

PRACTITIONERS NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ P.O. No.: _____ ACCOUNT No.: _____

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°

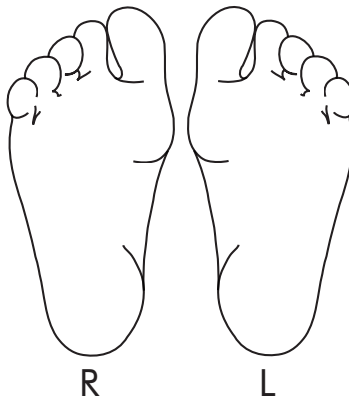
○ Ankle Dorsiflexion:

- 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 Inverted Rectus Everted
- RIGHT Inverted Rectus Everted

SHORT LEG (If Any):

LEFT/RIGHT _____ MM/INCHES

DIAGNOSIS: _____

ORTHOTIC SELECTION

- Step B.I.O.S - DL (Daily Living)
 Step B.I.O.S - RF (Rigid Functional)
 Step B.I.O.S - FS (Fashion Shoe)
 Step B.I.O.S - AS (Athletic Sport)
 Step B.I.O.S - FA (Firm Accommodative)
 Step B.I.O.S - SM (Soft Mold)

POST EXTRINSICALLY AS FOLLOWS:

LEFT

Rearfoot: _____
 Forefoot: _____ Varus/Valgus

RIGHT

Rearfoot: _____
 Forefoot: _____ Varus/Valgus

- Forefoot post standard length
 Forefoot Post to Sulcus
 Forefoot Wedge to Sulcus ___ L ___ R
 Post according to clinical findings and negative cast evaluation
 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
 First Ray Cut Out
 Heel Lift ___ L ___ R
 Cut Wide
 First Ray Cut Out w/Fill-in
 Heel Spur Accomodation ___ L ___ R
 Deep Heel
 H.A. Pad ___ L ___ R
 Heel Cushion ___ L ___ R
 EVA Arch Reinforcement
 Morton's Extension ___ L ___ R
 Met Pads ___ L ___ R
 Poron Arch Reinforcement
 Accomodate for Lesions
 Met Bar ___ L ___ R

SPECIAL REQUESTS

- Send Shipping Boxes, Large/Small
 Send Step B.I.O.S. Order Forms
 Please Call for Consultation

ADDITIONAL COMMENTS
