stridepedorthiccenter

BIOMECHANICAL FOOT EVALUATION

Patient:_____ Phone:_____

Address:_____ DOB:_____

Age:_____ Height:_____ Weight:_____ Gender: M F Shoe Size:_____ Shoe Style:_____

Occupation:_____ Activity Level: low med high Sports:_____

Referring Practitioner:_____ Date of Evaluation:_____

Diagnosis/Symptoms:_____

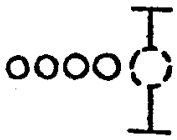
NON -WEIGHTBEARING EVALUATON

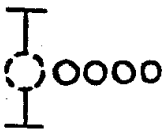
Rearfoot:	**Left**	**Right**
STN position	_____ varus	_____ varus
Calcaneal eversion	_____ degrees	_____ degrees
Calcaneal inversion	_____ degrees	_____ degrees
Ankle dorsiflexion	_____ degrees	_____ degrees
Talar shift	hypo norm/mild mod max	hypo norm/mild mod max

Forefoot:		
STN position	_____° varus / valgus	_____° varus / valgus
	Rigid _____	Rigid _____
	or Flexible to:_____°	or Flexible to:_____°
FF Equinus	No Yes: small large	No Yes: small large

First / Fifth Ray:

STN position & mobility





Hallux Dorsiflexion _____ degrees _____ degrees

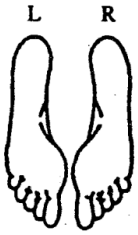
Arch Height:

flat — med — high flat — med — high

Toe Positions/Deformities: _____ _____

	Left	**Right**
HAV:	_____ S M L	_____ S M L
Bunions:	_____ S M L	_____ S M L
RCB's:	_____ S M L	_____ S M L
Bunionette's:	_____ S M L	_____ S M L

Calluses:



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WEIGHTBEARING EVALUATION

RCS = Resting Calcaneal Stance

General Limb Position Large Toe -out Mod Toe-Out Mild Toe -out/Neutral Toe-In

Tibial Int. Rotation (from STN→RCS)

Left				Right			
none	mild	mod	large	none	mild	mod	large

Heel Position To Floor:
(left feet pictured)

largely inverted ⩾ 7° | moderately inverted 4-6° | slightly inverted 1-3° | vertical/everted

Arch Height:
As compared to NWB

L R — flat — med — high
L R — flat — med — high

Midfoot Sag (MFS):
navicular drop

none	mild	mod	large	none	mild	mod	large

Medial Shelfing:
navicular sway

none	mild	mod	large	none	mild	mod	large

Lateral Creasing:
(OMJA)

none	mild	mod	large	none	mild	mod	large

Toe Sign:
through long axis of each individual foot

Neutral/Normal
Positive: + 1 2 3 4 5 toes
Peek-a-Boo

Neutral/Normal
Positive: + 1 2 3 4 5 toes
Peek-a-Boo

Postural Observations:

Suspected True LLD? No Yes LEFT Short by_____ RIGHT Short by_____

Knee :

Left	Right
_____ Recurvatum	_____ Recurvatum
_____ Genu Varum/Valgum	_____ Genu Varum/Valgum

Initial Quad Assignment:

A	B
C	D
E	F

L #_____

A	B
C	D
E	F

R #_____

Foot Type:

Misc:_____
_____