

# A PATIENT

First Name .....  
 Last Name .....  
 Sex:  M  F Height ..... Weight .....  
 Date of birth ..... / ..... / ..... Subjective shoe size .....  
MM DD YYYY  
 Diagnosis .....

# Patient BIQ 10.0



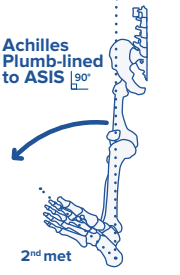
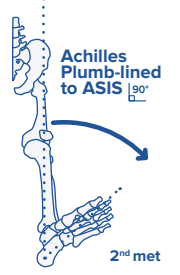


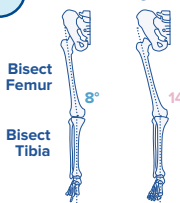
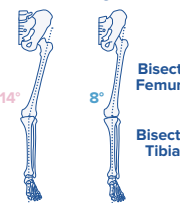
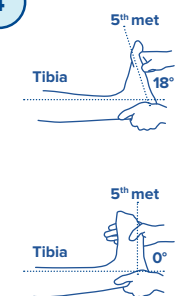
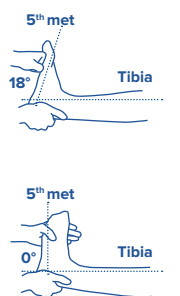
Date: ..... / ..... / .....  
MM DD YYYY



Call us: 1-877-767-3338  
 Fax: 1-866-919-9268  
 www.kevinorthopedic.com  
 hello@kevinorthopedic.com

## B LOWER EXTREMITY DATA - RIGHT

## LEFT - LOWER EXTREMITY DATA

<p>1</p> 	<p style="text-align: center;"><b>ASIS Width (cm)</b></p> <p>14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/></p> <p style="text-align: center;"><small>Average male      Average female</small></p>	
<p>2</p> <p>Perform in Fowler or supine position</p>  <p>Achilles Plumb-lined to ASIS <sup>90°</sup></p> <p>2<sup>nd</sup> met</p> <p>Vertical 2<sup>nd</sup> met is 0°</p>	<p style="text-align: center;"><b>External Hip Excursion</b></p> <p style="text-align: center;">RIGHT      LEFT</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/>                  20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/>                  38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input checked="" type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>                  54° <input type="checkbox"/> 56° <input type="checkbox"/> 58° <input type="checkbox"/> 60° <input type="checkbox"/> 62° <input type="checkbox"/> 64° <input type="checkbox"/> 66° <input type="checkbox"/> 68° <input type="checkbox"/> 70° <input type="checkbox"/>                  72° <input type="checkbox"/> 74° <input type="checkbox"/> 76° <input type="checkbox"/> 78° <input type="checkbox"/> 80° <input type="checkbox"/> 82° <input type="checkbox"/> 84° <input type="checkbox"/> 86° <input type="checkbox"/> 88° <input type="checkbox"/>                  90° <input type="checkbox"/> 92° <input type="checkbox"/> 94° <input type="checkbox"/> 96° <input type="checkbox"/> 98° <input type="checkbox"/> 100° <input type="checkbox"/> 102° <input type="checkbox"/> 104° <input type="checkbox"/></p>	<p>Perform in Fowler or supine position</p>  <p>Achilles Plumb-lined to ASIS <sup>90°</sup></p> <p>2<sup>nd</sup> met</p> <p>Vertical 2<sup>nd</sup> met is 0°</p>
<p>Perform in Fowler or supine position</p>  <p>Achilles Plumb-lined to ASIS <sup>90°</sup></p> <p>2<sup>nd</sup> met</p> <p>Vertical 2<sup>nd</sup> met is 0°</p>	<p style="text-align: center;"><b>Internal Hip Excursion</b></p> <p style="text-align: center;">RIGHT      LEFT</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/>                  20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/>                  38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input checked="" type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>                  54° <input type="checkbox"/> 56° <input type="checkbox"/> 58° <input type="checkbox"/> 60° <input type="checkbox"/> 62° <input type="checkbox"/> 64° <input type="checkbox"/> 66° <input type="checkbox"/> 68° <input type="checkbox"/> 70° <input type="checkbox"/>                  72° <input type="checkbox"/> 74° <input type="checkbox"/> 76° <input type="checkbox"/> 78° <input type="checkbox"/> 80° <input type="checkbox"/> 82° <input type="checkbox"/> 84° <input type="checkbox"/> 86° <input type="checkbox"/> 88° <input type="checkbox"/>                  90° <input type="checkbox"/> 92° <input type="checkbox"/> 94° <input type="checkbox"/> 96° <input type="checkbox"/> 98° <input type="checkbox"/> 100° <input type="checkbox"/> 102° <input type="checkbox"/></p>	<p>Perform in Fowler or supine position</p>  <p>Achilles Plumb-lined to ASIS <sup>90°</sup></p> <p>2<sup>nd</sup> met</p> <p>Vertical 2<sup>nd</sup> met is 0°</p>
<p>3</p> <p>Fowlers, supine or standing</p>  <p>Bisect Femur 8°</p> <p>Bisect Tibia 14°</p>	<p style="text-align: center;"><b>Genu Valgum</b></p> <p style="text-align: center;">RIGHT      LEFT</p> <p>-8° <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input checked="" type="checkbox"/></p> <p>10° <input checked="" type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/></p>	<p>Fowlers, supine or standing</p>  <p>Bisect Femur 14°</p> <p>Bisect Tibia 8°</p>
<p>4</p>  <p>5<sup>th</sup> met</p> <p>Tibia 18°</p> <p>5<sup>th</sup> met</p> <p>Tibia 0°</p>	<p style="text-align: center;"><b>Foot Dorsiflexion Excursion</b></p> <p style="text-align: center;">RIGHT      LEFT</p> <p style="text-align: center;"><b>Silfverskiold Push Up</b></p> <p>0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input checked="" type="checkbox"/>                  20° <input checked="" type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/></p> <p style="text-align: center;"><b>Inverted Silfverskiold Test</b></p> <p>-12° <input type="checkbox"/> -10° <input type="checkbox"/> -8° <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input checked="" type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>                  8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/></p>	 <p>5<sup>th</sup> met</p> <p>Tibia 18°</p> <p>5<sup>th</sup> met</p> <p>Tibia 0°</p>

