

West Yorkshire Integrated Care Board (WY ICB)					
<b>Policy</b>	<b>FES (Functional Electrical Stimulation) for foot drop of central nervous origin</b>			<b>ICB Ref</b>	Planned care
<b>First Issue Date</b>	To be confirmed	<b>Current version:</b>	1	<b>Last reviewed:</b>	November 2022
<b>Review date</b>	To be confirmed	<b>Contact</b>	West Yorkshire Health and Care Partnership (WY HCP) <a href="mailto:wyhcp.plannedcare@nhs.net">wyhcp.plannedcare@nhs.net</a>		
<b>Clinical Reviewer</b>	NHS Mid Yorkshire Hospital Trust	<b>Approved by</b>	WY ICB		
<b>Policy exclusions</b>					
<p>The following forms of FES are not routinely commissioned:</p> <ul style="list-style-type: none"> <li>• Other forms of electrical stimulation for conditions other than foot drop.</li> <li>• FES for upper limb.</li> </ul> <p>Although FES for foot drop is commissioned, the ICB does not routinely commission the wireless or implantable devices. Funding will only be considered via an Individual Funding Request for wireless or implantable devices where there are exceptional clinical circumstances.</p> <p><b><i>Enhancement: the policy inclusion and exclusion criteria has been expanded across all places in West Yorkshire with clarity for people living in Bradford District and Craven, and Calderdale, Kirklees and Wakefield as to the circumstances in which they can make an individual funding request for a wireless or implantable device.</i></b></p>					
<b>Policy inclusion criteria</b>					
<p>Functional Electrical Stimulation (FES) are routinely commissioned for foot drop in line with NICE IPG278 where the following inclusion criteria are met:</p> <ul style="list-style-type: none"> <li>• The patient must be over 18 years of age</li> <li>• Patient treated for foot drop (deficit of dorsiflexion and/or eversion of the ankle) 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.</li> <li>• Provisions for clinical governance, consent, audit and research are fully expected to be in place for this service.</li> <li>• As a result of review by clinician experienced / trained in use of FES. Could be PT / Neurologist or Neuro-Rehab doctor / trainee and where: <ul style="list-style-type: none"> <li>○ Odstock ODFS PACE equipment (1) can be provided to people who have foot drop.</li> </ul> </li> </ul>					

- When difficulties with using (1) are envisaged or experienced associated with dexterity, mental capacity and/or fatigue, an Odstock Cuff (2) can be provided as an accessory to (1)
- Odstock ODFS2 equipment (3) can be provided to people when both legs are affected or two muscle groups in different parts of the leg.
- Where a wired Odstock footswitch cannot be set up reliably and professional carers are not available for assistance, an ODFS PACE XL including a wireless footswitch (4) can be provided
- When an Odstock footswitch on 1, 3 or 4 cannot be activated reliably or safety a Walkaide (5) can be provided.
- When existing FES users have a chronic skin reaction to electrodes, a STIMuSTEP with implantable electrodes (6) can be considered. The person must also be willing to travel to Salisbury and meet Odstock criteria (for example, expect benefit over several years, fit enough for surgery, not immunosuppressed).
- For any person who cannot use 1, 3, 4 and 5 at all for health-related reasons, but who can use a OttoBock MyGait (7) with significant demonstrable orthotic benefit then this can be provided.

**NHS stimulator accessories can be self-funded as long as they do not impact on the NHS equipment.**

1. ODFS PACE from Odstock Medical
2. ODFS Leg Cuff for PACE from Odstock Medical
3. ODFS2 from Odstock Medical
4. ODFS PACE XL from Odstock Medical
5. Walkaide from Innovative Neurotronics (UK distributor: Trulife)
6. STIMuSTEP from Odstock Medical
7. MyGait from OttoBock

<b>Summary of evidence / Rationale</b>	<ul style="list-style-type: none"> <li>● Upper motor neurone lesions resulting in foot drop occur in conditions such as stroke, brain injury, multiple sclerosis, incomplete spinal cord injury at T12 or above, cerebral palsy, familial/hereditary spastic para paresis and Parkinson's disease.</li> <li>● Evidence suggests FES for foot drop improves walking speed, reduces falls risk and improves walking pattern.</li> </ul>
<b>Reference</b>	<ol style="list-style-type: none"> <li>1. Functional electrical stimulation for foot drop of central neurological origin: NICE guidance [IPG278] Published: 28 January 2009. <a href="https://www.nice.org.uk/guidance/ipg278">https://www.nice.org.uk/guidance/ipg278</a></li> <li>2. ODFS Pace and Pace XL functional electrical stimulation devices for treating foot drop: NICE medtech innovation briefing [mib56] Published 11 March 2016. <a href="https://www.nice.org.uk/advice/mib56">https://www.nice.org.uk/advice/mib56</a></li> </ol>