

ODFS® Pace	Treatment stage:	Date:
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Patient name..... DOB..... <i>(Attach label if available)</i>	Clinician sign Print name..... Designation.....
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Treated side:	L	R	Clinician Initial	Not required
Implied consent				
Changes to patient details/medication recorded on front sheet				
Procedure for donning and doffing				
Test procedure				
Electrode positioning				
Electrode care				
Skin care				
Leads checked				
Footswitch 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				

CONSUMABLES ISSUED		
Electrodes (no. + type)		
Blue Pals 50 x 50	Other.....	
Footswitch		
Electrode leads (length)		
Footswitch leads (length)		
Insoles (size + side)		
Accessories:	Pouch	Leg strap

Parameter	Setting
Set up	
Current	mA
R. Ramp	ms
Extn	ms
F. Ramp	ms
Time Out	ms
Delay	ms
Waveform	ASYM / SYM
Freq	Hz
Sounder	SETUP / OFF / ALWAYS
Beeps	ON ⁺ / ON / OFF
Timing	ADAPTIVE / FIXED / NTO
Lock	OFF / 1s / 3s
Exe	OFF / ON TIME:
Exercise set up	R ON OFF
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
Software version	Updated? <input type="checkbox"/>
Serial Number	No change <input type="checkbox"/>

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10 METRE WALK *(state reason if not completed)*

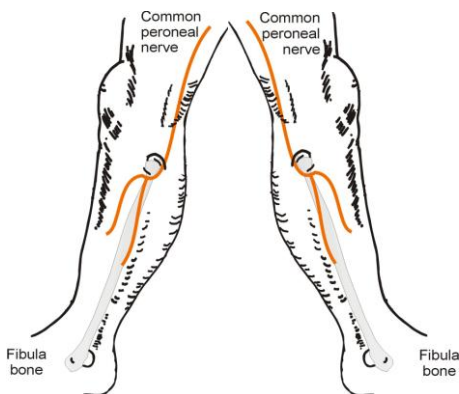
	Time	Speed m/s	Borg RPE
Walk1 (no FES)			
Walk 2 (no FES)			
Walk 3 (with FES)			
Walk 4 (no FES)			
Change with stimulation today (Orthotic effect)		%	Numerical value e.g. +/- 2
Change since 1st assessment (NS) (Carry over)		%	Numerical value e.g. +/- 2

Pt's perception of benefits of FES:	
Patient-specific VAS scores: <i>e.g. confidence in walking</i> $\frac{x}{10}$ no FES, $\frac{y}{10}$ with FES	
Frequency of FES use:	

WALKING AID: _____ UNAIDED:

Standard VAS: Quality of life: /10

Fear of falling: /10
(Both to be quoted *with FES*)



F/S POSITION: _____