Notes .....

Clinician .....

# A PATIENT

First Name .....

Last Name .....

# Patient BIQ 10.0

Date: ...../...../.....  
MM DD YYYY



## B LOWER EXTREMITY DATA - RIGHT

## LEFT - LOWER EXTREMITY DATA

<b>5</b> Achilles plumb-lined to ASIS $90^\circ$ 	RIGHT	<b>Subtalar Joint Eversion Excursion</b>	LEFT	Achilles plumb-lined to ASIS $90^\circ$ 																													
	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> <b>10°</b> <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/>		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> <b>10°</b> <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/>																														
Achilles plumb-lined to ASIS $90^\circ$ 	RIGHT	<b>Subtalar Joint Inversion Excursion</b>	LEFT	Achilles plumb-lined to ASIS $90^\circ$ 																													
	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> <b>20°</b> <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> <b>20°</b> <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>																														
<b>6</b> Achilles plumb-lined to ASIS $90^\circ$ Forefoot Valgus  Forefoot Varus 	RIGHT	<b>Forefoot Mean Alignment</b>	LEFT	Achilles plumb-lined to ASIS $90^\circ$ Forefoot Valgus  Forefoot Varus 																													
	Heel, 5 <sup>th</sup> , 1 <sup>st</sup> are Plantigrade ( 0° ) <input type="checkbox"/> Valgus 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> <b>Varus 2°</b> <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/>		Heel, 5 <sup>th</sup> , 1 <sup>st</sup> are Plantigrade ( 0° ) <input type="checkbox"/> Valgus 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> <b>Varus 2°</b> <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/>																														
<b>7</b> Achilles plumb-lined to ASIS $90^\circ$ 5 <sup>th</sup> met axis 	RIGHT	<b>Gib Test</b>	LEFT	Achilles plumb-lined to ASIS $90^\circ$ 5 <sup>th</sup> met axis 																													
	<table border="0"> <tr> <td style="text-align: center;"><b>A</b></td> <td style="text-align: center;"><b>B</b></td> <td style="text-align: center;"><b>C</b></td> <td style="text-align: center;"><b>D</b></td> <td style="text-align: center;"><b>E</b></td> </tr> <tr> <td style="text-align: center;">Very Flexible</td> <td style="text-align: center;">Flexible</td> <td style="text-align: center;">Normal</td> <td style="text-align: center;">Semi Rigid</td> <td style="text-align: center;">Rigid</td> </tr> <tr> <td style="text-align: center;">85° - 90°+</td> <td style="text-align: center;">60° - 85°</td> <td style="text-align: center;"><b>30° - 60°</b></td> <td style="text-align: center;">5° - 30°</td> <td style="text-align: center;">0° - 5°</td> </tr> </table>		<b>A</b>		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	Very Flexible	Flexible	Normal	Semi Rigid	Rigid	85° - 90°+	60° - 85°	<b>30° - 60°</b>	5° - 30°	0° - 5°	<table border="0"> <tr> <td style="text-align: center;"><b>A</b></td> <td style="text-align: center;"><b>B</b></td> <td style="text-align: center;"><b>C</b></td> <td style="text-align: center;"><b>D</b></td> <td style="text-align: center;"><b>E</b></td> </tr> <tr> <td style="text-align: center;">Very Flexible</td> <td style="text-align: center;">Flexible</td> <td style="text-align: center;">Normal</td> <td style="text-align: center;">Semi Rigid</td> <td style="text-align: center;">Rigid</td> </tr> <tr> <td style="text-align: center;">85° - 90°+</td> <td style="text-align: center;">60° - 85°</td> <td style="text-align: center;"><b>30° - 60°</b></td> <td style="text-align: center;">5° - 30°</td> <td style="text-align: center;">0° - 5°</td> </tr> </table>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	Very Flexible	Flexible	Normal	Semi Rigid	Rigid	85° - 90°+	60° - 85°	<b>30° - 60°</b>
