



**DOCTOR CONSENT FORM  
TO BE COMPLETED BY PHYSICIAN**

This form must be submitted from the physician's office by fax or email.

Client/Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis List: \_\_\_\_\_  
\_\_\_\_\_

Recent Bone Density Study: Results (T – Z Score, Summary, Date): \_\_\_\_\_  
\_\_\_\_\_

Please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write "NONE:"  
\_\_\_\_\_  
\_\_\_\_\_

Specify any particular issues/area of concern – to include (Head/Neck, Eyes/Vision, Ears/Hearing, Heart/Lung, G.U., C.N.S., Skin, Orthopedic Exam, ROM Loss/Contractures, Joint Laxity/Instability, Other, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Recent Surgeries: \_\_\_\_\_

By checking below, you authorize client to participate in the following programs offered at NextStep Orlando:

<input type="checkbox"/> Rigorous physical exercise	
<input type="checkbox"/> Trunk Exercises	
<input type="checkbox"/> Lower & Upper Body Exercises	
<input type="checkbox"/> Whole body vibration	
<input type="checkbox"/> Loading and weight bearing activities	
<input type="checkbox"/> Functional Electrical Stimulation	
<input type="checkbox"/> Neuromuscular Electrical Stimulation	
<input type="checkbox"/> Locomotor Training	

Comments: \_\_\_\_\_  
\_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## FUNCTIONAL ELECTRICAL STIMULATION (“FES”)

Functional electrical stimulation (FES) applies small electrical pulses to paralyzed muscles to restore or improve their function. (FES) is used to stimulate peripheral nerves, the "lower motor neurons" that connect the spinal cord to your muscles. FES can be utilized for muscle re-education, functional substitution, spasticity management or general health and wellness benefits. **Absolute contraindications:** cardiac demand pacemakers, unhealed fractures and pregnancy. **Relative contraindications:** denervated muscles to be stimulated, severe spasticity, limited range of motion, severe osteoporosis, dysaesthetic pain syndrome, pressure sores or open wounds in areas to be stimulated and implanted hardware less than 3months old.

## LOCOMOTOR TRAINING

The principle of locomotor training is to assist the stepping process by providing appropriate sensory cues to the flexor and extensor surfaces of the lower leg during locomotion. Partial weight bearing (and un-weighting) allows for freedom of movement and input through the feet. Neural retraining occurs as the nervous system re-learns motor patterns associated with walking. Repetitive episodes increase overall fitness.

**Precautions/Considerations:** Since partial weight bearing is involved with LT, individuals at risk for osteoporosis may require bone density evaluation and gradual weight bearing intervention prior to participating in LT. Previous unstable joints (hip, knee, ankle) or joints with underlying conditions predisposing to injury may be problematic and may require evaluation. Individuals experiencing significant orthostatic hypotension may not be appropriate candidates.



## NEUROMUSCULAR ELECTRICAL STIMULATION

Neuromuscular electrical stimulation (NMES), an activity-based therapy, provides high frequency, wide pulse width, task specific stimulation to generate a motor output while increasing the central state of excitability in the spinal cord. Neuromuscular electrical stimulation is provided via the Restorative Therapies Incorporated Sage unit with the use of 12 lead wires to 12 different muscle groups based on the targeted item from the Neuromuscular Recovery Scale. Tasks are performed with and without stimulation to transfer the improved neuromuscular capacity into the home and community environment.