



# Functional Electrical Stimulation (FES) for Dropped Foot

## SELF-REFERRAL FORM

Name: .....

Address: .....

.....

.....

Post Code: ..... Date of Birth: .....

Tel. No: ..... Mobile: .....

Email address: .....

G.P. Name and address: .....

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FES only works for dropped foot if the damage is to the brain or the spinal cord. Therefore FES can work in people with the following conditions. If you have any of the following conditions please circle the one that applies to you.

- |                     |                           |             |
|---------------------|---------------------------|-------------|
| Stroke              | Multiple Sclerosis (MS)   | Head injury |
| Cerebral Palsy (CP) | Spinal Cord Injury (SCI)* | HSP         |

How long have you had this condition? .....

Which foot is affected? (please circle)      Left      Right      Both Feet

\* If you have a SCI please indicate the level .....

Please indicate if your SCI is      complete / incomplete

FES is unlikely to work if the damage is to nerve going from the spinal cord to the muscle.  
This can happen in the following cases/diseases.

<b>Nerve injury</b>	<b>Prolapsed lumbar disc</b>	<b>MND</b>
<b>Peripheral Neuropathy</b>	<b>Guillain – Barre syndrome</b>	<b>Polio</b>

If you have a condition not on either list e.g. Parkinson’s Disease, or if you would like to discuss if FES could be suitable for you, then please contact us to speak to a clinician.

**01722 439560 or email [enquires@odstockmedical.com](mailto:enquires@odstockmedical.com)**

In order to help us maximise the chance of FES being applicable for you please answer the following questions.

- 1. Can you walk 10m with a walking aid Y/N
- 2. Can you stand up from sitting unaided Y/N
- 3. Do you have a pacemaker Y/N
- 4. Do you have any other heart condition Y/N  
     If so give details. ....  
     .....
- 5. Do you have breathing difficulties Y/N  
     If so give details .....  
     .....
- 6. Do you have epilepsy Y/N  
     Is the epilepsy controlled Y/N
- 7. Are you/think you are pregnant Y/N
- 8. Do you have any skin conditions Y/N  
     Please give details .....  
     .....
- 9. Do you have any other mobility problems Y/N

**Signed .....** **Date .....**

**Please return to:- Prof Ian Swain, Clinical Director, OML, Laing Building, Salisbury District Hospital, Salisbury , Wilts SP2 8BJ**

**or Email this form to:- [tina.rawlings@odstockmedical.com](mailto:tina.rawlings@odstockmedical.com)**

**A member of staff will then phone you to discuss your referral**