

BIOMECHANICAL FOOT EVALUATION

Patient: _____ Phone: _____
 Address: _____
 Age: _____ Height: _____ Weight: _____ M F Shoe Size: _____ Shoe Style: _____
 Occupation: _____ Activity Level: low med high Sports: _____
 Referring Practitioner: _____ Date of Evaluation: _____
 Diagnosis/Symptoms: _____

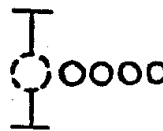
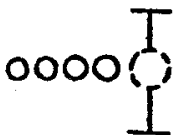
NON-WEIGHTBEARING EVALUATION

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:	Left	Right
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

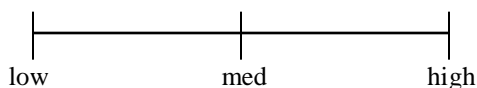
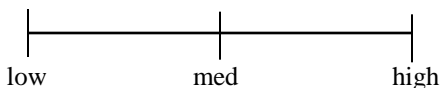


Hallux Dorsiflexion

_____ degrees

_____ degrees

Arch Height:



Toe Positions/Deformities:

	Left	Right	Calluses:
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	



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

largely inverted $\geq 7^\circ$

moderately inverted $4-6^\circ$

slightly inverted $1-3^\circ$

vertical/everted



L R

L R

L R

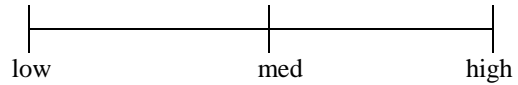
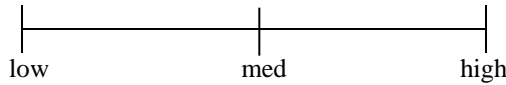
L R

Heel Position To Floor:

(left feet pictured)

Arch Height:

As compared to NWB



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

+1 +2 +3 +4 +5

or Peek A Boo Toe

+1 +2 +3 +4 +5

or Peek A Boo Toe

Postural Observations:

Suspected True LLD? No Yes LEFT Short by _____" RIGHT Short by _____"

Left

Right

Knee:

_____Recurvatum

_____Recurvatum

_____Genu Varum/Valgum

_____Genu Varum/Valgum

Initial Quad Assignment:

A	B
C	D
E	F

A	B
C	D
E	F

Foot Type:

L # _____

R # _____

Misc: _____