Self - Referral criteria

Functional Electrical Stimulation (FES), for correction of dropped foot and associated mobility problems.

Funding for FES treatment

Funding for FES is variable across the country. In some areas patients with specific conditions can obtain FES to help their dropped foot on the NHS. In other areas applications for treatment have to be made on a 'named patient' basis. In some areas FES is not funded at all. If in doubt about the situation in the area where you live please phone the number below.

01722 439565 to speak to Sophie Pearce, our Funding Manager who may be able to help.

For NHS treatment we will need a letter from your GP or Consultant. By completing this Self-referral form you are agreeing to pay privately to be assessed to see if FES will be of benefit to you. We do not need a letter from your GP or Consultant for private treatment.

Can FES help you?

In order for FES to work the reason for your dropped foot needs to be due to a problem with your brain or to the upper part of your spinal cord, above waist level. This is known as an *'Upper motor neurone lesion'*

Cause

Upper motor neurone lesion, resulting in drop foot, occur in conditions such as:

- Stroke
- Multiple Sclerosis
- Incomplete spinal cord injury, at or above T12 (waist level)
- Cerebral Palsy
- Familial/hereditary spastic paraparesis; (HSP/FSP) and
- Parkinson's Disease.

Dropped foot can also occur due to damage to the nervous system in the limbs or lower part of the back and ***in such cases FES does not work***

These include:

- Damage to the nerve in the leg
- Spinal cord injury below T12 (waist level)
- Polio
- Motor Neurone Disease (MND)
- Prolapsed (slipped) disc in the lower back

- Guillain-Barre Syndrome

What is dropped foot?

- Dropped foot is when you have difficulty lifting the front of your foot when walking. This will often be associated with a lack of being able to get your heel to hit the ground first, walking on the outside of your shoe or you having to limp to get your affected leg to take a step.
- You can have dropped foot on just one side or sometimes both feet are affected.

For FES to be beneficial you have to:-

- Have some ankle range of movement. Although you might not be able to do this yourself the ankle should not be totally rigid if someone else tries to move it.
- Be able to stand from a sitting position unaided. Use of aids such as sticks; frame or crutches is acceptable.
- Be able to walk a minimum distance of about 10m. Use of aids such as ankle foot orthosis (AFO), sticks, frame or crutches is acceptable.
- Have a reasonable exercise tolerance to be able to participate in treatment sessions. However, FES often reduces the effort of walking therefore poor exercise tolerance is only an exclusion criteria in extreme cases.
- Be able to understand the aims of the treatment and be motivated to comply with treatment protocols. Where appropriate, carer support can assist in using the equipment.
- Be able to place electrodes and operate the equipment independently in you live alone. If family or carer support is present, less independence is required.

  There is no maximum walking distance limit. FES devices have been successfully used in cases where a dropped foot only becomes a significant problem when the device user is tired or when the deficit is relatively mild.

Precautions

- Poor skin condition can be a problem as sores or irritation prevents the use of self-adhesive electrodes.
- Poorly controlled epilepsy. Where epilepsy is controlled by drugs or there has been no fits experienced for a reasonable period, FES can be used.
- A history of significant problems controlling your blood pressure (known as autonomic dysreflexia) in incomplete spinal cord injury above T6

- The effect of FES on the unborn child is not known in pregnancy
- Active medical implants such as cardiac pacemakers or other devices must be treated with caution and information sought from the device supplier about the use of electrical stimulation in their presence. Additional clinical test may be required to determine the safety of FES. For some devices, this can be arranged in Salisbury.
- Patients with a cancerous tumour in the area of the electrical stimulation should be excluded as increased local blood flow may increase tumour growth.
- Patients with exposed orthopaedic metal work in the area of electrical stimulation should be avoided.

  While the majority of our patients fit the above criteria, patients outside these criteria can be considered in special circumstances.

What will happen if you complete the Self - Referral form

The Self-referral form is reviewed by Professor Ian Swain, or in his absence by an experienced clinical member of staff at the National FES Centre and one of the team will phone you back to allow you to ask further questions and to ensure that FES is likely to be of benefit for you. If it is decided that FES might be a suitable treatment, an appointment is made for an assessment, either in Salisbury or at one of our Outreach Centres.

At the assessment clinic, the above referral criteria are checked. An additional acceptance criteria is the ability to tolerate the sensation of electrical stimulation. A FES device is tried and in most cases an improvement in gait is immediately apparent. You will then be able to decide if you want to proceed with treatment. In some cases, the clinician may judge that a period of electrical stimulation training is required in order to strengthen muscles, reduce tightness or to accustom you to the sensation of electrical stimulation. Stimulation exercises may be started at this appointment if time permits. Otherwise exercises will be set up at another appointment.

The Odstock Dropped Foot Stimulator – Pace (XL) (ODFS®) is fitted over two clinic sessions within a week. On the first day, the user is taught how to apply the device while on the second day their ability to do so is assessed and further training given if necessary.

Use of the stimulator is increased gradually over 2 to 3 weeks until it can be used all day. Follow up is made at 6 weeks, 18 weeks, 45 weeks and 72 weeks from first use and then every 6 months or yearly depending on your condition, for as long as the device is used. If users experience problems they are encouraged to contact the clinic so advice can be given, equipment repaired or extra clinic sessions arranged if necessary. In the case of more complex movement problems where more than one muscle group are stimulated, treatment is often started with a single-channel ODFS® and the second-channel introduced at the 6 or 18 week follow up assessment, once the user has become accustomed to FES.