

PARTICIPANT / CLIENT DEMOGRAPHICS

Name:	
DOB:	Doctor:
Impairment:	Date of injury/diagnosis:
ASIA Level (if applicable):	Date of surgery:

FES TRIAL

Cardiovascular

PRE FES Trial		POST FES Trial	
Resting HR: _____	Resting BP: _____ / _____	HR: _____	BP: _____ / _____

FES Testing

only choose the applicable areas to test

Muscle Group	Response Y/N/NA		Comments
	Right	Left	
Glutes			
Quadriceps			
Hamstrings			
Tibialis Anterior			
Gastrocnemius/Soleus			
Bicep			
Triceps			
Wrist Flexors			
Wrist Extensors			
Erector Spinae			
Scapular Stabilization			
Anterior Deltoid			
Posterior Deltoid			
Medial Deltoid			
Abdominals			

Recommendations

Equipment Recommended:

<input type="checkbox"/> None	<input type="checkbox"/> RT 200 <input type="checkbox"/> U/E <input type="checkbox"/> L/E <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> RT 300 <input type="checkbox"/> U/E <input type="checkbox"/> L/E <input type="checkbox"/> Left <input type="checkbox"/> Right	Other: _____
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Equipment Set Up:

Height (i.e position of front and back pegs):

Pedal position (i.e how many dots showing):

Handlebar position:

Other:

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Signature of Assessor	Date