

ODFS[®] Pace	Treatment Stage:	Date:
Patient Name.....		Clinician sign.....
Date of Birth..... <i>(Attach label if available)</i>		Print name.....
		Designation.....

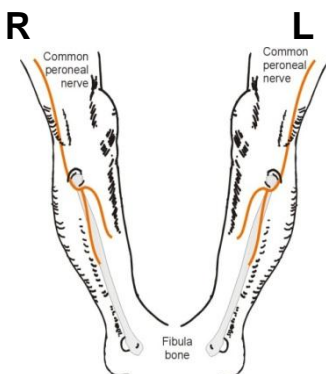
Treated side	R	L	Bilateral	Initial	N/A
Implied Consent					
Changes in pt: history or database information. recorded on front sheet					
Process of donning and doffing					
Test procedure					
Electrode/cuff positioning					
Electrode care					
Skin care					
Leads/sockets checked					
Foot switch checked					
Battery tags checked					
Written/ photographic instructions given					
Precautions given					
Skin checked					
Skin irritation form used					
Electrode position recorded					
Locator sheet issued to patient					
Locator sheet copied to notes					
Stimulation parameters recorded					
NRS discussed					
10m walk test					
Pt handling profile completed					

Consumables issued (type & number of)				
Electrodes				
S Series _____	Blue Pals _____			
Other _____				
Foot switches				
Electrode leads				
Footswitch leads				
Insoles				
Cuff strap	S	M	L	
Cuff shell	Ex plates:		Distal	Lateral
Cuff liner	Ex liner:		Distal	Lateral
Uricleeve	S	M	L	Leg Strap
Pouch	Karabiner			
Spray bottle	ODFS [®] Pace holder			
Other:				

Parameter	Setting
Set up	
Specify left or right side	
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/OFF
Timing	ADAPTIVE/FIXED/NTO
Lock	OFF _____s
Level +/-	1 / 2 / 5 %
On %	1% 50%
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM / SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
Steps	
No. Walks	
Walk Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
ODFS [®] Pace SW version	
Wireless SW version	
Footswitch SW version	
WFS Insole Version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory (initial)	

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10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
No Stimulation 1			
No Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and Ch2)			
No 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
Change since Set-up: non stimulated (Training Effect)		%	Absolute value e.g. +/-2
Frequency/pattern of use?	Patient perception of main benefits:		
Patient specific NRS score e.g. confidence in walking ^x / ₁₀ no FES, ^y / ₁₀ with FES			
Walking aid:	Unaided <input type="checkbox"/>	NRS: QoL	FoF NS FoF S
Leg circumference measured at the head of fibula (mm)	Leg Strap Length (mm)		



Footswitch position:

Next Appointment: