ODFS [®] Pace	Patient Handling P	Date:	
		Print name	

Handling Considerations			Cognition: Impairment: Mild, Modera	ite, Severe	
Height:			Pain:		
Weight:			Balance: Impairment: Mild, Moderate	e, Severe	
Eyesight: Impairme	ent: Mild, Moderate	, Severe	Skin integrity:.		
Hearing: Impairme	nt: Mild, Moderate	, Severe	Falls history:		
Activity	Independent	Requir	es, Prompting, Assistance or aids. Clinician Comments	Signed/ Date	
Sit ↔ Stand					
Bed ↔ Chair					
Walking					

Please turn over for amendments

ODFS [®] Pace	Patient Handling P	rofile	Date:
Patient Name		Clinician sign	
		Print name	
		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 (Attach label if available)

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 (Attach label if available)

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

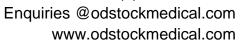
Patient name
DOB (Attach label if available)

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





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
Patie	ent/carer signDateDate
Clini	cian signPrintDate ODSTOCK MEDICAL LTD Page 6 of 28 National Clinical FES Centre Clinical Care Pathway ODFS® Pace Doc. v2.0

PHOTOGRAPH OF PATIENT

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

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
Pat	ient/carer signDate
Clii	nician signDateDate
	ODSTOCK MEDICAL LTD Page 7 of 28 National Clinical FES Centre

ODFS [®] Pace	Treatment Stage: Set-up		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 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				
Electione leads				
Footswitch leads				
Insoles				
Cuff strap S M L				
Cuff shell Ex plates: Dista	l La	teral		
Cuff liner Ex liner: Dista	ıl La	ateral		
Urisleeve S M L Leg Stra Pouch Karabin Spray bottle ODFS® Other:	•	der		

ODFS® Pace serial no.	
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 OFFs	
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	Tro	atment Stage	· C	Sot-up	ח	ate:
ODES FACE	1160	atment Stage	ं. टे ा	oet-up	ים	al C .
Patient Name			Clinician sign			
Date of Birth		Print name				
Date of Diffi		(Attach label if availab	ile)	Designation		
40 METRE MALICA		and the second of the second				
10 METRE WALK (state	e reasor	Time (seconds)		Speed (metres/seco	nd)	Borg RPE
No Stimulation 1		Time (decende)		Opeca (metros/coco)	iu)	Doig IVI E
No Stimulation 2						
With FES (Ch1)						
With FES (Ch1 and 2)						
No Stimulation 3						
Change with Ch 1	((Drthotic effect)			%	Absolute value
Change with Ch 1 and	•	•			%	e.g. +/-2 Absolute value
Frequency/pattern of use		Patient perception of	mai	n benefits:	70	e.g. +/-2
. roquorioy/pattorn or use	••	T ation porooption of	mai	Jononio.		
Malling side		Hasidad F	ND	St Ool	FoF:	NC
Walking aid:	urad at		1	G: QoL	FOF:	INO
Leg circumference meas head of fibula (mm)	ur e u at	uie	Le	eg Strap Length (mm)		
Common peroneal nerve	L					

ODFS [®] Pace	Treatment Stage: Set-up		Date:
Patient Name		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>		
Sign, print and date		
Review date and level achieved		

Total GAS Score (T Score):

(use table)

ODFS [®] Pace	Treatment Stage: Set-up		Date:
		Clinician sign	
		Print name	
Date of Birth	(Attach label if available)	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

<u>At beginning of treatment:</u> 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			
Date of Birth(Attach label if available)		Designation			
Treated side R L B	ilateral Initial N/A	ODES® Pace serial no			

(7	Allacii iabi	or ir avair
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		
1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- (\
Consumables issued (type & Electrodes	number	OT)
S Series Blue Pals	:	
Other	<u> </u>	
Foot switches		
Electrode leads		
Footswitch leads		
Insoles		
Cuff strap S M L		
Cuff shell Ex plates: Dista	al La	teral
Cuff liner Ex liner: Dist		iteral
Urisleeve S M L Leg Sti		
Pouch Karabin Spray bottle ODFS®	ner ⁾ Pace hol	der
Other:	1 400 1101	uoi

ODFS® Pace serial no		
Parameter	Set	ting
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 OFFs		
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		/ N
Serial No's logged in Inventory	(initial)	

