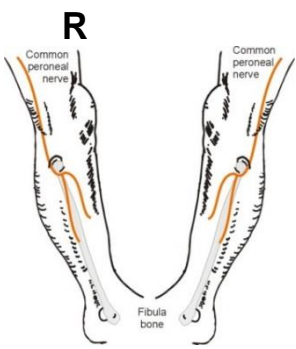
	Current set-up
Primary set-up	Waist Krussel Cuff
Other:	.....
Electrodes	Covidien PALs
Other:	.....
Length of electrode lead	.....
Length of FS lead or LINQ	.....
Insole size	.....
Cuff strap size	.....

ODFS® Pace	Treatment Stage:	Date:
Patient Name		Clinician sign.....
Date of Birth <i>(Attach label if available)</i>		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:		
FoF without:	FoF with:	NRS	

Revisit occupation, activity restrictions without FES for IFR	Walking aid: <input type="checkbox"/> Unaided <input type="checkbox"/>
---	--



Footswitch position:	Next Appointment:
----------------------	-------------------

ODFS[®] Pace	Treatment Stage:	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS [®] Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____ s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS [®] Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

	Current set-up
Primary set-up	Waist Krussel Cuff
Other:	.....
Electrodes	Covidien PALs
Other:	.....
Length of electrode lead	.....
Length of FS lead or LINQ	.....
Insole size	.....
Cuff strap size	.....

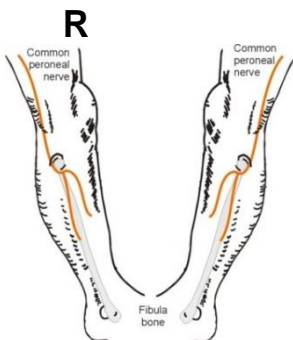
ODFS[®] Pace	Treatment Stage:	Date:
Patient Name		Clinician sign.....
Date of Birth <i>(Attach label if available)</i>		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:
---------------------------	--------------------------------------

FoF without:	FoF with:	NRS
--------------	-----------	-----

Revisit occupation, activity restrictions without FES for IFR	Walking aid: <input type="checkbox"/> Unaided <input type="checkbox"/>
---	--



Footswitch position:	Next Appointment:
----------------------	-------------------

ODFS® Pace	Treatment Stage:	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS® Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____ s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS® Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

Current set-up			
Primary set-up	Waist	Krusssel	Cuff
Other:	.....	
Electrodes	Covidien	PALs	
Other:	.....	
Length of electrode lead	.....	
Length of FS lead or LINQ	.....	
Insole size	.....	
Cuff strap size	.....	

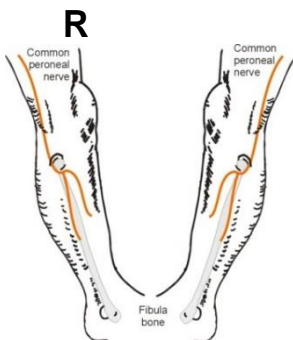
ODFS[®] Pace	Treatment Stage:	Date:
Patient Name		Clinician sign.....
Date of Birth <i>(Attach label if available)</i>		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:
---------------------------	--------------------------------------

FoF without:	FoF with:	NRS
--------------	-----------	-----

Revisit occupation, activity restrictions without FES for IFR	Walking aid: <input type="checkbox"/> Unaided
---	---



Footswitch position:	Next Appointment:
----------------------	-------------------

ODFS[®] Pace	Treatment Stage:	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

	Tick	N/A
Implied Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

ODFS [®] Pace serial no.		
Parameter	Setting	
Specify left or right		
Set up		
Current	mA	
R.Ramp	ms	
Extn	ms	
F.Ramp	ms	
Time Out	ms	
Delay	ms	
Waveform	ASYM/SYM	
Freq	Hz	
Sounder	SETUP/OFF/ALWAYS	
Beeps	ON/OFF	
Timing	ADAPTIVE/FIXED/NTO	
Lock	OFF ____ s	
Level +/-	1 / 2 / 5 %	
On %	1% / 50% / Last %	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM /SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
T. Steps		
No. Walks		
Walk Time		
Dose Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
∑ Steps		
ODFS [®] Pace SW version		
Wireless SW version		
Footswitch SW version		
Spare Footswitch SW version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory		

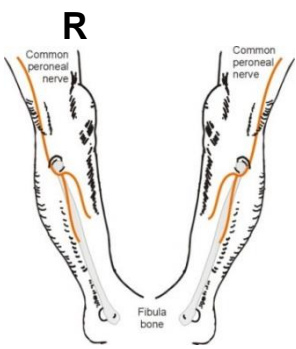
	<u>Current set-up</u>
Primary set-up	Waist Krussel Cuff
Other:	.....
Electrodes	Covidien PALs
Other:	.....
Length of electrode lead	.....
Length of FS lead or LINQ	.....
Insole size	.....
Cuff strap size	.....

ODFS® Pace	Treatment Stage:	Date:
Patient Name		Clinician sign.....
Date of Birth <i>(Attach label if available)</i>		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:		
FoF without:	FoF with:	NRS	

<i>Revisit occupation, activity restrictions without FES for IFR</i>	Walking aid: <input type="checkbox"/> Unaided <input type="checkbox"/>
--	--



Footswitch position:	Next Appointment:
----------------------	-------------------

OUTCOME MEASURES

MRC Scale	
0	No movement
1	Palpable contraction but no movement
2	Movement gravity eliminated
3	Movement against gravity
4	Movement against resistance
5	Normal Movement

MODIFIED ASHWORTH Scale	
0	No increase in tone
1	Slight increase or catch and release
2	Slight increase or catch and resistance
3	Marked increase through ROM
4	Considerable tone passive movement difficult
5	Rigid in flexion or extension

EDSS

- 4.0 = Able to walk without aid or rest for 500m
 4.5 = Able to walk without aid or rest for 300m
 5.0 = Able to walk without aid or rest for 200m
 5.5 = Able to walk without aid or rest for 100m
 6.0 = Able to walk with aid or rest for 100m
 6.5 = Able to walk with 2 aids (sticks or crutches) aid for 20m without rest
 7.0 = Unable to walk 5m even with aid. Largely wheelchair dependant

Functional Walking Category

- | | |
|-----------------|---------------------------------|
| <0.40 m/s | Household walking only |
| 0.40 – 0.58 m/s | Most limited community walking |
| 0.59 – 0.79 m/s | Least limited community walking |
| >0.80 m/s | Community walking |