

DATE _____

DOCTOR _____ PHONE _____

ADDRESS _____ STATE _____ ZIP _____

PATIENT NAME _____ SHOE SIZE _____

AGE _____ SEX _____ HT. _____ WT. _____

OCCUPATION _____

PATIENT INFORMATION

1. Chief complaint: acute/chronic

2. Has patient had previous treatment?

Type: _____

3. Does patient participate in sports?

Type(s): _____

4. Type of participation:

☐ serious ☐ professional
☐ casual ☐ _____

5. Shoe Type:

☐ Laced oxford ☐ Full Boot
☐ Slip on ☐ High Heel Fashion
☐ Pump ☐ _____

6. Shoe Size:

size _____ Heel height ☐ 1" ☐ 2" ☐ 3"

BIOMECHANICAL EXAMINATION

1. Foot Morphology (off-weight bearing)

☐ High Arch L/R ☐ Low Arch L/R
☐ Medium Arch L/R

2. Foot Morphology (weight bearing)

☐ High Arch L/R ☐ Low Arch L/R
☐ Medium Arch L/R

3. Foot Motions:

☐ Loose L/R ☐ Tight L/R
☐ Within Normal Limits L/R

4. Ankle Dorsiflexion:

☐ 10 or more L/R ☐ 5 - 6 L/R
☐ 7 - 8 L/R ☐ 3 - 4 or less L/R

5. Hallux Dorsiflexion:

☐ 65 L/R ☐ 25 L/R
☐ 45 L/R ☐ none L/R

6. First metatarsal segment:

☐ Flexible L/R ☐ Semi-rigid L/R
☐ Rigid L/R

7. First Ray Position:

☐ Normal L/R ☐ Plantarflexed L/R

☐ Dorsiflexed L/R

8. Short Leg: R/L _____ in.

☐ functional ☐ structural

9. Callus Location



Right: _____

Left: _____

10. Gait Pattern

☐ in-toe ☐ straight ☐ out-toe

11. Diagnosis: _____

MEASUREMENTS

1. Neutral Subtalar Joint:

Right _____ varus

Left _____ varus

2. Forefoot Deviation:

Right _____ ☐ varus
_____ ☐ neutral
_____ ☐ valgus

Left _____ ☐ varus
_____ ☐ neutral
_____ ☐ valgus

3. Lower Tibia:

Right _____ ☐ varum
_____ ☐ vertical
_____ ☐ valgum

Left _____ ☐ varum
_____ ☐ vertical
_____ ☐ valgum

4. Calcaneal Stance Position:
(full weight bearing)

Right _____ ☐ varum
_____ ☐ vertical
_____ ☐ valgum

Left _____ ☐ varum
_____ ☐ vertical
_____ ☐ valgum

ORTHOTIC SELECTION

FUNCTIONAL ORTHOTICS

- ☐ POLYDOR (METS) - FOR MAXIMUM CONTROL
- ☐ TL2100 (METS) - FOR MAXIMUM CONTROL WITH MINIMAL BULK
- ☐ INTERFLEX (TOES) - SEMI-RIGID DEVICE FOR THE ACTIVE PATIENT WITH NORMAL ROM
- ☐ SENCIFLEX (TOES) - SEMI-FLEXIBLE DEVICE FOR THE GERIATRIC PATIENT WITH LIMITED ROM

SPORT ORTHOTICS

- ☐ STANDARD ALL SPORT (METS)

SPORT SPECIFIC SERIES

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> TENNIS | <input type="checkbox"/> FOOTBALL |
| <input type="checkbox"/> SKI | <input type="checkbox"/> BASKETBALL |
| <input type="checkbox"/> MARATHON | <input type="checkbox"/> AEROSPORT |
| <input type="checkbox"/> SPRINTING | <input type="checkbox"/> GOLF |

FASHION ORTHOTICS

- ☐ FASHION: STANDARD COBRA PATTERN
- ☐ FASHION FLATS: FULL HEEL CUP NO LATERAL COLUMN
- ☐ MENS FASHION: FULL WIDTH, LOW PROFILE
- * ALL FASHION ORTHOTICS ARE SULCUS LENGTH UNLESS OTHERWISE SPECIFIED.

POSTING INSTRUCTIONS

☐ THE LAB MAY DECIDE POST ANGLES BASED UPON POSITIVE MODELS AND EXAMINATION FINDINGS.

☐ POST AT THE FOLLOWING ANGLES:

R		L
REARFOOT_____	varus_____	varus_____
FOREFOOT_____	varus_____	varus_____
	valgus_____	valgus_____

☐ 2-5 BAR POST

ACCOMMODATIVE MOULDS

SHELL

- ☐ PE MOULD - SOFT POLYOLEFIN SHELL
- ☐ LEATHER
- ☐ PELITE

FILLER

- ☐ PORON
- ☐ RUBBER BUTTER
- ☐ LEATHER
- ☐ PELITE

LENGTH

- ☐ METS
- ☐ SULCUS
- ☐ TOES

CHILDRENS ORTHOTICS

- | | |
|--|--|
| <input type="checkbox"/> SCHAFER PLATE | <input type="checkbox"/> HEEL STABILIZER |
| <input type="checkbox"/> WHITMAN ROBERTS | <input type="checkbox"/> UCBL |
| <input type="checkbox"/> REVERSE ROBERTS | <input type="checkbox"/> GAIT PLATE |

ADDITIONS/MODIFICATIONS

- | | | | |
|---|-------|---|-----------------------------|
| <input type="checkbox"/> DEEP HEEL SEAT | R / L | <input type="checkbox"/> SPUR BALANCE | R / L |
| <input type="checkbox"/> NARROW DEVICE | R / L | <input type="checkbox"/> REINFORCE ARCH W/PORON | R / L |
| <input type="checkbox"/> MEDIAL FLANGE | R / L | <input type="checkbox"/> HEEL CUSHION | R / L |
| <input type="checkbox"/> LATERAL FLANGE | R / L | <input type="checkbox"/> DUAL ACTION RF POST | R / L |
| <input type="checkbox"/> MET PADS | R / L | <input type="checkbox"/> INTRINSIC RF POST | R / L |
| <input type="checkbox"/> MORTON EXTENSION | R / L | <input type="checkbox"/> LATERAL CLIP | R / L |
| <input type="checkbox"/> LONG MET POST | R / L | <input type="checkbox"/> BALANCE FOR LESIONS | R / L |
| <input type="checkbox"/> HEEL LIFT_____ | R / L | AS INDICATED ON CAST OR DIAGRAM | |
| <input type="checkbox"/> OMIT LA PLASTER | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> LOWER LA | | | |

TOP COVERS

*USE THIS SECTION ONLY IF YOU WISH FOR TOP COVER OTHER THAN STANDARD.

- ☐ EXTENSION TO: ☐ SULCUS ☐ TOES

MATERIAL: ☐ PORON ☐ PLASTAZOTE
☐ OTHER_____

THICKNESS: ☐ 1/16" ☐ 1/8" ☐ 3/16"

☐ TOP COVER TO:

- ☐ METS ☐ SULCUS ☐ TOES

MATERIAL: ☐ PORON ☐ PLASTAZOTE
☐ SPENCO ☐ VINYL
☐ OTHER_____ ☐ UCOLITE

☐ PLEASE USE GLOVE LEATHER INSTEAD OF VINYL.

ADDITIONAL INFORMATION