

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

Patient Name.....

Clinician sign.....

Date of Birth.....

Print name.....

(Attach label if available)

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					
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Comments (e.g. why new stimulator required)					
Signature of OML staff issuing equipment					
OML staff print name					
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Name and Signature (received by):					



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 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):					

Odstock Medical Limited
National FES Centre
Salisbury District Hospital
Salisbury, Wiltshire, UK
SP2 8BJ

Tel: +44 (0) 1722 429065
Fax: 44 (0) 1722 425623
Enquiries @odstockmedical.com
www.odstockmedical.com



Patient Contract

1. I agree that staff employed by the National Clinical FES Centre, Odstock Medical Ltd, Salisbury District Hospital, Salisbury, UK may provide me with FES treatment.

Patient/carer initial

2. I understand that unless I have specifically bought a piece of equipment, my equipment remains the property of the FES Centre and I agree to return it when I am no longer receiving treatment from the FES Centre.

Patient/carer initial

3. Should I find that I am unable to attend an appointment, I agree to inform the FES centre at the earliest opportunity. I understand that should I fail to attend 2 or more appointments **without letting the FES Centre know**, I may be discharged and asked to return my equipment.

Patient/carer initial

4. I am aware that should I cancel and rearrange more than 2 appointments **without a valid reason agreed with my clinician**, I may be discharged and asked to return my equipment.

Patient/carer initial

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

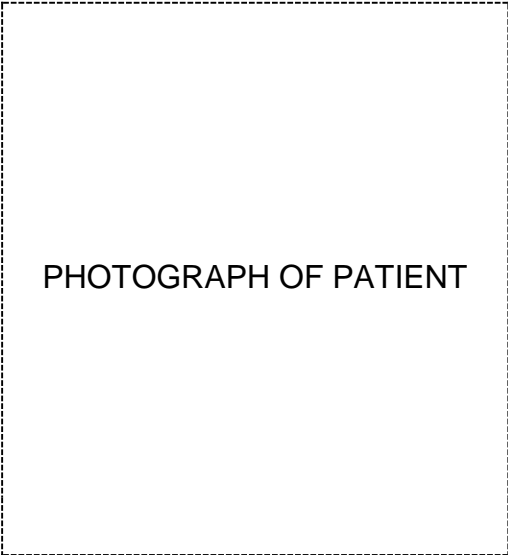
Patient/carer initial

6. Where accidental damage to the stimulator occurs (loss or damage, such as through water ingress or,dropping), I am responsible for cost of repair or replacement of the stimulator. It may be possible for you to cover the device on household or a separate electronic device insurance policy.

Patient/carer initial

Patient/carer sign.....Print.....Date.....

Clinician sign.....Print.....Date.....



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Leading Rehabilitation
Through Technology

Enquiries @odstockmedical.com
www.odstockmedical.com

VIDEO and PHOTOGRAPHIC Consent Form

In the course of your treatment at the National Clinical FES Centre it may be useful to use video or still photography to record your condition or performance. This may be for 3 reasons:

1. To record your present condition so a comparison can be made at a later date to monitor your progress.
2. To illustrate the type of treatment you are receiving for the purpose of teaching other clinicians.
3. To illustrate the type of treatment you are receiving for the purpose of promoting FES.

If the video or photograph can be taken without revealing your identity by showing your face, this will be done. However, this is not always possible and it may be that you might be recognisable. You do not have to give your permission to be videoed or photographed and refusal will not affect your treatment at Salisbury District Hospital in any way.

Please initial the items to which you are in agreement

1. I confirm that I have read and understand the above and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time,
without giving any reason, without my medical care or legal rights being affected
3. I understand that I may be recognisable from the video recording or photography
4. I give my permission for video recordings or photography to be used to monitor my treatment.
5. I give my permission to use video recordings or photography for educational purpose
6. I give my permission to use video recordings or photography for promotional purposes

Patient/carer sign.....PrintDate.....

Clinician sign.....Print.....Date.....

Patient Name.....

Date of Birth.....

(Attach label if available)

Clinician sign.....

Print name.....

Designation.....

