

NRR G4 Neuro Rehab Recovery and FES Solutions Patient Evaluation Form

Clinician:	Location of facility: (city/state)	Date:	
Patient name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:
Date of birth:	Date of onset:	Referring physician:	
Primary UMN diagnosis: <input type="checkbox"/> CVA <input type="checkbox"/> TBI <input type="checkbox"/> MS <input type="checkbox"/> CP <input type="checkbox"/> Incomplete SCI <input type="checkbox"/> Other: _____			
Secondary diagnosis: <input type="checkbox"/> Hemiparesis <input type="checkbox"/> Equinovarus <input type="checkbox"/> Other: _____			

INDICATIONS for NRR G4	CONTRAINDICATIONS for NRR G4	CONSIDERATIONS for NRR G4	
<input type="checkbox"/> Y Upper motor neuron lesion <input type="checkbox"/> N (i.e.: CVA, TBI, MS, CP, iSCI)	<input type="checkbox"/> Y Severe cardiac disease or <input type="checkbox"/> N pacemaker or defibrillator	<input type="checkbox"/> Y	Severe sensory / proprioceptive deficits
<input type="checkbox"/> Y Inadequate dorsiflexion during swing <input type="checkbox"/> N	<input type="checkbox"/> Y Malignant tumor in area of <input type="checkbox"/> N device application	<input type="checkbox"/> Y	History of systemic skin sensitivity
<input type="checkbox"/> Y Adequate foot/ankle and knee stability <input type="checkbox"/> N during stance	<input type="checkbox"/> Y History of seizure disorder <input type="checkbox"/> N	<input type="checkbox"/> Y	Need for combined orthotic / FES treatments
<input type="checkbox"/> Y Adequate cognitive and <input type="checkbox"/> N communicative function	<input type="checkbox"/> Y History of thrombosis in area <input type="checkbox"/> N of device	<input type="checkbox"/> Y	Limited walking potential
<input type="checkbox"/> Y Medically stable. Patient has a <input type="checkbox"/> N condition that is either permanent or of long-standing duration	<input type="checkbox"/> Y <input type="checkbox"/> N None of the above	<input type="checkbox"/> Y	None of the above
<input type="checkbox"/> Y Appropriate response to stimulation <input type="checkbox"/> N	NOT RECOMMENDED. <i>Clinical Justification is required.</i>		
<input type="checkbox"/> Y Good motivation and support <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Lower motor neuron lesion	<input type="checkbox"/> Y <input type="checkbox"/> N	Pregnancy

Clinical Presentation:

Acute Stable: <input type="checkbox"/> Y <input type="checkbox"/> N	Lower limb involvement: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Cognitive ability: <input type="checkbox"/> Normal <input type="checkbox"/> Impaired	Upper limb involvement: Right: <input type="checkbox"/> Normal <input type="checkbox"/> Impaired Left: <input type="checkbox"/> Normal <input type="checkbox"/> Impaired
Chronic Stable: <input type="checkbox"/> Y <input type="checkbox"/> N	Orthotic Device(s): <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Shoe insert <input type="checkbox"/> AFO <input type="checkbox"/> Other: _____		
Orthotic Device history:			
General physical activity BEFORE onset of medical condition: <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> High		General physical activity AFTER onset of medical condition: <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> High	

Practitioner initials: _____

Patient Name: _____

Current level of ambulation:

Description		No FES	Expected outcome with FES
Physiologic ambulator	Endurance, strength, or level of assistance required makes the ambulation not functional. May require assistance to stand. (Walks for exercise only.)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Limited household ambulator	Walks in the home but limited by endurance, strength, or safety. (Walks rare in the home/never in community.)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Independent household ambulator	Walks continuously for distances that are considered reasonable for inside the home. May require assistance with stairs inside and curbs, ramps outside the home. A wheelchair may be used outdoors. (Walks occasionally in home/rarely in community.)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Limited community ambulator	Walks outside the home and can manage doors, low curbs, and ramps. A wheelchair may be used for long distances. (Walks regularly in the home/occasionally in community.)	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Independent community ambulator	Walks for distances of approximately 400 meters (1/4 mile) at a speed at least 50% of normal. Can manage all aspects of walking safely, including curbs, stairs, and doors. (Walks regularly in the community [rarely/never uses wheelchair].)	<input type="checkbox"/> 5	<input type="checkbox"/> 5

Walking Speed: Barefoot Distance: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Speed: _____ min _____ sec	Walking Speed: Braced <input type="checkbox"/> N/A Distance: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Speed: _____ min _____ sec	Walking Speed: NRR G4 Distance: _____ feet meters Speed: _____ min _____ sec
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Functional goals for the NRR G4

- Increase current level of ambulation
- Improve mobility or independence ADLs or IADLs
- Improve safety during walking activities
- Improve dynamic stabilization of joint and / or musculature
- Biomechanical assistance to decrease energy expenditure
- Improve walking ability on uneven or variable terrain

Additional comments:

Practitioner Signature: _____ Date: _____