SHIP8 Clinical Commissioning Groups' Priorities Committee

Policy Recommendation 005: **Functional Electrical Stimulation in the Management of drop foot of central neurological origin (specifically post stroke and multiple sclerosis)**

Date of issue: **July 2015**

The Priorities Committee recommends that Functional Electrical Stimulation may be considered as a second line treatment option for carefully selected patients with drop foot (most commonly due to multiple sclerosis or stroke) who have clearly failed trials of orthosis (for example due to pressure sores, spasticity). It should be considered a low priority for all other patients.

Supporting information:

- Dropped foot results from weakness of the dorsiflexor muscles and/or spasticity of the plantar flexors of the lower leg. It leads to abnormal gait, reduced walking speed, and higher risk of falls. It can result from a number of neurological conditions, the commonest being stroke, multiple sclerosis (MS) and incomplete spinal cord injury (ISCI).

- Functional electrical stimulation (FES) stimulates the peroneal nerve and activates the dorsiflexor muscles during walking, thereby correcting the dropped foot. It may have both an orthotic effect (improving gait whilst in use) and for some patients a therapeutic or training effect (providing benefit which persists after cessation of stimulation).Often people with dropped foot are fitted with an Ankle Foot Orthoses (AFO).

Clinical and cost effectiveness

- Current NICE guidance about the management of long term stroke rehabilitation recommends AFO as a treatment option for dropped foot (NICE guidance updated in 2013). In line with the NICE pathway (for drop foot post-stroke), ankle foot orthosis should be used first line.

- Two large, well conducted RCTs report that FES is non-inferior to AFO, with no significant difference in outcomes between AFO and FES. One of these RCTs, reported that a significantly higher number of patients preferred FES over AFO.

- There are no reliable cost-effectiveness studies based on observed outcomes for the use of FES compared to AFO. There is uncertainty about the relative costs and cost effectiveness of both interventions due to the highly variable acquisition cost of AFOs, the utility for patients associated with each device, the durability of each device and the longer term outcomes.

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Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy may be reviewed in the light of new evidence or guidance from NICE.