

Patient Name: _____ (optional)

Date: _____

Occupation: _____ Does the Patient Engage in Sports? _____

Specify: _____

Footwear: Oxford Sport Shoe Casual High Heel 1" 2" 3"

BIOMECHANICAL AND GAIT ANALYSIS EXAMINATION FINDINGS

Your Diagnosis: _____

- | | | | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Forefoot Varus | <input type="checkbox"/> Rearfoot Varus | <input type="checkbox"/> Ankle Equinus | <input type="checkbox"/> Forefoot Valgus | <input type="checkbox"/> Rearfoot Valgus | <input type="checkbox"/> Limb-length Discrepancy |
| <input type="checkbox"/> Ankle Sprain | <input type="checkbox"/> Deformed Metatarsal | <input type="checkbox"/> Hallux Valgus | <input type="checkbox"/> Pain in Limb | | |
| <input type="checkbox"/> Achilles Tendonitis | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Hallux Limitus/Rigidus | <input type="checkbox"/> Posterior Tibial Tendonitis | | |
| <input type="checkbox"/> Achilles Tendon Rupture | <input type="checkbox"/> w/Neuropathy | <input type="checkbox"/> Hammertoe | <input type="checkbox"/> Psoriatic Arthropathy | | |
| <input type="checkbox"/> Bunion/Bunionette | <input type="checkbox"/> Diabetic Foot Ulcer | <input type="checkbox"/> Instability of Joint Foot | <input type="checkbox"/> Rheumatoid Arthritis | | |
| <input type="checkbox"/> Calcaneal Spur | <input type="checkbox"/> DJD Foot, Secondary | <input type="checkbox"/> Metatarsalgia | <input type="checkbox"/> Severe's Disease | | |
| <input type="checkbox"/> Cavus Foot | <input type="checkbox"/> Flat Foot | <input type="checkbox"/> Neuroma, Morton's | <input type="checkbox"/> Tarsal Coalition | | |
| <input type="checkbox"/> Clawtoe | <input type="checkbox"/> Flat Foot - Congenital | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Tarsal Tunnel Syndrome | | |
| <input type="checkbox"/> Charcot Marie Tooth | <input type="checkbox"/> Hagland's Deformity | <input type="checkbox"/> Plantar Fasciitis | <input type="checkbox"/> Sesamoiditis | | |
| <input type="checkbox"/> Charcot Foot | <input type="checkbox"/> Hallux Interphalangeus | <input type="checkbox"/> Plantar Fibromatoma | | | |

Chief Complaint: _____

Foot Appearance (Weight-Bearing):

- | | | |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> High Arch L/R | <input type="checkbox"/> Medium L/R | <input type="checkbox"/> Low L/R |
|--|-------------------------------------|----------------------------------|

Foot Appearance (Non-Weight-Bearing):

- | | | |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> High Arch L/R | <input type="checkbox"/> Medium L/R | <input type="checkbox"/> Low L/R |
|--|-------------------------------------|----------------------------------|

Toe Positions:

- | | | | |
|---------------------------------------|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Straight L/R | <input type="checkbox"/> Contracted L/R | <input type="checkbox"/> Subluxed L/R | <input type="checkbox"/> HAV L/R |
|---------------------------------------|---|---------------------------------------|----------------------------------|

Gait Pattern:

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Straight L/R | <input type="checkbox"/> In-Toe L/R | <input type="checkbox"/> Out-Toe L/R |
|---------------------------------------|-------------------------------------|--------------------------------------|

1st Ray Position:

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Normal L/R | <input type="checkbox"/> Plantarflexed L/R | <input type="checkbox"/> Dorsiflexed |
|-------------------------------------|--|--------------------------------------|

1st Met Segment:

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Hypermobile L/R | <input type="checkbox"/> Flexible L/R | <input type="checkbox"/> Rigid L/R |
|--|---------------------------------------|------------------------------------|

1st Met Length:

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> WNL L/R | <input type="checkbox"/> Short L/R |
|----------------------------------|------------------------------------|

Limb Length Difference: Left: _____

Right: _____

RANGE OF MOTION:

Hallux Dorsiflexion:

- | | | | |
|-----------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> 65°+ L/R | <input type="checkbox"/> 45° - 65° L/R | <input type="checkbox"/> 25° - 45° L/R | <input type="checkbox"/> 0° - 25° L/R |
|-----------------------------------|--|--|---------------------------------------|

Foot Motions:

- | | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Average L/R | <input type="checkbox"/> Loose L/R | <input type="checkbox"/> Tight L/R | <input type="checkbox"/> Rigid L/R |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|

Subtalar Joint Motion:

- | | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Average L/R | <input type="checkbox"/> Loose L/R | <input type="checkbox"/> Tight L/R | <input type="checkbox"/> Rigid L/R |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|

Ankle Dorsiflexion:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> 3° - 4° or less L/R | <input type="checkbox"/> 5° - 6° L/R |
|--|--------------------------------------|

Location of Calluses or Corns: Left: _____

Right: _____

Other Complaints (Explain): _____

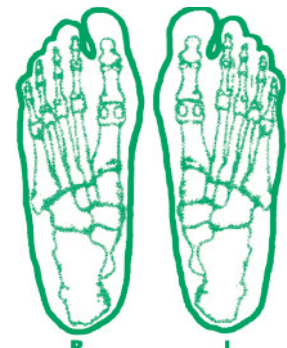
Leg: _____

Knee: _____

Hip: _____

Back: _____

Use For Additional Information: _____



Please use diagram to indicate where accommodations are needed and fill in the Balance Lesion Accommodation on the front of the form under Additions/Modifications.
 Balance pad required.