

NRR G4 Neuro Rehab Recovery and FES Solutions Patient Evaluation Form

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

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

Clinical Presentation:

Acute Stable:	Y N Y N	Lower limb involvement:	Cognitive ability:	Upper limb involvement:
Chronic Stable:		Right Left Bilateral	Normal Impaired	Right: Normal Left: Normal aired aired

Orthotic Device(s):	Y N	Shoe insert AFO	Other: _____
Orthotic Device history:			
General physical activity BEFORE onset of medical condition:	General physical activity AFTER onset of medical condition:		

Sedentary Light Moderate High

Sedentary Light Moderate 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.)	1	1
Limited household ambulator	Walks in the home but limited by endurance, strength, or safety. (Walks rare in the home/never in community.)	2	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.)	3	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.)	4	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].)	5	5
Walking Speed: Barefoot Distance: _____ feet meters Speed: _____ min _____ sec		Walking Speed: Braced N/A Distance: _____ feet meters Speed: _____ min _____ sec	
Walking Speed: NRR G4 Distance: _____ feet meters Speed: _____ min _____ sec			

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 _____