NHS
Greater Manchester

Functional Electrical Stimulation (FES) for foot drop
v2.7

Last reviewed:	17/05/2017	This policy statement will be reviewed 5 years from the date of the last review, unless new evidence or technology is available sooner.
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Policy exclusions **(Alternative commissioning arrangements apply)**

Other forms of electrical stimulation e.g. PENS and TENS for conditions other than foot drop are not covered by this policy.

Policy Statement

FES is commissioned provided:

All patients meet the mandatory criteria below:

- 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.

For cuffed devices:

The patient must be unable to set up the electrodes for the non-cuffed device for the following (or similar functional) reasons

- 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 (patient should have a trial period to allow them to master this unless the inability is due to cognitive impairment see bullet point below)
- 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

For wireless devices:

A cuffed wireless device may be needed if the patient meets the following:

- If, despite correct set up, 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 but is achieved with a cuffed wireless device.

AND

In **all** cases it should clearly be recorded on the clinical system all of the criteria from the above sections that the individual meets for the device.
Please see 'Advice and Guidance' for what information needs to be submitted if applying for IFR (exceptional case) approval.

Clinical Exceptionality:	Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester (GM) IFR Operational Policy. Link to **GM IFR Operational Policy**.
Advice and Guidance:	For further advice and guidance please **click here**
Links to Funding Request Forms:	**IFR Non-Drug Form** **IFR Drug Form** **IFR Reconsideration Form**

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