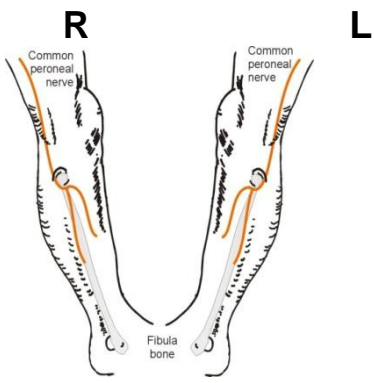
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
Battery Tags checked					
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 contract given to pt					
GAS set and NRS completed					
10m walk test completed					
Pt handling profile completed					

Consumables issued (type & number of)				
Electrodes				
S Series		Blue Pals		
Other				
Foot switches				
Electrode leads				
Footswitch leads				
Insoles				
Cuff strap	S	M	L	
Cuff shell	Ex plates:		Distal	Lateral
Cuff liner	Ex liner:		Distal	Lateral
Urisleeve	S	M	L	Leg Strap
Pouch				Karabiner
Spray bottle				ODFS [®] Pace holder
Other:				

Parameter	Setting
Set up	
Specify left or right	
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%
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM / SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
ODFS [®] Pace SW version	
Wireless SW version	
Footswitch SW version	
WFS Insole Version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory	(initial)

ODFS[®] Pace	Treatment Stage: Set-up	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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
No 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"/>	NRS: QoL	FoF: NS
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



Footswitch position: _____ Next Appointment: _____

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

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

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).

ODFS[®] Pace**Treatment Stage: 6 Weeks****Date:**

Patient Name.....

Clinician sign.....

Date of Birth.....

Print name.....

(Attach label if available)

Designation.....

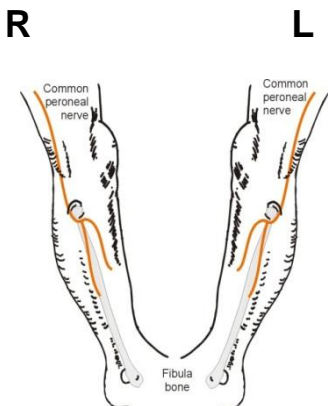
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)			
Electrodes			
S Series _____	Blue Pals _____		
Other _____			
Foot switches			
Electrode leads			
Footswitch leads			
Insoles			
Cuff strap	S	M	L
Cuff shell	Ex plates:		Distal Lateral
Cuff liner	Ex liner:		Distal Lateral
Urileeve	S	M	L
Pouch	Leg Strap		
Spray bottle	Karabiner		
Other:	ODFS [®] Pace holder		

Parameter	Setting
ODFS [®] Pace serial no	
Set up	
Sspecify left or right side	
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%
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM / SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
ODFS [®] Pace SW version	
Wireless SW version	
Footswitch SW version	
WFS Insole Version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory (initial)	

ODFS[®] Pace	Treatment Stage: 6 Weeks	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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF NS
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



Footswitch position:

Next Appointment:

ODFS[®] Pace	Treatment Stage: 3 Months	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
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 discussed					
GAS discussed and scored					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)			
Electrodes			
S Series _____	Blue Pals _____		
Other _____			
Foot switches			
Electrode leads			
Footswitch leads			
Insoles			
Cuff strap	S	M	L
Cuff shell	Ex plates:		Distal Lateral
Cuff liner	Ex liner:		Distal Lateral
Urisleave	S	M	L
Pouch	Leg Strap		
Spray bottle	Karabiner		
Other:	ODFS [®] Pace holder		

Parameter		Setting
ODFS [®] Pace serial no.		
Set up		
Specify left or right side		
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%	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM / SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
Steps		
No. Walks		
Walk Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
ODFS [®] Pace SW version		
Wireless SW version		
Footswitch SW version		
WFS Insole Version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory	(initial)	

Patient Name.....

Clinician sign.....

Date of Birth.....

Print name.....

(Attach label if available)

Designation.....

10 METRE WALK (state reason if not completed):

	Time (seconds)	Speed (metres/second)	Borg RPE
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2

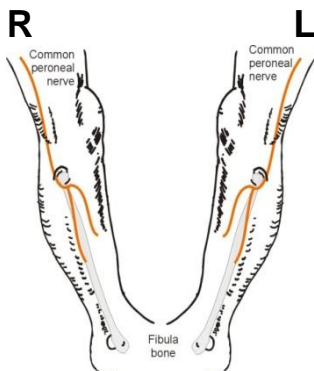
Frequency/pattern of use? Patient perception of main benefits:

Patient specific NRS score e.g. confidence in walking ^x/₁₀ no FES, ^y/₁₀ with FES

Walking aid: Unaided NRS: QoL FoF NS FoF S

Leg circumference measured at the head of fibula (mm) Leg Strap Length (mm)

Remember GAS form



Footswitch position:

Next Appointment:

ODFS[®] Pace**Treatment Stage: 6 Months****Date:**

Patient Name.....

