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| Intervention   | **057. Wireless or Implantable Functional Electrical Stimulation (FES)**  |
| For the treatment of   | Drop Foot  |
| Commissioning Position   | This intervention can be offered only if ALL the following apply: * Drop foot is impeding gait and the use of all orthotics (AFO) has proven to be unsuccessful following specialist assessment AND
* The patient has demonstrable functional improvement from an individual trial of FES AND
* The intervention is recommended by a multidisciplinary team specialised in rehabilitation.
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| Summary of Rationale   | Functional electrical stimulation (FES) is a treatment that uses the application of small electrical charges to improve mobility. It is particularly used as a treatment for drop foot. Drop foot is caused by disruption in the nerve pathway to and from the brain, rather than in nerves within the leg muscles. Functional electrical stimulation is not normally suitable for patients with lower motor neurone lesions.  Functional electrical stimulation aims to produce muscle contractions that mimic normal voluntary gait movement (lifting the foot and achieving correct placement on the ground) by applying electrical pulses to the common peroneal nerve through skin surface or implanted electrodes.  The evidence for efficacy and safety of FES has been reviewed by NICE in IPG278 (2009), which states that the efficacy (improving gait) and safety of FES for foot drop of central neurological origin appears adequate to support its use under normal clinical governance and audit arrangements.  |
| References   | [IPG278 Functional electrical stimulation for drop foot of central neurological origin (NICE)](https://www.nice.org.uk/Guidance/IPG278) [MIB56 ODFS Pace and Pace XL functional electrical stimulation devices for treating drop foot (NICE)](https://www.nice.org.uk/advice/mib56)  |
| Effective from  | October 2024  |
| Policy Review Date   | October 2027  |