

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;">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 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 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 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° 14°</p> <p>Bisect Tibia</p>	<p style="text-align: center;">Genu Valgum/Varum</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 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"/></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 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"/></p>	<p>Fowlers, supine or standing</p> <p>Bisect Femur 14° 8°</p> <p>Bisect Tibia</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;">Foot Dorsiflexion Excursion</p> <p style="text-align: center;">RIGHT LEFT</p> <p style="text-align: center;">Dorsiflexion</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"/></p> <p style="text-align: center;">Inverted Dorsiflexion</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 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

A PATIENT

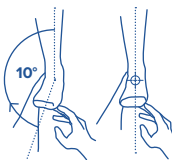
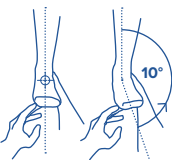
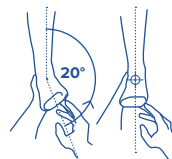
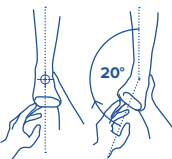
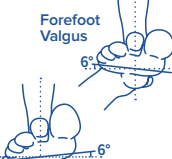

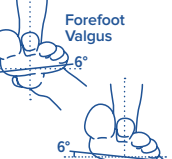
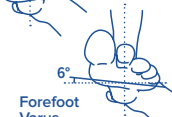
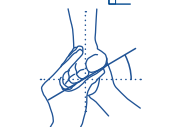
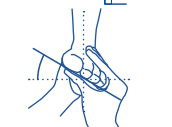
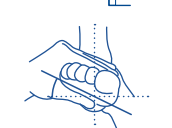
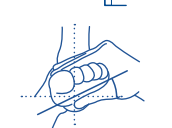







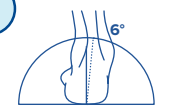
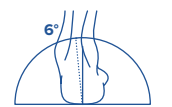
First Name
 Last Name

Patient BIQ 10.0



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

B LOWER EXTREMITY DATA - RIGHT LEFT - LOWER EXTREMITY DATA

<p>5 Achilles plumb-lined to ASIS 90°</p> 	<p style="text-align: center;">RIGHT Subtalar Joint Eversion Excursion LEFT</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-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"/></p>	<p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-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"/></p>	<p>Achilles plumb-lined to ASIS 90°</p> 
<p>Achilles plumb-lined to ASIS 90°</p> 	<p style="text-align: center;">RIGHT Subtalar Joint Inversion Excursion LEFT</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-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"/></p>	<p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-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"/></p>	<p>Achilles plumb-lined to ASIS 90°</p> 
<p>6 Achilles plumb-lined to ASIS 90°</p> <p>Forefoot Valgus</p>  <p>Forefoot Varus</p> 	<p style="text-align: center;">RIGHT Metatarsal Head Mean Alignment LEFT</p> <p>Heel, 5th, 1st are Plantigrade (0°) <input type="checkbox"/></p> <p>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"/></p>	<p>Heel, 5th, 1st are Plantigrade (0°) <input type="checkbox"/></p> <p>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"/></p>	<p>Achilles plumb-lined to ASIS 90°</p> <p>Forefoot Valgus</p>  <p>Forefoot Varus</p> 
<p>7 Achilles plumb-lined to ASIS 90°</p> 	<p style="text-align: center;">RIGHT Midfoot Flexibility Test LEFT</p> <p>0° - 10° <input type="checkbox"/> 11° - 20° <input type="checkbox"/> 21° - 30° <input type="checkbox"/> 31° - 40° <input checked="" type="checkbox"/> 41° - 50° <input checked="" type="checkbox"/> 51° - 60° <input checked="" type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/></p>	<p>0° - 10° <input type="checkbox"/> 11° - 20° <input type="checkbox"/> 21° - 30° <input type="checkbox"/> 31° - 40° <input checked="" type="checkbox"/> 41° - 50° <input checked="" type="checkbox"/> 51° - 60° <input checked="" type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/></p>	<p>Achilles plumb-lined to ASIS 90°</p> 
<p>8 Achilles plumb-lined to ASIS 90°</p> 	<p style="text-align: center;">RIGHT Reverse Midfoot Flexibility Test LEFT</p> <p>0° - 10° <input type="checkbox"/> 11° - 20° <input checked="" type="checkbox"/> 21° - 30° <input checked="" type="checkbox"/> 31° - 40° <input checked="" type="checkbox"/> 41° - 50° <input type="checkbox"/> 51° - 60° <input type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/></p>	<p>0° - 10° <input type="checkbox"/> 11° - 20° <input checked="" type="checkbox"/> 21° - 30° <input checked="" type="checkbox"/> 31° - 40° <input checked="" type="checkbox"/> 41° - 50° <input type="checkbox"/> 51° - 60° <input type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/></p>	<p>Achilles plumb-lined to ASIS 90°</p> 
<p>9</p> 	<p style="text-align: center;">RIGHT Weight-bearing Foot Anatomical Structure LEFT</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <input type="checkbox"/> Severe Pes Cavus </div> <div style="text-align: center;">  <input type="checkbox"/> Moderate Pes Cavus </div> <div style="text-align: center;">  <input checked="" type="checkbox"/> Normal </div> <div style="text-align: center;">  <input type="checkbox"/> Moderate Pes Planus </div> <div style="text-align: center;">  <input type="checkbox"/> Severe Pes Planus </div> </div>		
<p>10</p> 	<p style="text-align: center;">⊖ LEFT Kevin's Angle RIGHT ⊕</p> <p>-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"/></p>	<p>12° <input type="checkbox"/> 10° <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input checked="" type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> -2° <input type="checkbox"/> -4° <input type="checkbox"/> -6° <input type="checkbox"/></p>	

Notes

Clinician