

REQUIRED TENS EVALUATION TOOL

**Please submit completed form to DME Provider**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Therapist’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist’s Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beneficiary Unique ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date of Evaluation (Final Evaluation must be at least 3 months from first evaluation) | First Evaluation Date:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Second Evaluation Date:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Final Evaluation Date:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| Type of pain: please check the appropriate type  (Check One) | Chronic: Y N  Acute: Y N | Chronic: YN  Acute: YN | Chronic: Y N  Acute: Y N |
| Location of pain: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Etiology of pain: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pain scale 0-10  At Rest: | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| Pain scale 0-10  At Activity: | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| List current pain-related meds **and the dosage for each evaluation period:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are the following prescribed and helping (if “no” you must document the reason): | | | |
| 1. Therapeutic Exercise:   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No |
| 1. Home cold/heat   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No |
| 1. Behavioral self-mgt strategies   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No |
| 1. Postural correction education:   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No |
| 1. Body mechanics education   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No |
| 1. Ergonomics education   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No  Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  Yes No |
| 7) Other Modalities | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Support/orthotic   Prescribed?  Helping? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No  N/A  Yes No  N/A | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No N/A  Yes No N/A | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No N/A  Yes No N/A |
| Beneficiary has been educated and is continuing to demonstrate proper care of their TENS device (check box) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No |
| Electrode/patch type | Disposable  NonDisposable | Disposable  NonDisposable | Disposable  NonDisposable |
| Electrode/patch location | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| # of Electrodes/patch (start with 2) | Trial of 2  Successful  Nonsuccessful | \_\_\_\_ | \_\_\_\_ |
| Actual Frequency of use: days/week | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Actual Frequency of use: hours/day | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ADL functions impacted by pain/ improved by TENS use | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TENS Parameters: initial and subsequent per evaluation period | | | |
| 1) Rate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2) Width | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3)Amplitude | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Stim Mode trialed: Initial and subsequent per evaluation period   * Conventional * Low frequency * Burst * Brief intense * Modulation * Strength-duration | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Evaluator Signature: |  |  |  |

Reviewed 12/2021