ODFS® Pace Trea	atment Stage	- 6	Weeks	I _D	ate:
ODIO TUCC TIC	atment otage				
Patient Name			Clinician sign		
Date of Birth			Print name		
	(Attach label if availab	le)	Designation		
10 METRE WALK (state reason	n if not completed):				
TO WEIRE WALK (State reason	Time (seconds)		Speed (metres/se	econd)	Borg RPE
No Stimulation 1	,			,	
No Stimulation 2					
With FES (Ch1)					
With FES (Ch1 and Ch2)					
No Stimulation 3					
Change with Ch 1 (0	Drthotic effect)			%	Absolute value
Change with Ch 1 and Ch 2 (6				%	e.g. +/-2 Absolute value
Change since Set-up: non stin		ct)		%	e.g. +/-2 Absolute value
Frequency/pattern of use?	Patient perception of		in honofits:	70	e.g. +/-2
Trequency/pattern or use:	ratient perception of	IIIai	in benefits.		
Patient specific NRS score e.g.					
confidence in walking */10 no					
FES, ^y / ₁₀ with FES					
Walking aid:		1	S : QoL	FoF NS	FoF S
Leg circumference measured at	the	Le	eg Strap Length (m	m)	
head of fibula (mm)					
R L					
Common					
Common peroneal peroneal nerve					
Footswitch position:			Next Appointmen	t:	

ODFS [®] Pace	Treatment Stage: 3	Date:	
Patient Name		Clinician sign	
Date of Birth		Print name	
	(Attach label if available)	Designation	
Tarak Lilla D. L. D.	The state of the s		

Treated side D Dilateral	Initial	ħ1/A
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		

Electrodes			
S Series		Blue Pals	
Other			
Foot switche	S		
Electrode lea	ds		
Footswitch le	eads		
Insoles			
Cuff strap	S M	L	
Cuff shell	•	tes: Distal	Lateral
Cuff liner	Ex line	er: Distal	Lateral
Urisleeve S	M L	Leg Strap	
Pouch		Karabiner	
Spray bottle Other:		ODFS [®] Pac	e noider

ODFS® Pace serial no.		
Parameter	Set	ting
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 OFFs		
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		/ N
Serial No's logged in Inventory	(initial)	

					- -		
ODFS [®] Pace	Trea	atment Stage:	: 3	Months	Da	ate:	
Patient Name				Clinician sign			
		Print name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Date of Birth		(Attach label if available	 e)	Designation			
		,	,				-
10 METRE WALK (state	reasor	n if not completed): Time (seconds)		Speed (metres/se	CODd)	Borg RP)F
No Stimulation 1		Time (3600mas)		Opeca (menes/se	Journa)	Doig NF	
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 (0	Orthotic effect)			%		Absolute value e.g. +/-2
Change since Set-up: n	•	<u> </u>	ct)		%		Absolute value
Frequency/pattern of use		Patient perception of i		n benefits:		<u> </u>	e.g. +/-2
Patient specific NRS scor	re <i>e.g.</i>						
confidence in walking x/10							
FES, ^y / ₁₀ with FES Walking aid:		Unaided □ N	NR!	S: QoL	FoF NS		FoF S
Leg circumference measu	ured at		ı	eg Strap Length (mr			<u> </u>
(mm)	-				-		
						Remem	ber GAS form
R							
Common Common peroneal	mon neal//						
nerve							
	1						
Fibula bone							
Footswitch position:				Next Appointmen	<u>t:</u>		

ODFS [®] Pace	Treatment Stage: 6 Months		Date:
Patient Name		Clinician sign	
Date of Birth		Print name	
	(Attach label if available)	Designation	
Treated side P I Ri	latoral Initial N/A	ODEO® December 2	

(* -		ei ii avaii	
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: Dista	l La	teral	
Cuff liner Ex liner: Dista	ıl La	iteral	
Urisleeve S M L Leg Stra Pouch Karabin Spray bottle ODFS®	•	der	

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 OFFs	
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)

