



Biomechanical and Gait Assessment

Patient Name: _____ Date: _____

Occupation: _____ Sporting Activities: _____

Type of Footwear: _____ Shoe Size: _____ Age: _____ Gender: M / F

Chief Complaint: _____

<p>Foot Type</p> <p><input type="checkbox"/> Pes Cavo-Varus <input type="checkbox"/> Flexible <input type="checkbox"/> Rigid</p> <p><input type="checkbox"/> Acquired Pes Plano-Valgus</p> <p><input type="checkbox"/> Congenital Pes Plano-Valgus <input type="checkbox"/> Flexible <input type="checkbox"/> Rigid</p> <p>Rearfoot</p> <p><input type="checkbox"/> Ankle Sprain / STJ Instability</p> <p><input type="checkbox"/> Ankle / STJ Fusion</p> <p><input type="checkbox"/> Achilles Tendonitis/Rupture</p>	<p>Rearfoot Cont'd</p> <p><input type="checkbox"/> Hagland's Deformity</p> <p><input type="checkbox"/> Plantar Fasciitis/Calcaneal Spur</p> <p><input type="checkbox"/> Severe's Disease</p> <p><input type="checkbox"/> Tarsal Coalition</p> <p>Midfoot</p> <p><input type="checkbox"/> Posterior Tibial Tendonitis</p> <p><input type="checkbox"/> Charcot Event /Rocker-Bottom Foot</p> <p><input type="checkbox"/> Lisfranc Dislocation / Fracture</p>	<p>Forefoot</p> <p><input type="checkbox"/> Toe Deformities</p> <p><input type="checkbox"/> Bunion/Taylor's Bunion</p> <p><input type="checkbox"/> Metatarsus ADD. / ABD.</p> <p><input type="checkbox"/> Hallux Abducto-Valgus</p> <p><input type="checkbox"/> Hallux Limitus/Rigidus</p> <p><input type="checkbox"/> Metatarsalgia</p> <p><input type="checkbox"/> Sesamoiditis</p> <p><input type="checkbox"/> Neuritis/Neuroma</p> <p style="text-align: center;">1 - 2 - 3 - 4 Webspaces</p>	<p>Other</p> <p><input type="checkbox"/> Charcot Marie Tooth Disease</p> <p><input type="checkbox"/> Diabetes Mellitus w/ Neuropathy</p> <p><input type="checkbox"/> Diabetic Foot Ulcer</p> <p><input type="checkbox"/> Osteoarthritis</p> <p><input type="checkbox"/> Plantar Fibromatoma</p> <p><input type="checkbox"/> Psoriatic Arthropathy</p> <p><input type="checkbox"/> Rheumatoid Arthritis</p> <p><input type="checkbox"/> Tarsal Tunnel Syndrome</p>
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Your Diagnosis/ Findings: _____

Leg Length Discrepancy (Short By): L _____ mm R _____ mm

Femoral Torsion: Antverted L / R Retroverted L / R Within Normal Limits L / R Other L / R

Knee Position: Genu Varum L / R Genu Valgum L / R Straight L / R Recurvatum L / R

Tibial Torsion: Internal External

Foot Appearance:	Weight-Bearing	Non-Weight-Bearing
High Arch.....	L / R.....	L / R.....
Medium Arch.....	L / R.....	L / R.....
Low Arch.....	L / R.....	L / R.....

Ankle Dorsiflexion: Adequate L / R Limited L / R Dorsiflexion L _____ ° R _____ ° Plantarflexion L _____ ° R _____ °

Subtalar Joint: Mobile L / R Within Normal Limits L / R Limited/Restricted L / R

Inversion: L _____ ° R _____ ° Eversion: L _____ ° R _____ °

Specific Measurements: Rearfoot Varus Rearfoot Valgus Forefoot Varus Forefoot Valgus

Weight-Bearing...Static Calcaneal Stance: L _____ ° Varus/Valgus R _____ ° Varus/Valgus

Non-Weight-Bearing..... Rearfoot: L _____ ° Varus/Valgus R _____ ° Varus/Valgus.....Forefoot: L _____ ° Varus/Valgus R _____ ° Varus/Valgus

Forefoot: Mobile L / R Normal L / R Restricted L / R Plantarflexed L / R

Hallux Dorsiflexion: Average L / R Limitus L / R Rigidus L / R Functional Hallux Limitus L / R

Toe Positions: Hallux Abducto-Valgus L / R Claw / Mallet / Hammer Toe L / R Morton's L / R Straight (within normal limits) L / R

Gait Pattern: Straight L / R In-Toe L / R Out-Toe L / R

Gait Information: _____

Other Complaints:

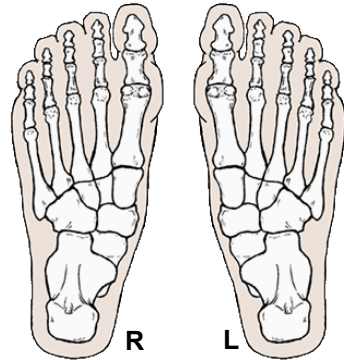
Leg: _____

Knee: _____

Hip: _____

Back: _____

Additional Information: _____



Use this diagram to indicate the position of accommodations if special positioning is required and check the as "marked on cast" and/or the "other" accommodation box on the order form.