



MEDICAL WAIVER (To be completed by physician)

This form must be submitted from the physician's office by fax (919-679-9404) or email (Jgray@NextStepRaleigh.org). Date of applicant's last examination is not to exceed 90 days from his/her initial evaluation at NextStep Raleigh.

Please fill out entire form as completely as possible.

Applicant's Full First & Last Name _____

Date Applicant was last examined (**Last exam should not exceed 90 days from submission of waiver**)

Diagnosis (list all) _____

If SCI: Current ASIA Scale: _____ Vertebral Fracture and location: _____

If CVA: Hemorrhagic Ischemic Areas of the brain affected: _____

List impairments: Cognitive + Physical (ex; Hemiparesis, receptive aphasia, etc.)

Gender ____ Height ____ Weight ____ Pulse ____ Blood Pressure _____

Physical Exam: Normal _____ Abnormal _____

Explanation of Abnormalities _____

Pressure Sore(s) Please indicate location:

None _____ Stage 1 _____ Stage 2 _____

Stage 3 _____ Stage 4 _____ Other Stage _____

(Required if client has a spinal cord injury) Recent Bone Density Study: Results and diagnoses if applicable (T-Z Score, Brief Summary, Date)

Specify any areas of concern – to include (Head/Neck, Eyes/Vision, Ears/Hearing, Heart/Lung, G.U., C.N.S., Skin, Orthopedic Exam, ROM Loss/Contractures, Joint Laxity/Instability, Other, etc.)

List past surgeries and date _____

Dates of hospitalization in the past two years with admitting diagnosis

Significant ABNORMAL diagnostic tests or imaging (EKG, X-Ray, Lab) _____

By checking below, you authorize the client to participate in the following programs at NextStep Raleigh:

- | | |
|---|--|
| <input type="checkbox"/> Graded Physical Exercise | <input type="checkbox"/> Trunk |
| <input type="checkbox"/> Loading/Weight Bearing Activities | <input type="checkbox"/> Neuromuscular Electrical Stimulation* |
| <input type="checkbox"/> Upper Extremity Program | <input type="checkbox"/> Circuit Training |
| <input type="checkbox"/> Balance Lower Extremity Program | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Functional Electrical Stimulation* | <input type="checkbox"/> Other: _____ |

Comments/Restrictions: _____

FES AND NMES DESCRIPTIONS

***FES Bicycle (Functional Electrical Stimulation)** utilizes low voltage electrical stimulation administered via electrode pads placed over specific muscle groups and sequenced through a microprocessor to fire the targeted muscle groups in the proper sequence to facilitate coordinated movements. The most common area is the quadriceps, hamstrings and glutes to facilitate pedaling while in a seated position. The RT 300 FES also allows stimulation of trunk (abs and back extensors) and, with additional equipment, the upper extremities.

Absolute contraindications: cardiac demand pacemakers, unhealed fractures, pregnancy.

Relative contraindications: denervated muscles to be stimulated, severe spasticity, limited range of motion, severe osteoporosis, dysesthesia pain syndrome, pressure sores or open wounds in areas to be stimulated, implanted hardware less than 3 months old.

***Neuromuscular Electrical Stimulation (NMES)**, an activity-based therapy, provides high frequency, wide pulse width, task specific stimulation to generate a motor output while increasing the central state of excitability in the spinal cord. Neuromuscular electrical stimulation is provided via the Restorative Therapies Incorporated Sage unit with the use of 12 lead wires to 12 different muscle groups based on the targeted item from the Neuromuscular Recovery Scale. Tasks are

performed with and without stimulation to transfer the improved neuromuscular capacity into the home and community environment.

Physician's Full First & Last Name (please print) _____

Phone _____

Email _____

Address _____

City State Zip _____

Physician's Signature _____ Date _____

This form must be submitted from the physician's office by fax or email.

NextStep Raleigh

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Attention: Administration

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