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| **ODFS® Pace** | **Clinical Pathway Document** | | **Date:** |
| Patient Name................................................................  Date of Birth..................................................................  *(Attach label if available)* | | Clinician sign............................................................  Print name................................................................  Designation.............................................................. | |

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| --- | --- |
| Primary condition: | |
| Communication requirements (speech, written word, eye sight, hearing, cognition etc.) | |
| Treatment alerts | |
| Manual handling and movement considerations | |
| Independent y/n | Mobility aids or assistance required | |
| Transfers |  | |
| Sit to stand |  | |
| Walking |  | |

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| Updates | | | | | |
| **ODFS® Pace** | **Equipment History** | |  |
| Patient Name................................................................  Date of Birth..................................................................  *(Attach label if available)* | | Clinician sign............................................................  Print name................................................................  Designation.............................................................. | |

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| --- | --- | --- | --- | --- | --- |
| Date | Device | Serial number | Loan or purchase | Comment | Return date |
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| **Odstock Medical Limited**  National FES Centre  Salisbury District Hospital  Salisbury, Wiltshire, UK | SP2 8BJ  Tel: +44 (0) 1722 439 540  Enquiries @odstockmedical.com  www.odstockmedical.com | Text  Description automatically generated with medium confidence |

**Treatment Consent and Service Agreement**

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|  |  | 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 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 or loss of the stimulator occurs, I may be responsible for cost of repair or replacement of the stimulator. |  |
| 6 | I consent to photography to assist me with the correct electrode placement or other aspect of my treatment and for my medical records |  |
| 7 | I consent for anonymised data collected as part of my FES treatment to be stored and used for audit and research purposes by OML |  |
| 8 | I consent to be contacted by OML regarding products, services and activities related to my treatment |  |

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.

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| **Patient / carer (please indicate) sign:** |  | **Clinician sign:** |
| **Date:** |  | **Date:** |
| **Print:** |  | **Print:** |

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| **ODFS® Pace** | **Goal Attainment Scale (GAS)** | | **Date:** |
| Patient Name ...............................................................  Date of Birth .................................................................  *(Attach label if available)* | | Clinician sign............................................................  Print name..............................................................  Designation.............................................................. | |

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| **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)** | | |  |  | | |  | |
| **Date set** | | |  |  | | |  | |
| **Review date** | | |  |  | | |  | |
| **Level achieved** | | |  |  | | |  | |
| **Total GAS Score (T Score):** *(use GAS table)* | | | | | | | | |
| **ODFS® Pace** | **Treatment Stage: Set-up** | | | | **Date:** | |
| Patient Name................................................................  Date of Birth..................................................................  *(Attach label if available)* | | | | 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*

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| --- | --- | --- | --- |
| 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 AS APROPORATE.

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
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|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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| **ODFS® Pace** | **Treatment Stage:** | | **Date:** |
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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads:: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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

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| **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: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

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

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| ***Appointment check list*** | | | | | **Tick** | | **N/A** | |  | ODFS® Pace serial no. |  |  |
| Check treatment consent & service agreement signed | | | | |  | |  | |  | **Parameter** | **Setting** | |
| Video/photo. consent form if req’d | | | | |  | |  | |  | Specify left or right |  |  |
| FES Course volunteer? UL, LL | | | | |  | |  | |  | Set up |  |  |
| Process of donning and doffing | | | | |  | |  | |  | Current mA |  |  |
| Test procedure | | | | |  | |  | |  | R.Ramp ms |  |  |
| Electrode / cuff positioning | | | | |  | |  | |  | Extn ms |  |  |
| Electrode care | | | | |  | |  | |  | F.Ramp ms |  |  |
| Skin care | | | | |  | |  | |  | Time Out ms |  |  |
| Leads/sockets checked | | | | |  | |  | |  | Delay ms |  |  |
| Footswitch checked | | | | |  | |  | |  | Waveform ASYM/SYM |  |  |
| Stimulator checked | | | | |  | |  | |  | Freq Hz |  |  |
| Written/ photographic  instructions given | | | | |  | |  | |  | Sounder SETUP/OFF/ALWAYS |  |  |
| Precautions given | | | | |  | |  | |  | Beeps ON / OFF |  |  |
| Skin checked | | | | |  | |  | |  | Timing ADAPTIVE/FIXED/NTO |  |  |
| Skin irritation form used | | | | |  | |  | |  | Lock OFF\_\_\_\_\_s |  |  |
| Electrode position recorded | | | | |  | |  | |  | Level +/- 1 / 2 / 5 % |  |  |
| Locator sheet issued to patient | | | | |  | |  | |  | On % 1% / 50% / Last % |  |  |
| Locator sheet copied to notes | | | | |  | |  | |  | Exe OFF / ON Time: |  |  |
| Stimulation parameters recorded | | | | |  | |  | |  | Exe Curr mA |  |  |
| **GAS discussed and scored** | | | | |  | |  | |  | Exe. Wave ASYM / SYM |  |  |
| **NRS carried forward & discussed** | | | | |  | |  | |  | Exe. Freq HZ |  |  |
| 10m walk test completed | | | | |  | |  | |  | Exe. On secs |  |  |
| Pt handling profile completed | | | | |  | |  | |  | Exe. Off secs |  |  |
| ***Consumables and accessories*** | | | | | |  | |  |  | Exe. Ramp secs |  |  |
| Electrodes: | | | | |  | |  | |  | T. Steps |  |  |
|  | | | | |  | |  | |  | No. Walks |  |  |
| Electrode leads: | | | | |  | |  | |  | Walk Time |  |  |
|  | | | | | | | | |  | Dose Time |  |  |
| Footswitch leads: | |  | |  |  | |  | |  | No. Exe. |  |  |
|  | |  | |  |  | |  | |  | Exe. Time |  |  |
| Footswitches: | | | | | | | | |  | Log reset today? Y / N |  |  |
|  |  | | | |  | | | |  | ∑ Steps |  |  |
| Pace Sleeve size: | | |  | |  | | | |  | ODFS® Pace SW version |  |  |
|  | | | | |  | |  | |  | Wireless SW Version |  |  |
| OML Cuff size: | | | | |  | |  | |  | Footswitch SW Version |  |  |
|  | | | | |  | |  | |  | Spare Footswitch SW Verson |  |  |
| Insole size: | | | | |  | |  | |  | Linq Serial No. |  |  |
|  | | | | |  | |  | |  | Remote Serial No. |  |  |

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| **10 METRE WALK *(state reason if not completed):*** | | | | | | | | |
|  | | | Time (seconds) | | | Speed (metres/second) | | Borg RPE |
| **Without Stimulation 1** | | |  | | |  | |  |
| **Without Stimulation 2** | | |  | | |  | |  |
| **With FES (Ch1)** | | |  | | |  | |  |
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| FoF without: | FoF with: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
| Diagram  Description automatically generated | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |

**Clinic forms can be down loaded from:** <https://odstockmedical.com/knowledge-category/forms-and-downloads/>

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| **MRC Scale** | |  | **MODIFIED ASHWORTH Scale** | |
| **0** | **No movement** |  | **0** | **No increase in tone** |
| **1** | **Palpable contraction but no movement** |  | **1** | **Slight increase or catch and release** |
| **2** | **Movement gravity eliminated** |  | **2** | **Slight increase or catch and resistance** |
| **3** | **Movement against gravity** |  | **3** | **Marked increase through ROM** |
| **4** | **Movement against resistance** |  | **4** | **Considerable tone passive movement difficult** |
| **5** | **Normal Movement** |  | **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**

**GAS T score calculator**

**Number of Goals in Rehabilitation Plan**

**1 2 3 4 5 6**

**+12 81**

**+11 78**

**+10 80 76**

**+9 77 73**

**+8 79 74 71**

**+7 75 71 68**

**+6 77 72 68 65**

**+5 73 68 65 63**

**+4 75 68 65 62 60**

**+3 69 64 61 59 58**

**+2 70 62 59 57 56 55**

**+1 60 56 55 54 53 53**

**0 50 50 50 50 50 50**

**-1 40 44 45 46 47 47**

**-2 30 38 41 43 44 45**

**-3 31 36 39 41 42**

**-4 25 32 35 38 40**

**-5 27 32 35 37**

**-6 23 28 32 35**

**-7 25 29 32**

**-8 21 26 29**

**-9 23 27**

**-10 20 24**

**-11 22**

**-12 19**