

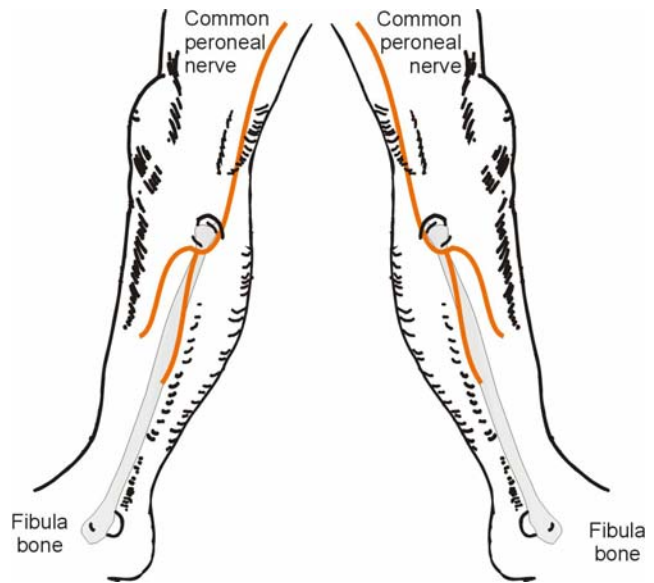
Patient name.....  
 DOB .....  
 (Attach label if available)

Clinician sign .....  
 Print name.....  
 Designation.....

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		

**WAVE FORM**  
 A. up - Sym Bi - phasic  
 A. down - Asym Bi - phasic

**MODE**  
 B1. up - heel rise  
 B1. down - heel strike  
 B2. up - adaptive timing  
 B2. down - fixed timing



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

F/S POSITION: \_\_\_\_\_

<b>ODFS® III</b>	<b>Treatment Stage:</b>	<b>Date:</b>
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Patient name.....  DOB ..... <i>(Attach label if available)</i>	Clinician sign .....  Print name.....  Designation.....
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**10 METRE WALK (State reason if not completed)**

	Time	Speed (m/s)	Borg RPE
Walk 1 (no FES)			
Walk 2 (no FES)			
Walk 3 (FES)			
Walk 4 (no FES)			

Change with stimulation today (Orthotic effect)		Absolute value e.g. +/- 2
Change since 1 <sup>st</sup> assessment (NS) (Carry over)		Absolute value e.g. +/- 2

Pt's perception of benefits of FES:	
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: