



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 _____
<input type="checkbox"/> Pump <input type="checkbox"/> Casual	Uppers <input type="checkbox"/> Inverted R/L
<input type="checkbox"/> Slip On <input type="checkbox"/> Sport	<input type="checkbox"/> Neutral R/L
<input type="checkbox"/> Dress <input type="checkbox"/> Boot	<input type="checkbox"/> 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