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Policy:	**Functional Electrical Stimulation (FES) for Foot Drop**			**GM Ref:**	**GM036**
First issue date:	**May 2016**	**Current version:**	**2.0**	**Last reviewed:**	**May 2017**

Policy exclusions

FES as part of an externally funded trial or a locally agreed pathway of care is excluded from this policy.

Policy inclusion criteria

Standard FES

The patient must be being treated for foot drop which must be of central neurological origin, due to an upper motor neurone lesion i.e. one that occurs in the brain or spinal cord at or above the level of T12. This is normally but not exclusively associated with spasticity.

Upper motor neurone lesions resulting in dropped foot occur in conditions such as stroke, multiple sclerosis, incomplete spinal cord injury at T12 or above, cerebral palsy, familial/hereditary spastic paraparisis and Parkinson's disease.

Funding mechanism: Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

Consideration for FES cuffed device (applications should be made after referral for standard FES and assessment by the service)

If a cuffed device is required, the application must contain the results of a minimum 3 month trial of the device with clear measurement before and after use of the cuffed device to allow the individual case to be assessed for long term funding of the device.

There must be functional reasons as to why the wired device is unsuitable – the most likely of these are outlined in the following sections:

1) Patients ability to set up the device independently:
   - The patient has associated poor hand function (weakness and sensory disturbance) making it very difficult to apply the wired device
   - The patient is unable to apply the electrodes correctly following training with the device
   - There is no full time carer(s) available to assist with the application of the device
   - Associated cognitive impairment makes it impossible for the patient to locate the optimum electrode position and/or make effective use of the control box
2) The wired system is unable to correct the foot drop adequately and a cuffed system may be required if:
   - Despite correct set up of the device electrodes and/or wires readily dislodge (evidence of how and why this is occurring should be supplied)
   - The user's nervous system is extra sensitive to changes in the electrodes position making daily set up very difficult
   - The user's cognitive ability means they cannot grasp the requirement for the electrode to be position for optimum foot movement
   - Despite correctly fitting alternative devices optimum foot lift cannot be achieved

In all cases the applications should clearly state all of the criteria from the above that apply in the individual case for funding of the device.

Funding mechanism: Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case

for clinical exceptionality. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.