Clinician sign.....

Date of Birth.....

Print name.....

(Attach label if available)

Designation.....

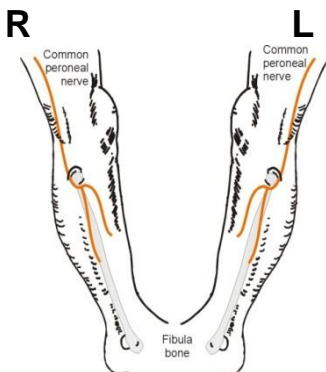
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)				
Electrodes				
S Series	_____	Blue Pals	_____	
Other	_____			
Foot switches				
Electrode leads				
Footswitch leads				
Insoles				
Cuff strap	S	M	L	
Cuff shell	Ex plates:		Distal	Lateral
Cuff liner	Ex liner:		Distal	Lateral
Urisleave	S	M	L	Leg Strap
Pouch				Karabiner
Spray bottle				ODFS [®] Pace holder
Other:				

Parameter	Setting
ODFS [®] Pace serial no.	
Set up	
Specify left or right side	
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%
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM / SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
ODFS [®] Pace SW version	
Wireless SW version	
Footswitch SW version	
WFS Insole Version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory (initial)	

ODFS[®] Pace	Treatment Stage: 6 Months	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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF NS FoF S
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



Footswitch position:

Next Appointment:

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

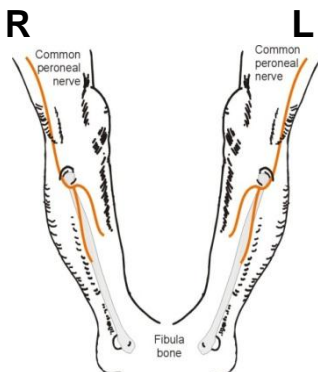
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)			
Electrodes			
S Series _____	Blue Pals _____		
Other _____			
Foot switches			
Electrode leads			
Footswitch leads			
Insoles			
Cuff strap	S	M	L
Cuff shell	Ex plates:		Distal Lateral
Cuff liner	Ex liner:		Distal Lateral
Urisleave	S	M	L
Pouch	Leg Strap		
Spray bottle	Karabiner		
Other:	ODFS [®] Pace holder		

Parameter		Setting
ODFS [®] Pace serial n		
Set up		
Specify left or right side		
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%	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM / SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
Steps		
No. Walks		
Walk Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
ODFS [®] Pace SW version		
Wireless SW version		
Footswitch SW version		
WFS Insole Version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory	(initial)	

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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF NS FoF S
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



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.....

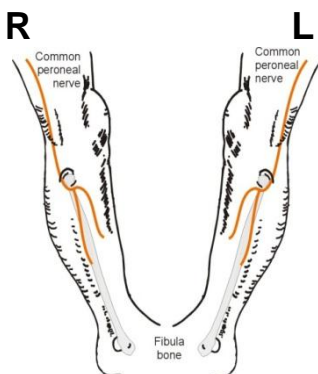
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)			
Electrodes			
S Series _____	Blue Pals _____		
Other _____			
Foot switches			
Electrode leads			
Footswitch leads			
Insoles			
Cuff strap	S	M	L
Cuff shell	Ex plates:		Distal Lateral
Cuff liner	Ex liner:		Distal Lateral
Urisleave	S	M	L
Pouch	Leg Strap		
Spray bottle	Karabiner		
Other:	ODFS [®] Pace holder		

Parameter		Setting
ODFS [®] Pace serial no.		
Set up		
Specify left or right side		
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%	
Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM / SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
Steps		
No. Walks		
Walk Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
ODFS [®] Pace SW version		
Wireless SW version		
Footswitch SW version		
WFS Insole Version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory	(initial)	

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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF NS FoF S
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



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.....

