

PRACTITIONERS NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ ALTERNATE TELEPHONE: _____

Last Name

First Name

PATIENT NAME: _____

SEX: M/F WEIGHT: _____ HEIGHT: _____ PREVIOUS ORTHOTIC THERAPY: Y/N DEVICE NO.: _____

SHOE SIZE: _____ SHOE STYLE: _____ SHOES ENCLOSED Y/N

OCCUPATION/ACTIVITY LEVEL: _____

SPECIAL PROBLEMS (NEUROMOTER, STRUCTURAL, SURGICAL) _____

CHIEF COMPLAINT: _____

OTHER COMPLAINTS: (KNEE/HIP/BACK) _____

RANGE OF MOTION:

★ Subtalar:

- LEFT Average <15°
 <5° Eversion from Neutral
 Axis _____
- RIGHT Average <15°
 <5° Eversion from Neutral
 Axis _____

○ Midtarsal (Global):

- LEFT Within Normal Limits
 Restricted Loose
- RIGHT Within Normal Limits
 Restricted Loose

○ Midtarsal (Integrity):

- LEFT Stable Unstable
- RIGHT Stable Unstable

○ First Ray:

- LEFT Flexible Semi-Rigid
 Rigid
- RIGHT Flexible Semi-Rigid
 Rigid

○ FIRST METATARSAL RAY POSITION:

- LEFT Normal Plantarflexed
 Dorsiflexed
- RIGHT Normal Plantarflexed
 Dorsiflexed

○ Hallux Dorsiflexion (Open Chain):

- LEFT >65° >45° >25°
- RIGHT >65° >45° >25°

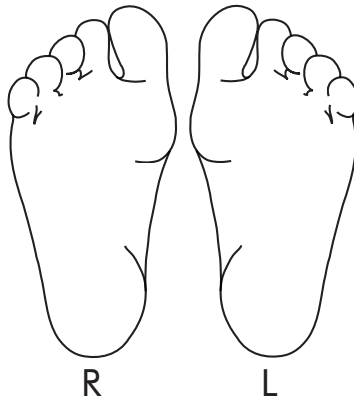
○ Ankle Dorsiflexion:

- Left ≥10° ≤6° ≤0
 ≤9° ≤3°
- Right ≥10° ≤6° ≤0
 ≤9° ≤3°

○ TOE POSITIONS Non-weight Bearing:

- LEFT Contracted Straight
 HAV Morton's
- RIGHT Contracted Straight
 HAV Morton's

○ LOCATION OF CORNS/CALLUSES:


FOOT APPEARANCE:

+ Semi-weight Bearing Arch

- LEFT High Med Low
- RIGHT High Med Low

+ Weight Bearing Arch

- LEFT High Med Low
- RIGHT High Med Low

◆ Hallux Dorsiflexion (Closed Chain):

- Left >9° >4° None
- Right >9° >4° None

◆ TIBIAL VARUM:

Degrees Left _____ Right _____

◆ KNEE POSITIONS:

- Left Genu Varum Straight
 Genu Valgum
- Right Genu Varum Straight
 Genu Valgum

CALCANEAL STANCE POSITION:

◆ Neutral Subtalar

- LEFT Inverted Rectus Everted
- RIGHT Inverted Rectus Everted

◆ Resting/Relaxed

- LEFT Inverted Rectus Everted
- RIGHT Inverted Rectus Everted

◆ Half Squat

- LEFT Rectus Everted More Everted
- RIGHT Rectus Everted More Everted

SHORT LEG (If Any):

LEFT/RIGHT _____ MM/INCHES

DIAGNOSIS: _____

ORTHOTIC SELECTION

RIGID

- TMC
- Pediatric
- Poly-Pro
- Foot Specialist

SEMI-RIGID

- Supporter
- Poly-Flex
- PBO

SOFT

- Heel PAD
- Comfort Zone
- Diabetic
- Diabetic Ex Soft
- Diabetic Ex Firm
- TMC Flexible
- HPC
- Soft Touch

ATHLETIC

- ProFlex
- Proformer
- Competitor
- Aerobic/Jumper
- Cycling
- Ski
- Soccer
- Comp. Soccer

SHOE SPECIFIC

- Fashion Fit
- Fashion Flex
- Fashion Graphite
- PBO Lite
- Ultra Flex

LEATHER

- Leather Mold
- Leather Laminate

OTHER

POSITIVE CAST PREPARATION

- Modify FF Perpendicular to Calcaneal Bisection
- Modify FF to ___ L ___ R
- No FF Modification

- Lower Longitudinal Arch
- Medial Arch Platform
- Heel Skive ___ 5 ___ 10 ___ 15

POST AS FOLLOWS:

LEFT

Rearfoot: _____ Extrinsic
Forefoot: _____ Extrinsic _____ Intrinsic Varus/Valgus

RIGHT

Rearfoot: _____ Extrinsic
Forefoot: _____ Extrinsic _____ Intrinsic Varus/Valgus

- Forefoot post standard length
- Post according to clinical findings and negative cast evaluation
- Forefoot Post to Sulcus
- Forefoot Wedge to Sulcus ___ L ___ R
- Cant FF/RF ___ L ___ R

TOP COVERS

- Cambrelle™
- Leather
- Suede
- Vinyl

FOAM COVERS

- Drilex™ 1/16 1/8
- Neolon Standard Firm
- Polyfoam 1/16 1/8
- Ultra-Cloud
- Blue Plastazote

SOFT TISSUE SUPPLEMENTS

- COVERS (Over Shell)
- Poron 1/16 1/8
- Plastazote

LENGTH

- To Mets
- To Sulcus
- To Toes

BOTTOM COVERS

- Suede

EXTENSION (Distal to Shell)

- Poron 1/16 1/8
- Plastazote

SPECIAL MODIFICATIONS

- Cut Narrow
- Cut Wide
- Deep Heel
- Lateral Flange
- Medial Flange
- Gait Extension to Cause Out Toe
- Gait Extension to cause In Toe
- EVA Arch Reinforcement

- Poron Arch Reinforcement
- First Ray Cut Out
- First Ray Cut Out w/Fill-in
- H.A. Pad ___ L ___ R
- Morton's Extension ___ L ___ R
- Heel Lift ___ L ___ R
- Heel Spur Accomodation ___ L ___ R
- Heel Cushion ___ L ___ R

- Met Pads ___ L ___ R
- Met Bar ___ L ___ R

Accomodate for Lesions:

- L _____
- R _____

SPECIAL REQUESTS:

- Send Shipping Boxes
- Large Small
- Send Order Forms
- Return Positive Casts
- Please Call for Consultation

ADDITIONAL COMMENTS:

