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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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. |  |  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10 METRE WALK *(state reason if not completed):*** | | | | | | | | |
|  | | | Time (seconds) | | | Speed (metres/second) | | Borg RPE |
| **Without Stimulation 1** | | |  | | |  | |  |
| **Without Stimulation 2** | | |  | | |  | |  |
| **With FES (Ch1)** | | |  | | |  | |  |
| **With FES (Ch1 and 2)** | | |  | | |  | |  |
| **Without Stimulation 3** | | |  | | |  | |  |
| **Change with Ch 1 (Orthotic effect)** | | | | | | % | | Absolute value  e.g. +/-2 |
| **Change with Ch 1 and Ch 2 (Orthotic effect)** | | | | | | % | | Absolute value  e.g. +/-2 |
| Frequency/pattern of use? | | | Patient perception of main benefits: | | | | | |
| FoF without: | FoF with: | | | Other NRS: | | | | |
|  | |  | | | Walking aid: | | Unaided 🞏 | |
|  | | | | | | | | |
| **R** **L** | | | | | | | | |
|  | | | | | | | | |
| Footswitch position: | | |  | | | Next Appointment: | |  |