

ONGOING CLINICAL ASSESSMENT - SINGLE CHANNEL FES						
Patient Name & details					Date	
					1st Assessment / follow-up	
Side R L Bilateral					RHR	
10 metre walk		Time	HR	HR increase	Speed m/s	PCI
No ODFS	1					
	2					
	3					
	Mean					
With ODFS	1					
	2					
	3					
	Mean					
					Speed	PCI
% Change with stimulation						
% Change since 1st assessment (NS)						
<p>Change in Manual Handling Status? Yes / No (If yes complete a M.H. form.)</p> <p>Skin Checked? Yes / No Details</p> <p><u>PATIENT'S COMMENTS</u> (include any changes to initial database);</p> <p><u>CLINICIANS FINDINGS</u>;</p> <p>Signed..... Print..... Designation..... Date</p>						

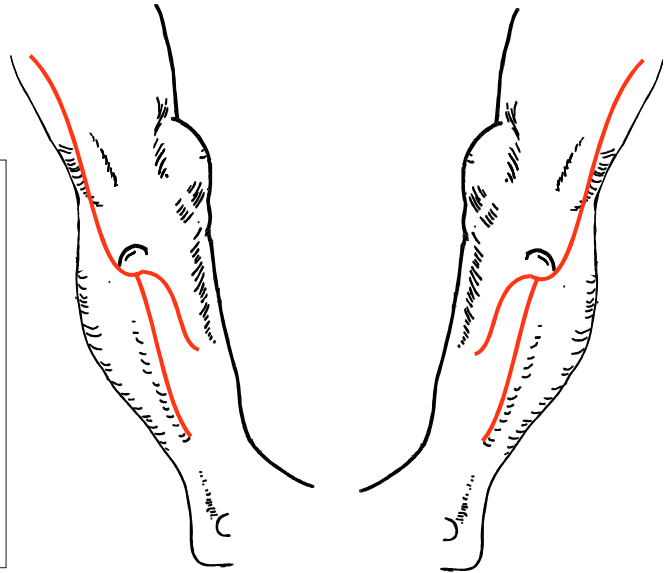
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Patient Name

PID / DOB.....

ADJUSTMENTS MADE? [Y]/[N]

<p>Current x 10</p>	<p>Falling edge ramp</p>	<p>Rising edge ramp</p>	<p>Extension</p>	<p>Time</p>
MODES				
WAVE FORM		B1. up - heel rise		
A. up - Biphasic		B1. down - heel strike		
A. down - Asymmetric biphasic		B2. up - adaptive timing		
		B2. down - fixed timing		



OUTCOME OF TREATMENT SESSION;

Objectives from initial assessment reviewed? Yes/ No Details.....

New Objectives? Yes/ No Details.....

PLAN

ODFS Sn	Shoe Size	F/S lead length	Electrode lead length	Electrode Type and Size	Output level

Signed..... Print Designation Date