	_	1 1 2	_		1_	
ODFS [®] Pace	Trea	atment Stage	e: 6	Months	Da	ate:
Patient Name				Clinician sign		
				Print name		
Date of Birth(Attach label if available)		Designation				
		`	,			
10 METRE WALK (state	reasor	n if not completed): Time (seconds)		Speed (metres/se	econd)	Borg RPE
No Stimulation 1		Time (dederide)		Opeda (metros/et	2001107	Borg IVI E
No Stimulation 2						
With FES (Ch1)						
With FES (Ch1 and Ch2	2)					
No Stimulation 3						
Change with Ch 1	(0	Orthotic effect)			%	Absolute value e.g. +/-2
Change with Ch 1 and	Ch 2 (0	Orthotic effect)			%	Absolute value e.g. +/-2
Change since Set-up: n	on stin	nulated (Training Effe	ect)		%	Absolute value e.g. +/-2
Frequency/pattern of use	?	Patient perception of	ma	in benefits:		3.g. 7. 2
Patient specific NRS scor						
confidence in walking */ ₁₀ FES, ^y / ₁₀ with FES	no no					
Walking aid:		Unaided □	NR	S : QoL	FoF NS	FoF S
Leg circumference measi (mm)	ured at	the head of fibula	Le	eg Strap Length (m	m)	,
peroneal nerve	ommon eroneal / erve					
Footswitch position:				Next Appointmen	t:	

ODFS [®] Pace	Treatment Stage:	Date:
Patient Name		Clinician sign
Date of Birth		Print name
Date of Birth	(Attach label if available)	Designation
Treated side R I Ril	ateral Initial N/A	ODES® Pace serial n

(A	шаст тар	ei ii avaii	
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: Dista	l La	teral	
Cuff liner Ex liner: Dista	ıl La	ateral	
Urisleeve S M L Leg Stra Pouch Karabin Spray bottle ODFS® Other:		lder	

ODFS [®] Pace serial n	
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 OFFs	
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)

Change with Ch 1 (Orthotic effect) % Absolute v e.g. Change since Set-up: non stimulated (Training Effect) % Absolute v e.g.					
Date of Birth	ODFS [®] Pace 1	reatment Stage:		Da	ate:
Date of Birth	Patient Name		Clinician sign		
Date of Birth					
Time (seconds) Speed (metres/second) Borg RPE	Date of Birth				
No Stimulation 1 No Stimulation 2 With FES (Ch1) With FES (Ch1 and Ch2) No Stimulation 3 Change with Ch 1 (Orthotic effect)	40 14575 - 1441-27	,	· _		
No Stimulation 2 With FES (Ch1) With FES (Ch1 and Ch2) No Stimulation 3 Change with Ch 1 (Orthotic effect) % Assetted to the A	10 METRE WALK (state re		Speed (metres/sec	ond)	Borg RPF
With FES (Ch1) With FES (Ch1 and Ch2) No Stimulation 3 Change with Ch 1 (Orthotic effect)	No Stimulation 1	Time (describe)	Opera (meneral	0114)	Doig III L
With FES (Ch1 and Ch2) No Stimulation 3 Change with Ch 1 (Orthotic effect)	No Stimulation 2				
No Stimulation 3 Change with Ch 1 (Orthotic effect)	With FES (Ch1)				
Change with Ch 1 (Orthotic effect)	With FES (Ch1 and Ch2)				
Change with Ch 1 and Ch 2 (Orthotic effect) Change since Set-up: non stimulated (Training Effect) Frequency/pattern of use? Patient specific NRS score e.g. confidence in walking */ ₁₀ no FES, */ ₁₀ with FES Walking aid: Unaided NRS: QoL FoF NS FoF S Leg circumference measured at the head of fibula (mm)	No Stimulation 3				
Change since Set-up: non stimulated (Training Effect) Frequency/pattern of use? Patient specific NRS score e.g. confidence in walking *\frac{1}{10} no FES, *\frac{1}{10} no F	Change with Ch 1	(Orthotic effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use? Patient perception of main benefits: Patient specific NRS score e.g. confidence in walking */10 no FES, */10 with FES Walking aid: Unaided NRS: QoL FoF NS FoF S Leg circumference measured at the head of fibula (mm) The strap Length (mm)	Change with Ch 1 and C	h 2 (Orthotic effect)		%	Absolute value e.g. +/-2
Patient specific NRS score e.g. confidence in walking */10 no FES, */10 with FES Walking aid: Unaided NRS: QoL FoF NS FOF S Leg circumference measured at the head of fibula (mm)	Change since Set-up: nor	n stimulated (Training Effec	et)	%	Absolute value e.g. +/-2
Confidence in walking */10 no FES,*/10 with FES Walking aid: Leg circumference measured at the head of fibula (mm) R R L Confidence in walking */10 no FES,*/10 with FES Walking aid: Leg Strap Length (mm) R Confidence in walking */10 no FES,*/10 with FES FoF S Leg circumference measured at the head of fibula (mm)	Frequency/pattern of use?	Patient perception of n	nain benefits:		
Confidence in walking */10 no FES,*/10 with FES Walking aid: Leg circumference measured at the head of fibula (mm) R R L Confidence in walking */10 no FES,*/10 with FES Walking aid: Leg Strap Length (mm) R Confidence in walking */10 no FES,*/10 with FES FoF S Leg circumference measured at the head of fibula (mm)					
Walking aid: Unaided NRS: QoL FoF NS FoF S Leg circumference measured at the head of fibula (mm) Regular Leg Strap Length (mm)	confidence in walking x/10 ne				
R Common proposed in the control of		Unaided □ N	IRS: QoL	FoF NS	FoF S
R Common L L Common L L L L L L L L L L L L L L L L L L L	•	ed at the head of fibula	Leg Strap Length (mm)	
Footswitch position: Next Appointment:	Common Common Peroneal nerve		Novt Appointment		

