

Patient _____ Weight _____ Age _____

Activity _____ Shoe Type _____ Shoe Size _____

Diagnosis _____

Shoe Wear Pattern _____

Insole Wear Pattern _____

Existing Orthotic Design _____

SEATED

Sub-Talar Joint		Rt	Lt	Silfverskiold Equinus		Rt	Lt
Inversion (2/3)		____o	____o	Knee Flexed (deg)		____o	____o
Eversion (1/3)		____o	____o	Leg Extended (deg)		____o	____o
Tot. ROM Flex/Av/Ltd		____	____				

Forefoot to Rearfoot Angle				1st MPJ-Hallux Dorsi-Flex			
Varus/Neut/Valgus		____	____	Unloaded Flex/Av/Ltd/Rigid		____	____
				Loaded Flex/Av/Ltd/Rigid		____	____

1st Ray Mobility				Midtarsal Joint			
Plantar (mm)		____	____	ROM Flex/Av/Ltd		____	____
Dorsi (mm)		____	____				

1st Met Neutral Position				Line of STJ Axis			
PF/Neut/DorsiFlexed		____	____	Medial /Norm/Lat		____	____

Boney Prominences _____

Callusing _____

Comments: _____

Hip Rotation		Rt	Lt	Muscle Strength (1 - 5)		Rt	Lt
ROM Knee Flexed Ext.		____o	____o	Hip Extensors		____	____
Int		____o	____o	Hip Flexors		____	____
				Hamstrings		____	____
ROM Leg Extended Ext.		____o	____o	Quadriceps		____	____
(dot on patella) Int.		____o	____o	Gastroc Soleus		____	____
				Anterior Tib		____	____
Seated, Crossed Leg				Peroneals		____	____
Tibial Angle		____o	____o	Posterior Tib		____	____
				Ext Hallucis Long		____	____
				Intrinsics		____	____

Hip Flexion

Knee Flexed Flex/Av/Ltd _____

Leg Extended Elevation _____o _____o

Comments:

STANDING



Frontal Plane Balance	Rt	Lt
Shoulders Higher / Even	_____	_____
ASIS Higher / Even	_____	_____
Knees Higher / Even	_____	_____
Malleoli Higher / Even	_____	_____
Reported LLD	_____	_____
Measured LLD <i>Cork</i>	_____	_____
Measured LLD <i>Tape</i>	_____	_____

Tibial Crest		
Rotation: Int/Neut/Ext	_____	_____
Tibial Varum	_____°	_____°

Motion of Bi-sect Line: Tibia - TC Joint - 2nd Met

Hallux ROM		
Hubscher Flex/Av/Ltd/Rigid	_____	_____
Windlass Function?	_____	_____

Foot Morphology	Rt	Lt
RCSP Calc. Var/Neut/Valg	_____	_____
NCSP Calc. Var/Neut/Valg	_____	_____
Navicular Drop (mm)	_____	_____
Arch Correctable?	_____	_____
Malleolar Torsion: Av/Ext	_____	_____
Tolerates OTC Device?	_____	_____

Foot Posture Index (-2 to +2)		
Talar Head Orientation	_____	_____
Curve Above/Below Malleolus	_____	_____
Calcaneal Valgus / Varus	_____	_____
Bulge in T-N Region	_____	_____
Arch Height	_____	_____
Forefoot AB/AD-duction	_____	_____

Deep Squat Test for Hip/Knee/Ankle ROM

Comments:

WALKING

Gait		Rt	Lt
Base of Gait Narr/Av/Wide	_____	_____	_____
Angle of Gait Narr/Av/Wide	_____	_____	_____
Hip ROM Ltd/Av/Excess	_____	_____	_____
Knee ROM Ltd/Av/Excess	_____	_____	_____
Step Length Short/Av/Long	_____	_____	_____

Comments, Noted Asymmetries:

Video	Rt	Lt
Patella Motion	_____	_____
@ Heel strike - Foot position	_____	_____
@ Toe off - Heel Position	_____	_____
All toes plantigrade?	_____	_____
Leg externally rotated?	_____	_____

Symmetrical Arm Swing? Y / N

PTTD Tests

Equinus	_____	_____
Asymmetrical MLA	_____	_____
Calcaneal Valgus	_____	_____
Too Many Toes	_____	_____
Functional Hallux Limitus	_____	_____
Single Heel Rise	_____	_____
Supination Lag	_____	_____
Foot ADduction (@ 1st Met)	_____	_____
Correctable / Rigid	_____	_____

Pediatric Tests

Foot position - AB/AD-ducted	_____	_____
Met AD-ductus	_____	_____
Patella Orientation	_____	_____
Tibial Torsion	_____	_____
Femoral Anteversion	_____	_____
Femur length	_____	_____
Prone - Hip ROM	_____	_____
Tibia Length	_____	_____