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<b>8</b> Achilles plumb-lined to ASIS $90^\circ$ 5 <sup>th</sup> met axis 	RIGHT	<b>Reverse Gib Test</b>	LEFT	Achilles plumb-lined to ASIS $90^\circ$ 5 <sup>th</sup> met axis 																													
	<table border="0"> <tr> <td style="text-align: center;"><b>A</b></td> <td style="text-align: center;"><b>B</b></td> <td style="text-align: center;"><b>C</b></td> <td style="text-align: center;"><b>D</b></td> <td style="text-align: center;"><b>E</b></td> </tr> <tr> <td style="text-align: center;">Very Flexible</td> <td style="text-align: center;">Flexible</td> <td style="text-align: center;">Normal</td> <td style="text-align: center;">Semi Rigid</td> <td style="text-align: center;">Rigid</td> </tr> <tr> <td style="text-align: center;">65° - 85°</td> <td style="text-align: center;">45° - 65°</td> <td style="text-align: center;"><b>25° - 50°</b></td> <td style="text-align: center;">5° - 25°</td> <td style="text-align: center;">-15° - 5°</td> </tr> </table>		<b>A</b>		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	Very Flexible	Flexible	Normal	Semi Rigid	Rigid	65° - 85°	45° - 65°	<b>25° - 50°</b>	5° - 25°	-15° - 5°	<table border="0"> <tr> <td style="text-align: center;"><b>A</b></td> <td style="text-align: center;"><b>B</b></td> <td style="text-align: center;"><b>C</b></td> <td style="text-align: center;"><b>D</b></td> <td style="text-align: center;"><b>E</b></td> </tr> <tr> <td style="text-align: center;">Very Flexible</td> <td style="text-align: center;">Flexible</td> <td style="text-align: center;">Normal</td> <td style="text-align: center;">Semi Rigid</td> <td style="text-align: center;">Rigid</td> </tr> <tr> <td style="text-align: center;">65° - 85°</td> <td style="text-align: center;">45° - 65°</td> <td style="text-align: center;"><b>25° - 50°</b></td> <td style="text-align: center;">5° - 25°</td> <td style="text-align: center;">-15° - 5°</td> </tr> </table>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	Very Flexible	Flexible	Normal	Semi Rigid	Rigid	65° - 85°	45° - 65°	<b>25° - 50°</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>																													
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65° - 85°	45° - 65°	<b>25° - 50°</b>	5° - 25°	-15° - 5°																													
<b>9</b> 	RIGHT	<b>Weight-bearing Foot Anatomical Structure</b>		LEFT																													
	 <input type="checkbox"/> Severe Pes Cavus <input type="checkbox"/> Moderate Pes Cavus <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Moderate Pes Planus <input type="checkbox"/> Severe Pes Planus		 <input type="checkbox"/> Severe Pes Planus <input type="checkbox"/> Moderate Pes Planus <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Moderate Pes Cavus <input type="checkbox"/> Severe Pes Cavus																														
<b>10</b> 	⊖ LEFT		<b>Kevin's Angle</b>	RIGHT ⊕																													
	-6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> <b>4°</b> <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/>		12° <input type="checkbox"/> 10° <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> <b>4°</b> <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> -2° <input type="checkbox"/> -4° <input type="checkbox"/> -6° <input type="checkbox"/>																														

Notes .....

Clinician .....