

Full Name: _____

Patient ID: _____

PIN: _____

Clinic ID: _____

FES Equipment:

RT200

RT300

Bilateral Legs

Bilateral Arms

Bilateral Arms and Legs

Unilateral Arm R

Unilateral Arm L

Unilateral Leg R

Unilateral Leg L

FES Workout Duration: _____

Machine Setup Specifications

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

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

Handlebar position: _____

Other: _____

Electrode Information

Size	Channel #	Placement