

HOST INFORMATION PACK.

Odstock Medical Ltd (OML) offer the following courses that can be held at your own venue.

FES for the Lower Limb (one day).

The course reviews the evidence and neurological theory that supports FES and provides practical training in the use of the ODFS® Pace. Delegates will learn its application for correction of dropped foot, for muscle training and for its use with gait training using other muscle groups. The techniques are suitable for stroke, MS, SCI, CP, TBI, HSP and other similar neurological conditions.

Electrical Stimulation for the Upper Limb (one day).

This one-day course is intended to enable delegates to assess and treat patients for NMES (Neuromuscular Electrical Stimulation). The course provides the basic theory of using NMES for muscle training, re-education of movement in applications for the hand, arm and shoulder in Stroke, CP, SCI and TBI

Once you have decided which course/s you would like to host please contact OML to organise a suitable date/s.

All queries relating to courses should be made by emailing FEScourses@odstockmedical.com or calling 01722 439540.

Course booking.

OML courses are designed for 12 delegates, if hosts are unable to fill 12 spaces OML will advertise the course on our website to fill the remaining spaces.

OML will need to receive application forms for each delegate attending and payment for any delegates outside of your organisation will need to be received in advance of the course date.

OML can run courses for more than 12 delegates, this would need to be agreed in advance to make sure there is capacity to deliver the course successfully.

Requirements from the host venue.

The course is taught by lecture and practical. A large room is required (such as a gym) to accommodate the number of course delegates, treating volunteer patients, typically on 2 delegates to 1 patient ratio, 2 course tutors and relatives of patient volunteers who wish to stay.

For the Lower Limb course adequate space is required for delegates and patients to mobilise around the space safely and effectively. We suggest a walkway of 10m being available.

Plinths are also useful for patient sessions on both courses.

The tutor will bring a laptop and projector, please make sure adequate electrical points are available.

Course venue information.

OML require the name of the venue, including the building or room where the course will be hosted.

Please provide:

- details of local parking availability
- charges and times the venue will be open from
- a map and directions for the venue so we can provide it to course delegates.

Patient Volunteers.

The host is responsible for arranging volunteer patients for the practical sessions (detailed in the course programme). Course delegates will typically work in pairs with 1 patient.

For the Lower Limb course there are 2 patient sessions, the same patients may be used for both sessions, the volunteers should be capable of coping with 2 hours of clinical activity.

Please see guide for selecting patient volunteers

Refreshments.

Please provide refreshments and lunch as detailed in the course programme (attached). We will let you know of any dietary requirements in advance.

Reimbursements.

OML will reimburse the following costs.

Catering – up to £12.00 per delegate, please provide invoice or receipts.

Volunteer travel expenses – 45p per mile, a travel form will be distributed. Payment will be made by bank transfer directly to the volunteer after the course date.

Cancellations.

- If the booking is cancelled by the host more than 8 weeks before the course date no fee will be charged
- If the booking is cancelled by the host within the 8 weeks of the course date, OML will charge for any expenses incurred for the course. A breakdown of costs will be provided.
- If OML cancel the course within 7 days of the course date any costs relating to the course day (catering, venue costs) but not accommodation or additional expenses, will be reimbursed. Delegates will be offered a refund or a space on another course.

[A guide for selecting volunteer patients.](#)

[Cause and functional deficit.](#)

Neurological due to an upper motor neurone lesion. An upper motor neurone lesion is defined as one that occurs in the brain or spinal cord above the level of T12. This is normally, but not exclusively, associated with spasticity.

