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Please fax this form, prescription, LMN, patient's face sheet to RTI at (410) 878-2466

rtidatalink number ▶ _____

Patient name ▶ _____

Model ▶ Pediatric RT300-SL RT300-SLSA RT300-SLA RT300-LSA RT300 supine
 RT200-SLSA RT200-SLA RT600-SL

Platform ▶ Height of ergometer off ground (Number of rings showing): _____

Stim cable ▶
 Legs: bilateral unilateral left unilateral right
 Arms: bilateral unilateral left unilateral right

Pedals ▶ Adult Pediatric Attach photo of setup if possible.
 Adjustable mount Long mount Foot plate 18cm 21.5cm 24cm

Electrodes ▶	Gluts	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	<input type="checkbox"/> 3x5" (2x3.5" if not specified)
	Hams	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	<input type="checkbox"/> 3x5" (3x4" if not specified)
	Quads	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	<input type="checkbox"/> 3x5" (3x4" if not specified)
	Biceps	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" if not specified)
	Triceps	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" if not specified)
	Deltoids	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x2" if not specified)
	Shoulder	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" & 2x2" if not specified)
	Scapula	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" & 2x2" if not specified)
	Wrist ext/rel	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x2" if not specified)
	Wrist flex/grasp	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x2" if not specified)
	Anterior Tibialis	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" if not specified)
	Gastroc	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" if not specified)
	Erector Spinae	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" if not specified)
	Abdominals	<input type="checkbox"/> 1.25	<input type="checkbox"/> 2x2"	<input type="checkbox"/> 2x3.5"	<input type="checkbox"/> 3x4"	(2x3.5" if not specified)

Special electrodes:

Shoulder & Scapula electrode setup ▶

Left Shoulder:

infraspin. with ant/med delt. med/post. delt.
 OR
 supraspin. with ant/med delt. med/post. delt.
 OR
 deltoids with rotator cuff

Right Shoulder:

same as left
 infraspin. with ant/med delt. med/post. delt.
 OR
 supraspin. with ant/med delt. med/post. delt.
 OR
 deltoids with rotator cuff

Left Scapula:

rhombioids with low. trap. lat. dorsi
 OR
 low. trap. with lat. dorsi
 OR
 infraspinatus with teres minor serratus ant.

Right Scapula:

same as left
 rhombioids with low. trap. lat. dorsi
 OR
 low. trap. with lat. dorsi
 OR
 infraspinatus with teres minor serratus ant.

Accessories ▶ Gloves Forearm Rests Pulse Oximeter RT50 x2 RT50 x4 RT60 right (6 extra chnls)

Special instructions ▶ _____