ODFS [®] Pace	Treatment Stage:	Date:	
Patient Name		Clinician sign	
Date of Rirth		Print name	
Date of Birtin	(Attach label if available)	Designation	
Treated side R L B	ilateral Initial N/A	ODFS® Pace serial no.	

(A	ttach labe	el if availa
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: Dista	I Lat	teral
Cuff liner Ex liner: Dista	al La	teral
Urisleeve S M L Leg Stra Pouch Karabin Spray bottle ODFS® Other:		der

ODFS® Pace serial no.		
Parameter	Set	ting
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 OFFs		
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		/ N
Serial No's logged in Inventory	(initial)	

_					_		
ODFS [®] Pace	Trea	atment Stage	:		Da	ate:	
Patient Name				Clinician sign			
				Print name			
Date of Birth		(Attach label if availab	 le)	Designation			
40 14-70-14-14-14-14-14-14-14-14-14-14-14-14-14-		,	,	Ţ.			
10 METRE WALK (state	reasor	n if not completed): Time (seconds)		Speed (metres/se	econd)	Borg RF	PF
No Stimulation 1		(66661146)		Opera (menerale	300114)	Boig iti	_
No Stimulation 2							
With FES (Ch1)							
With FES (Ch1 and Ch2))						
No Stimulation 3							
Change with Ch 1	(0	Orthotic effect)			%		Absolute value e.g. +/-2
Change with Ch 1 and	Ch 2 (0	Orthotic effect)			%		Absolute value e.g. +/-2
Change since Set-up: no	on stim	nulated (Training Effe	ct)		%		Absolute value e.g. +/-2
Frequency/pattern of use	?	Patient perception of	mai	n benefits:			
Patient specific NRS scor confidence in walking */ ₁₀ FES, ^y / ₁₀ with FES							
Walking aid:		Unaided □	NRS	S : QoL	FoF NS		FoF S
Leg circumference measu (mm)	red at	the head of fibula	Le	eg Strap Length (mi	m)		
R Common peroneal nerve Fibula bone Footswitch position:	neal//			Next Appointmen	*		

ODFS [®] Pace	Treatment Stage:	Date:
Patient Name		Clinician sign
Date of Birth	(Attach label if available)	Print name Designation
Treated side R L B	ilateral Initial N/A	ODFS® Pace serial no.

(A	และท เลม	ei ii avai
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	Hamber	OI)
S Series Blue Pals_		
Other		
Foot switches		
Electrode leads		
Footswitch leads		
Insoles		
Cuff strap S M L		
Cuff shell Ex plates: Dista	ı La	iteral
Cuff liner Ex liner: Dista	al La	ateral
Urisleeve S M L Leg Stra Pouch Karabin		ldor
Spray bottle ODFS® Other:	1 au u 110	iu c i

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 OFFs	
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)

<u> </u>				
ODFS® Pace	Γreatment Stage:		Da	ate:
Patient Name		Clinician sign		
Date of Birth	(Attach label if available			
	,	, <u> </u>		
10 METRE WALK (state re	Time (seconds)	Speed (metres/se	cond)	Borg RPE
No Stimulation 1	· ····· (cosorido)		20.10)	Doig 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 C	h 2 (Orthotic effect)		%	Absolute value e.g. +/-2
Change since Set-up: nor	n stimulated (Training Effec	et)	%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of r	nain benefits:		
Patient specific NRS score confidence in walking */ ₁₀ n FES, */ ₁₀ with FES				
Walking aid:	Unaided □ N	IRS: QoL	FoF: NS	FoF: S
Leg circumference measur (mm)	ed at the head of fibula	Leg Strap Length (mr	n)	
R Common peroneal nerve Fibula bone		Novt Appairet		
Footswitch position:		Next Appointment	[]	

