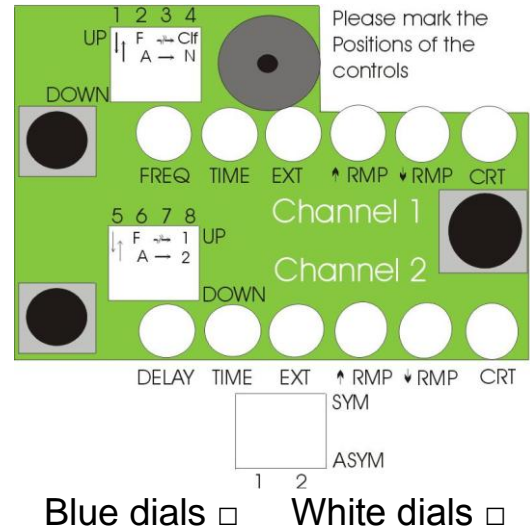
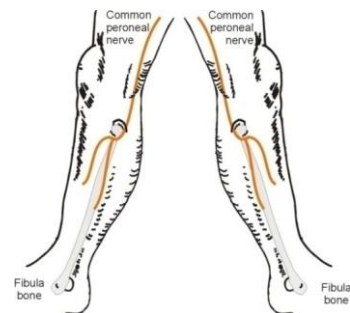


O2CHS	Treatment stage:	Date:
Patient name.....		Clinician sign
DOB..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

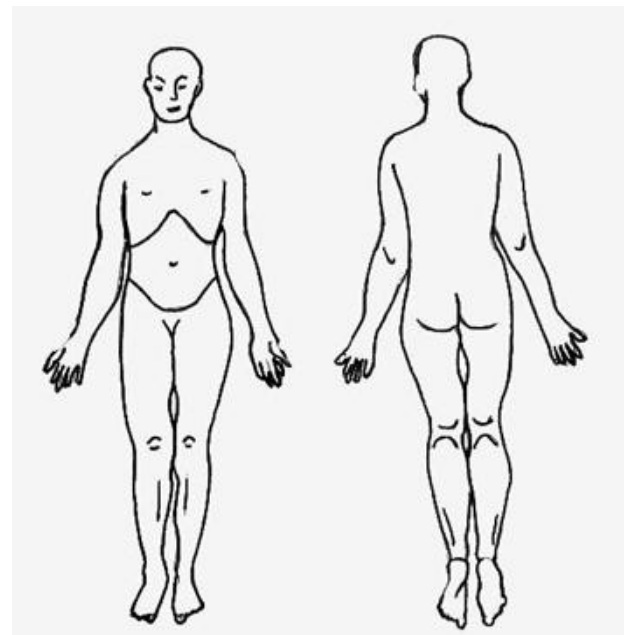
Treated side: Bilateral L R	Clinician Initial	Not required
Implied consent		
Changes to patient details recorded on front sheet		
Procedure for donning and doffing		
Test procedure		
Electrode positioning		
Skin care		
Leads checked		
F/S positioning and insertion		
Written / photographic instructions issued		
Precautions given		
Skin checked		
Skin irritation form completed		
Electrode positions found/recorded		
Stimulation parameters set/recorded		
VAS discussed		
10 metre walks completed		
Patient Handling Profile completed		



CHANNEL 1	
CHANNEL 2	



F/S position: _____



CONSUMABLES ISSUED		
Electrodes (no. + type)		
Blue Pals 50 x 50.....	Other.....	
Footswitch		
Electrode leads (length)		
Footswitch leads (length)		
Insoles (size + side)		
Accessories:	Urisleave	Linen bag

O2CHS	Treatment stage:	Date:
Patient name.....		Clinician sign
DOB..... (Attach label if available)		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed)

	Time	Speed m/s	Borg RPE
Walk1 (no FES)			
Walk 2 (no FES)			
Walk 3 (Ch1			
Walk 4 (Ch1 and Ch 2)			
Walk 5 (no FES)			

Change with Channel 1 only (Orthotic effect)		%	Absolute value e.g. +/- 2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/- 2
Change since 1 st assessment (NS)		%	Absolute value e.g. +/- 2

Pt's perception of benefits using FES:

VAS scores: e.g. confidence in walking $\frac{x}{10}$ no FES, $\frac{y}{10}$ with FES

Frequency of FES use:

WALKING AID: _____ UNAIDED: