Date:

Dear Physician:

_____ has expressed an interest in _____ Functional Electrical Stimulation program. Functional Electrical Stimulation (FES) is a modality which uses surface-applied electrical current to initiate a muscle contraction. FES is a prescribed modality and requires a doctor's referral prior to starting the program. The chart below outlines the benefits and contraindications to the FES modalities offered at _____.

Please check all applicable boxes		
Benefits	**Absolute Contraindications**	**Relative Contraindications**
• Relaxation of Muscle Spasms • Prevention of disuse atrophy • Increasing local blood circulation • Maintaining or increasing range of motion	☐ Cardiac Demand pacemakers ☐ Unhealed fractures ☐ Pregnancy ☐ Inability to keep humeral head into glenohumeral joint using electrically evoked contraction of the shoulder ☐ Grade 3 Rotator Cuff Tear	☐ Denervated muscles in the extremities ☐ Severe spasticity ☐ Heterotropic ossification ☐ Severe osteoporosis ☐ Presence of pressure sores or open wounds in the area of treatment ☐ Recently implanted pins or screws ☐ Implanted Stimulators ☐ Skin Condition ☐ Cancer ☐ Epilepsy ☐ Dyesthetic Pain Syndrome

_____ 's FES program uses an initial assessment to determine the suitability and safe stimulation levels for interested participants. The initial assessment determines suitability based on: a medical questionnaire, range of motion tests, and sensitivity and response to stimulation.

_____'s FES program _____. FES equipment allows for progressive programs similar to traditional exercise, the frequency, intensity, type and time are all variables that can be modified to ensure the program meets the demands of the participant.

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I _____- hereby refer _____
to participate in The Steadward Centre for Personal & Physical Achievement Functional Electrical Stimulation program.

Physician signature: _____ Date:_____

Physician/Clinic Stamp

For more information please contact _____ at

Phone:_____ Email:_____ Fax:_____

NOTE:This Physician Referral form for FES is valid for a maximum of one year from the date it is completed, and becomes invalid if your patient's medical condition changes.

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