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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)** |  |  |  |
| **With FES (Ch1 and 2)** |  |  |  |
| **Without Stimulation 3** |  |  |  |
| **Change with Ch 1 (Orthotic effect)** | % | Absolute valuee.g. +/-2 |
| **Change with Ch 1 and Ch 2 (Orthotic effect)** | % | Absolute valuee.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: |  |