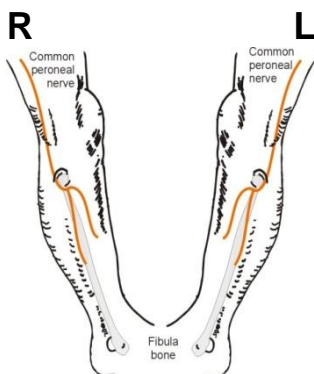
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)			
Electrodes			
S Series _____	Blue Pals _____		
Other _____			
Foot switches			
Electrode leads			
Footswitch leads			
Insoles			
Cuff strap	S	M	L
Cuff shell	Ex plates:		Distal Lateral
Cuff liner	Ex liner:		Distal Lateral
Urisleave	S	M	L
Pouch	Leg Strap		
Spray bottle	Karabiner		
Other:	ODFS [®] Pace holder		

Parameter	Setting
ODFS [®] Pace serial no.	
Set up	
Specify left or right side	
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%
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM / SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
ODFS [®] Pace SW version	
Wireless SW version	
Footswitch SW version	
WFS Insole Version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory	(initial)

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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF: NS FoF: S
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



Footswitch position:

Next Appointment:

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

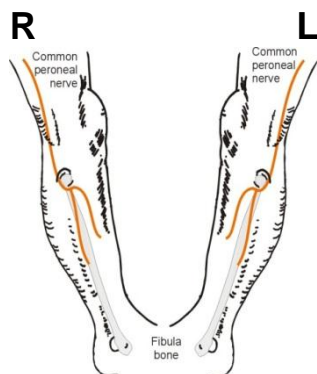
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)				
Electrodes				
S Series _____	Blue Pals _____			
Other _____				
Foot switches				
Electrode leads				
Footswitch leads				
Insoles				
Cuff strap	S	M	L	
Cuff shell	Ex plates:		Distal	Lateral
Cuff liner	Ex liner:		Distal	Lateral
Urisleave	S	M	L Leg Strap	
Pouch	Karabiner			
Spray bottle	ODFS [®] Pace holder			
Other:				

Parameter (specify left or right)	Setting
ODFS [®] Pace serial no. (No1)	
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%
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM / SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
ODFS [®] Pace SW version.	
Wireless SW version	
Footswitch SW version	
WFS Insole Version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory (initial)	

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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF NS FoF S
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



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.....

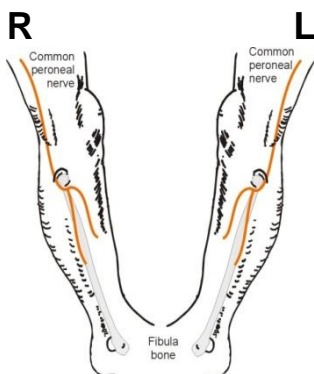
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
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 discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)				
Electrodes				
S Series _____	Blue Pals _____			
Other _____				
Foot switches				
Electrode leads				
Footswitch leads				
Insoles				
Cuff strap	S	M	L	
Cuff shell	Ex plates:		Distal	Lateral
Cuff liner	Ex liner:		Distal	Lateral
Urisleave	S	M	L	Leg Strap
Pouch	Karabiner			
Spray bottle	ODFS [®] Pace holder			
Other:				

ODFS [®] Pace serial no		
Parameter	Setting	
Set up		
Specify left or right side		
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	
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Exe	OFF/ON Time:	
Exe Curr	mA	
Exe. Wave	ASYM / SYM	
Exe. Freq	HZ	
Exe. On	secs	
Exe. Off	secs	
Exe. Ramp	secs	
Steps		
No. Walks		
Walk Time		
No. Exe.		
Exe. Time		
Log reset today?	Y / N	
ODFS [®] Pace SW version.		
Wireless SW version		
Footswitch SW version		
WFS Insole Version		
New equipment/manual issued		Y / N
Serial No's logged in Inventory	(initial)	

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
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF: NS
Leg circumference measured at the head of fibula (mm)	FoF S		
	Leg Strap Length (mm)		



Footswitch position:

Next Appointment:

Modified Ashworth Score

(Bohannon scale for grading spasticity 1987)

Score	Description
0	No increase in muscle tone
1	Slight increase in muscle tone, manifested by a catch and release or minimal resistance at the end of the ROM when the affected part is moved in flexion or extension
2	Slight increase in muscle tone , manifested by a catch, followed by a minimal resistance throughout the remainder (less than half) of the ROM
3	More marked increase in muscle tone through most of the ROM, but part(s) easily moved
4	Considerable increase in muscle tone, passive movement difficult
5	Affected part(s) rigid in flexion or extension

Record Score out of 5 to as alternative scoring system exists which is scored out of 4 (e.g MAS 1/5)

MRC Scale For Assessment of Muscle Power

Each muscle group is graded as follows:

0	No muscle contraction is visible.
1	Muscle contraction is visible but there is no movement of the joint.
2	Active joint movement is possible with gravity eliminated.
3	Movement can overcome gravity but not resistance from the examiner.
4	The muscle group can overcome gravity and move against some resistance from the examiner.
5	Full and normal power against resistance.