

A PATIENT

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



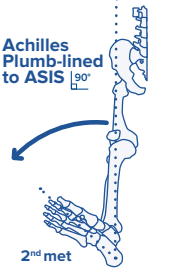
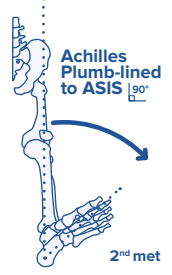


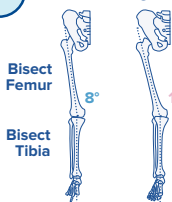
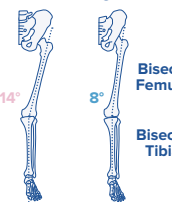
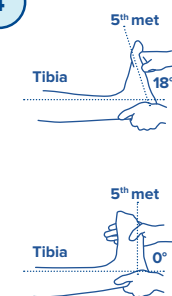
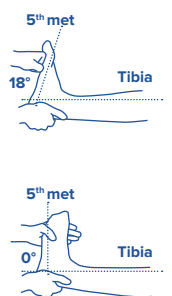
Patient BIQ 10.0

Date: / /
MM DD YYYY

KEVIN
 ORTHOPEDIC
 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;">ASIS Width (cm)</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 ^{90°}</p> <p>2nd met</p> <p>Vertical 2nd met is 0°</p>	<p style="text-align: center;">External Hip Excursion</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 ^{90°}</p> <p>2nd met</p> <p>Vertical 2nd met is 0°</p>
<p>Perform in Fowler or supine position</p>  <p>Achilles Plumb-lined to ASIS ^{90°}</p> <p>2nd met</p> <p>Vertical 2nd met is 0°</p>	<p style="text-align: center;">Internal Hip Excursion</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 ^{90°}</p> <p>2nd met</p> <p>Vertical 2nd 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;">Genu Valgum</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>5th met</p> <p>Tibia 18°</p> <p>5th met</p> <p>Tibia 0°</p>	<p style="text-align: center;">Ankle Dorsiflexion Excursion</p> <p style="text-align: center;">RIGHT LEFT</p> <p style="text-align: center;">Silfverskiold Push Up</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;">Inverted Silfverskiold Test</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>5th met</p> <p>Tibia 18°</p> <p>5th met</p> <p>Tibia 0°</p>

Notes

Clinician

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Date:/...../.....
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B LOWER EXTREMITY DATA - RIGHT LEFT - LOWER EXTREMITY DATA

5 Achilles plumb-lined to ASIS 90° 	RIGHT	Subtalar Joint Eversion Excursion	LEFT	Achilles plumb-lined to ASIS 90° 	
	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 checked="" 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"/>		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 checked="" 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"/>		
Achilles plumb-lined to ASIS 90° 	RIGHT	Subtalar Joint Inversion Excursion	LEFT	Achilles plumb-lined to ASIS 90° 	
	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 checked="" 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 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 checked="" 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 type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>		
6 Achilles plumb-lined to ASIS 90° Forefoot Valgus Forefoot Varus 	RIGHT	Forefoot Mean Alignment	LEFT	Achilles plumb-lined to ASIS 90° Forefoot Valgus Forefoot Varus 	
	Heel, 5 th , 1 st 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"/> Varus 2° <input checked="" 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 th , 1 st 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"/> Varus 2° <input checked="" 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"/>		
7 Achilles plumb-lined to ASIS 90° 5 th met axis 	RIGHT	Gib Test	LEFT	Achilles plumb-lined to ASIS 90° 5 th met axis 	
	A Very Flexible B Flexible C Normal D Semi Rigid E Rigid 85° - 90°+ <input type="checkbox"/> 60° - 85° <input type="checkbox"/> 30° - 60° <input checked="" type="checkbox"/> 5° - 30° <input type="checkbox"/> 0° - 5° <input type="checkbox"/>		A Very Flexible B Flexible C Normal D Semi Rigid E Rigid 85° - 90°+ <input type="checkbox"/> 60° - 85° <input type="checkbox"/> 30° - 60° <input checked="" type="checkbox"/> 5° - 30° <input type="checkbox"/> 0° - 5° <input type="checkbox"/>		
8 Achilles plumb-lined to ASIS 90° 5 th met axis 	RIGHT	Reverse Gib Test	LEFT	Achilles plumb-lined to ASIS 90° 5 th met axis 	
	A Very Flexible B Flexible C Normal D Semi Rigid E Rigid 65° - 85° <input type="checkbox"/> 45° - 65° <input type="checkbox"/> 25° - 50° <input checked="" type="checkbox"/> 5° - 25° <input type="checkbox"/> -15° - 5° <input type="checkbox"/>		A Very Flexible B Flexible C Normal D Semi Rigid E Rigid 65° - 85° <input type="checkbox"/> 45° - 65° <input type="checkbox"/> 25° - 50° <input checked="" type="checkbox"/> 5° - 25° <input type="checkbox"/> -15° - 5° <input type="checkbox"/>		
9	RIGHT	Weight-bearing Foot Anatomical Structure			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	 <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	 <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	 <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
10	⊖ LEFT	Kevin's Angle			RIGHT ⊕
	-6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input checked="" 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 checked="" 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"/>		

Notes

Clinician