INTRODUCTION
With the increasing challenges of reimbursement as a whole, particularly in the case of revolutionary technology, collaboration across clinical disciplines and standardization of outcome measures documentation is essential. This collaboration seeks to improve both reimbursement and, more importantly, patient care.

At the Rehabilitation Institute of Chicago, we have developed a monthly interdisciplinary lower extremity Functional Electrical Stimulation (FES) Clinic. In May 2011 we gathered an interdisciplinary team consisting of an orthotist and physical therapist, augmented by a physical therapist in the role of clinical specialist for Innovative Neurotronics. The goals of this interdisciplinary team include:

- Standardize evaluation tools and outcome measures
- Efficiently document such measures
- Ensure coordination of care and integration of FES as a treatment modality where appropriate
- Develop a standardized submission packet to third party payors
- Educate referral sources and fellow clinicians
- Provide a specialty clinic to which potential FES users can be referred

CLINIC DESIGN
At RIC, our FES clinic is scheduled once a month. We draw referrals from both internal and external physical therapists and physicians. Patients currently undergoing PT treatments will be seen in the clinic as a scheduled visit, while patients not currently in PT treatment receive initial PT evaluation at the clinic. This ensures that appropriate FES candidates will have the opportunity to integrate FES into their treatments to maximize clinical benefit.

Our FES Clinic proceeds for each patient as follows:

1. Physical therapist (PT) takes medical history (as needed for current PT patients), reviews past FES use, reviews contraindications for FES use.
2. PT evaluation of gait abnormality/deficits and standardized testing (with/without any orthoses or assistive devices as appropriate).

Standardized testing includes:

a. 10-meter walk test (self-selected and fast velocities)
b. 6 minute walk test (as appropriate)
c. TUG
d. Timed treadmill training
3. Orthotist (CO) and clinical specialist (CS) review FES system with patient. If patient has no contraindications, proceed with testing for appropriate response to stimulation.
4. CO/CS select appropriate device, program FES system parameters.
5. With PT guarding patient as appropriate, CO/CS program device for ambulation.
6. If appropriate response and ambulation program are achieved, PT initiates ambulation training with device.
7. When patient is comfortable with independent ambulation, all standardized tests are repeated with the FES device donned.
8. Review results with patient, educate patient on treatment plan to integrate FES as a treatment modality, coordinate care as appropriate.

DISCUSSION
Poster presentation to include review of patient feedback, discussion of options available at RIC to integrate FES as a treatment modality, and detailed examples of standardized insurance submission packet and appeal templates.

CLINICAL APPLICATION
Presentation of this clinic model, outcomes measures, and standardized documentation seeks to serve as a medium for discussion among colleagues. With increased collaboration we seek to improve reimbursement and overall clinical care.

REFERENCES