Suitable conditions include:

- Stroke
- Multiple Sclerosis
- Brain Injury
- Incomplete spinal cord injury above T12
- Cerebral Palsy
- Familial/hereditary spastic paraparesis

[Nature of functional deficit and functional ability](#)

Lower Limb:

- Drop foot defined as a deficit of dorsiflexion and/or eversion of the ankle. While this will be frequently associated with lack of heel strike, FES can be successfully used to correct inversion at first contact to significantly improve the stability of the ankle in the stance phase, improving the safety of gait.
- In addition to drop foot, deficits in knee flexion or extension, hip extension and abduction and push off at terminal stance can be addressed.
- Able to passively achieve a neutral angle of the ankle. A resistance due to spasticity of the calf muscles (Modified Ashworth Scale 4 or less) can be overcome but fixed contracture preventing plantigrade is a contraindication.
- Able to stand from sitting unaided. Use of aids such as sticks; frame or crutches is acceptable.
- Able to walk a minimum distance of about 10m.
- There is no maximum walking distance limit. FES devices have been successfully used in cases where a dropped foot only becomes a significant problem when the device user is tired or when the deficit is relatively mild.
- A reasonable exercise tolerance is required for treatment sessions.

Upper Limb:

- (Functional patients) Those that have residual upper limb function or active movement but lack of ROM through spasticity, weakness, soft tissue shortening, joint stiffness.
- (Non-functional patients) Those that have little or no upper limb active movement but may benefit from stimulation for one or more of the following reasons: spasticity reduction, pain reduction, correction of shoulder subluxation, improvement of PROM, improvement of passive functional tasks (e.g. hygiene), improvement of upper limb alignment.
- Those patients with mild to moderate secondary changes, e.g. contractures.
- Neglect or poor sensation is not necessarily a contraindication to stimulation.
- A reasonable exercise tolerance is required for treatment sessions.

[Patients who are not suitable for FES.](#)

Those who have dropped foot due to a peripheral nerve lesion or muscle wasting diseases.

These include:

- Traumatic peripheral nerve lesions or lesions following back, hip or knee surgery.
- Poliomyelitis
- Motor neurone disease
- Guillain-Barre disease
- Charcot Marie Tooth disease

The only contraindication is that persons who have any active medical implants, e.g. cardiac pacemakers should not be used as patient volunteers on courses.

Precautions.

Poorly controlled epilepsy: (where epilepsy is controlled by medication or where there have been no fits experienced for a reasonable period, FES may be used)

- History of significant autonomic dysreflexia in incomplete spinal cord injury above T6
- The effect of FES on the unborn child in pregnancy is not known.
- Poor skin condition, as sores or irritation may prevent the use of surface stimulation.

This 'exclusion' list applies equally to delegates, but they will be made aware of this by the course tutors before such practical sessions.

Volunteer information and consent forms will be sent out in advance of the course.

Course Programme – FES for the Lower Limb (one day)

0845-9000	Registration with refreshments
0900-0940	Introduction to the course and theory of FES
0940-1100	ODFS® Pace set-up on course delegates Part 1: basic set up, different electrode placement.
1100-1115	Refreshment break
1115-1215	ODFS® Pace set-up on course delegates Part 2: changing parameters
1215-1245	Using the exercise mode on the ODFS® Pace.
1245-1315	Lunch
1315-1400	Use of the ODFS® Pace in gait training
1400-1500	ODFS® Pace set-up with patients (session 1)
1500-1515	Refreshment break
1515-1615	ODFS® Pace set-up with patients (session 2)
1615-1645	Guidelines for good clinical practice
1645-1700	Questions/feedback/paperwork

Course Programme – FES for the Lower Limb (one day)

0900-0915	Registration with refreshments
0915-0950	Introduction to the course and theory of FES
0950-1030	Patient selection
1030-1100	Use of the Microstim stimulator. Stimulation technique and identifying motor points. Practical session with course delegates.
1100-1120	Refreshment break
1120-1220	Stimulation of the forearm, shoulder and upper arm. Practical session with course delegates. Part 2: changing parameters
1220-1300	Lunch
1300-1400	Stimulation of the forearm and hand on course delegates.
1400-1425	Outcome measurement
1425-15.55	Practical session with volunteers
1555-1615	Refreshment break
1615-16.30	Questions/feedback/paperwork