

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 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: [ ] Y[ ] N Acute: [ ] Y[ ] N  | Chronic: [ ] Y [ ] NAcute: [ ] Y [ ] N |
| Location of pain: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Etiology of pain: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pain scale 0-10At Rest: | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| Pain scale 0-10At 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