



Assessment

Acct. Name _____

Patient Information

Date _____

Name _____

Occupation _____

Age _____ Gender _____ Height _____ Weight _____ lbs _____

PATIENT HISTORY

Chief complaint of pain/diagnosis: _____

Gait Evaluation		Left	Right
Heel Strike			
Midstance			
Toe Off			
Heel Lift			
Gait Pattern	<input type="checkbox"/> Straight <input type="checkbox"/> Out-Toe	<input type="checkbox"/> In-Toe <input type="checkbox"/> Severe In-Toe	

BIOMECHANICAL EXAMINATION FINDINGS

- Arch Height-Off Weight Bearing
 High L/R Medium L/R Low L/R
- Arch Height-Weight Bearing
 High L/R Medium L/R Low L/R
- Subtalar Joint Range of Motion
 Loose L/R Normal L/R Restricted L/R
- First Ray Motion Flexible L/R Normal L/R Rigid L/R
- First Ray Position Dorsiflexed L/R Normal L/R Plantarflexed L/R
- Hallux Dorsiflexion Normal L/R Limited L/R Rigid L/R
- HAV Normal Increased Angle Severe Angle
- LLD (short by) _____ LT/RT
- Ankle Dorsiflexion _____ °LT _____ °RT
- Knee Position Straight L/R Genu Varum L/R
 Genu Valgum L/R Genu Recurvatum L/R

CLINICIAN'S MEASUREMENTS

	LEFT	RIGHT
Rearfoot	_____ °Varus/Valgus	_____ °Varus/Valgus
Forefoot	_____ °Varus/Valgus	_____ °Varus/Valgus
Tibial Angle	_____ °Varus/Valgus	_____ °Varus/Valgus
Relaxed Calcaneal Stance	_____ °Varus/Valgus	_____ °Varus/Valgus

FOOT ORTHOTIC HISTORY

- Patient has worn foot orthotics: Yes No
- Success: Excellent Good Moderate Poor
- Shell Type: EVA Plastic Carbon Fiber Other
- Likes/Dislikes: _____

SHOE FINDINGS

- Shoe Style _____ Shoe Size _____
- Pump Casual Uppers Inverted R/L
 Slip On Sport Neutral R/L
 Dress Boot Everted R/L

biotech orthotic design inc.

69 Park Road, Unit 3, Elmsdale, NS B2S 2L3 Toll Free: 1-888-745-9055 • Local: 1-902-883-7521 • Fax: 1-902-883-7563
 www.biotechorthotics.com • Email: biotech@biotechorthotics.com