ODFS [®] Pace	Treatment Stage:		Date:
Patient Name		Clinician sign	
		Print name	
	(Attach label if available)	Designation	
Transferial alida D. I. D.	Untarral Initial N/A		

·		el it ava
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: Dista	al La	teral
Cuff liner Ex liner: Dista	al La	iteral
Urisleeve S M L Leg Str	•	
Pouch Karabir	ner 'Doog bol	

Spray bottle Other:

ODFS® Pace serial no. (No1))		
Parameter(specify left or righ	t) Set	ting	
Set up			
Current m/	4		
R.Ramp m	S		
Extn m	S		
F.Ramp m	S		
Time Out m	S		
Delay m	S		
Waveform ASYM/SYM	l		
Freq H	łz		
Sounder SETUP/OFF/ALWAYS	S		
Beeps ON/OF	F		
Timing ADAPTIVE/FIXED/NT	0		
Lock OFF	S		
Level +/- 1/2/5	%		
On % 1% 50%	,		
Exe OFF/ON Time:			
Exe Curr m.	A		
Exe. Wave ASYM / SYM	М		
Exe. Freq	Z		
Exe. On sec	S		
Exe. Off sec	s		
Exe. Ramp sec	S		
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 Inventor	y (initial)		

ODFS® Pace holder

Δ					_		
ODFS [®] Pace	Trea	atment Stage	:		Da	ate:	
Patient Name				Clinician sign			
Patient Name			Print name				
Date of Birth(Attach label if available)			Designation				
40 14000 - 14000 - 1		`	′ •	Ţ.			
10 METRE WALK (state	reasor	n if not completed): Time (seconds)		Speed (metres/se	econd)	Borg RF	PF
No Stimulation 1		(66661146)		Opera (metres)	300114)	Boig iti	_
No Stimulation 2							
With FES (Ch1)							
With FES (Ch1 and Ch2))						
No Stimulation 3							
Change with Ch 1	(0	Orthotic effect)			%		Absolute value e.g. +/-2
Change with Ch 1 and	Ch 2 (0	Orthotic effect)			%		Absolute value e.g. +/-2
Change since Set-up: n	on stim	nulated (Training Effe	ct)		%		Absolute value e.g. +/-2
Frequency/pattern of use	?	Patient perception of	mai	n benefits:			
Patient specific NRS scor confidence in walking */ ₁₀ FES, */ ₁₀ with FES							
Walking aid:		Unaided □	NRS	S : QoL	FoF NS		FoF S
Leg circumference measu (mm)	ured at	the head of fibula	Le	eg Strap Length (m	m)		
R Common peroneal rerve Fibula bone Footswitch position:	neal / /			Next Appointmen	ıt·		

ODFS [®] Pace	Treatment Stage:		Date:
Patient Name		Clinician sign	
		Print name	
	(Attach label if available)	Designation	
Treeted side D Di	ilotorol Initial N/A	ODEO® D	

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: Dista	l La	teral					
Cuff liner Ex liner: Dista	ıl La	iteral					
Urisleeve S M L Leg Stra Pouch Karabin Spray bottle ODFS® Other:		der					

ODFS® Pace serial no		
Parameter	Sett	ing
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 OFFs		
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	Trea	atment Stage	<u> </u>		ח	ate:	
3213 1400		zamoni otage	·	O			
Patient Name		Clinician sign					
Date of Birth		Print name					
		(Attach label if availat	ole)	Designation			
10 METRE WALK (state	e reasor	n if not completed):					
		Time (seconds)		Speed (metres/sec	ond)	Borg RI	PE
No Stimulation 1							
No Stimulation 2							
With FES (Ch1)							
With FES (Ch1 and 2)							
No Stimulation 3							Absolute value
Change with Ch 1	•	Orthotic effect)			%		e.g. +/-2
Change with Ch 1 and					%		Absolute value e.g. +/-2
Change since Set-up: n					%		Absolute value e.g. +/-2
Frequency/pattern of use	?	Patient perception of	f ma	in benefits:			
Patient specific NRS sco confidence in walking */10 FES, */10 with FES							
Walking aid:		Unaided □	NR	S: QoL F	oF: N	S	FoF S
Leg circumference meas (mm)	ured at	the head of fibula	Le	eg Strap Length (mm)		
peroneal nerve perone	nmon eal						
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.