

# Programming / Evaluation Schedule

Patient ID (no name)		Date of birth			
Diagnosis					
Previous walking aids used					
<b>Settings</b>					
Mode		Smart <input type="checkbox"/>		Normal <input type="checkbox"/>	
Pulse width (µs)	100 <input type="checkbox"/>	150 <input type="checkbox"/>	200 <input type="checkbox"/>	250 <input type="checkbox"/>	300 <input type="checkbox"/>
Frekvens (Hz)	16 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>	33 <input type="checkbox"/>	50 <input type="checkbox"/>
Turn off after inactivity	0,5 h <input type="checkbox"/>	1 h <input type="checkbox"/>	2 h <input type="checkbox"/>	3 h <input type="checkbox"/>	4 h <input type="checkbox"/>
Stimulation intensity (mA):					
<b>Professional Settings (Only for Normal mode):</b>					
Angle A (stim. ON):		<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;">           Left <input type="checkbox"/>            Right <input type="checkbox"/> </div> </div>			
Angle B (stim. OFF):					
Delay time (time from when A angle is reached until stim. is turned on)					
Max. time stimulation:					
Rise time: (from stim. onset until max.)					
Fall time ( gradually off. To prevent foot slap)					
Comments:					
Evaluation done by:					
Name:		Position/Title:		Date:	
				Sign.	