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# Assessment

OFFICE USE ONLY	
Arrive	___ / ___ / ___
Completed	___ / ___ / ___
Shipped	___ / ___ / ___

## Account Information

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"/> In-Toe <input type="checkbox"/> Out-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

## CALLUS/SHOE FINDINGS

<p><b>Out Sole Wear</b></p> <p>R    L</p>	<p><b>Plantar Callus Formation</b></p> <p>R    L</p>
<p>SHOE STYLE</p> <input type="checkbox"/> Pump <input type="checkbox"/> Casual <input type="checkbox"/> Slip On <input type="checkbox"/> Sport <input type="checkbox"/> Dress <input type="checkbox"/> Boot	<p>Shoe Size _____</p> <p>Uppers    <input type="checkbox"/> Inverted R/L  <input type="checkbox"/> Neutral R/L  <input type="checkbox"/> Everted R/L</p>