

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:

