

A PATIENT

First Name
 Last Name
 Sex: M F Height Weight
 Subjective shoe size Shoe type
 Diagnosis

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



B HIP DATA - RIGHT

LEFT - HIP DATA

1		ASIS width (cm)		
		14 <input type="checkbox"/> 15 <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"/>	Average male	
2		RIGHT	External hip excursion (degrees)	LEFT
		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>
3		RIGHT	Internal hip excursion (degrees)	LEFT
		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>

C LEG, KNEE & ANKLE JOINT DATA - RIGHT

LEFT - LEG, KNEE & ANKLE JOINT DATA

4		RIGHT	Genu Valgum (degrees)	LEFT
		-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"/>	-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"/>
5		RIGHT	Tibial Varum	LEFT
		None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>
6		RIGHT	Ankle Dorsiflexion	LEFT
		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"/>	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"/>
7		RIGHT	Ankle Plantar Flexion Excursion	LEFT
		144° <input type="checkbox"/> 146° <input type="checkbox"/> 148° <input type="checkbox"/> 150° <input type="checkbox"/> 152° <input type="checkbox"/> 154° <input type="checkbox"/> 156° <input type="checkbox"/> 158° <input type="checkbox"/>	144° <input type="checkbox"/> 146° <input type="checkbox"/> 148° <input type="checkbox"/> 150° <input type="checkbox"/> 152° <input type="checkbox"/> 154° <input type="checkbox"/> 156° <input type="checkbox"/> 158° <input type="checkbox"/>	160° <input type="checkbox"/> 162° <input type="checkbox"/> 164° <input type="checkbox"/> 166° <input type="checkbox"/> 168° <input type="checkbox"/> 170° <input type="checkbox"/> 172° <input type="checkbox"/> 174° <input type="checkbox"/>

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D FOOT DATA - RIGHT

LEFT - FOOT DATA

<p>8</p> <p>Achilles plumb-lined to ASIS @ 90°</p>	<p>RIGHT Subtalar Joint Eversion Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-6° -4° -2° 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44°</p>	<p>LEFT Subtalar Joint Eversion Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-6° -4° -2° 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44°</p>	<p>Achilles plumb-lined to ASIS @ 90°</p>
<p>9</p> <p>Achilles plumb-lined to ASIS @ 90°</p>	<p>RIGHT Subtalar Joint Inversion Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-6° -4° -2° 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44° 46° 48° 50° 52°</p>	<p>LEFT Subtalar Joint Inversion Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>-6° -4° -2° 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44° 46° 48° 50° 52°</p>	<p>Achilles plumb-lined to ASIS @ 90°</p>
<p>10</p> <p>Dorsiflexion % of available excursion Plantar-flexion % of available excursion</p>	<p>RIGHT Talonavicular Joint Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>Sum must = 100%</p> <p>Dorsiflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantar flexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>LEFT Talonavicular Joint Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>Sum must = 100%</p> <p>Dorsiflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantar flexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>Dorsiflexion % of available excursion Plantar-flexion % of available excursion</p>
<p>11</p> <p>Dorsiflexion % of available excursion Plantar-flexion % of available excursion</p>	<p>RIGHT Cuneonavicular Joint Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>Sum must = 100%</p> <p>Dorsiflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>LEFT Cuneonavicular Joint Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>Sum must = 100%</p> <p>Dorsiflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>Dorsiflexion % of available excursion Plantar-flexion % of available excursion</p>
<p>12</p> <p>Dorsiflexion % of available excursion Plantar-flexion % of available excursion</p>	<p>RIGHT Metatarsocuneiform Joint Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>Sum must = 100%</p> <p>Dorsiflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>LEFT Metatarsocuneiform Joint Excursion</p> <p>Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/></p> <p>Sum must = 100%</p> <p>Dorsiflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>Dorsiflexion % of available excursion Plantar-flexion % of available excursion</p>
<p>13</p> <p>Forefoot Valgus Forefoot Varus</p>	<p>RIGHT Forefoot Mean Alignment</p> <p>Heel, 5th, 1st are Plantigrade (0°) <input type="checkbox"/></p> <p>Valgus 2° 4° 6° 8° 10° 12° 14° 16° 18° Varus 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26°</p>	<p>LEFT Forefoot Mean Alignment</p> <p>Heel, 5th, 1st are Plantigrade (0°) <input type="checkbox"/></p> <p>Valgus 2° 4° 6° 8° 10° 12° 14° 16° 18° Varus 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26°</p>	<p>Forefoot Valgus Forefoot Varus</p>
<p>14</p> <p>5th met axis</p>	<p>RIGHT Gib Test</p> <p>A B C D E Very Flexible Flexible Normal Semi Rigid Rigid 85° - 90°+ 60° - 85° 30° - 60° 5° - 30° 0° - 5°</p>	<p>LEFT Gib Test</p> <p>A B C D E Very Flexible Flexible Normal Semi Rigid Rigid 85° - 90°+ 60° - 85° 30° - 60° 5° - 30° 0° - 5°</p>	<p>5th met axis</p>
<p>15</p> <p>90° 32°</p>	<p>RIGHT 1st Metatarsophalangeal Joint Excursion</p> <p>Dorsiflexion 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44° 46° 48° 50° 52° 54° 56° 58° 60° 62° 64° 66° 68° 70° 72° 74° 76° 78° 80° 82° 84° 86° 88° 90° 92° 94° 96° 98° 100° 102°</p> <p>Plantarflexion 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44° 46° 48° 50° 52° 54° 56° 58° 60° 62° 64° 66° 68° 70° 72° 74° 76° 78° 80° 82° 84° 86° 88° 90°</p>	<p>LEFT 1st Metatarsophalangeal Joint Excursion</p> <p>Dorsiflexion 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44° 46° 48° 50° 52° 54° 56° 58° 60° 62° 64° 66° 68° 70° 72° 74° 76° 78° 80° 82° 84° 86° 88° 90° 92° 94° 96° 98° 100° 102°</p> <p>Plantarflexion 0° 2° 4° 6° 8° 10° 12° 14° 16° 18° 20° 22° 24° 26° 28° 30° 32° 34° 36° 38° 40° 42° 44° 46° 48° 50° 52° 54° 56° 58° 60° 62° 64° 66° 68° 70° 72° 74° 76° 78° 80° 82° 84° 86° 88° 90°</p>	<p>90° 32°</p>

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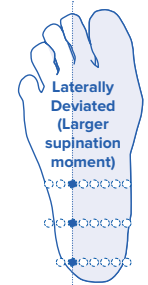
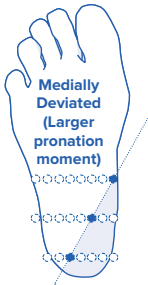
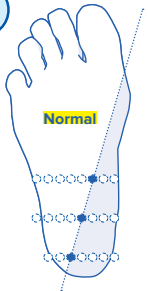
Date: / /
MM DD YYYY



D FOOT DATA - RIGHT

LEFT - FOOT DATA

16



RIGHT **Locate Subtalar Joint Axis** LEFT

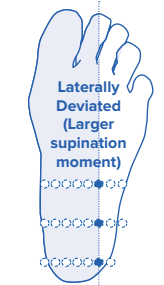
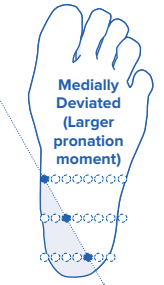
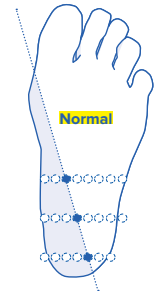
Lightly loading 5th met head, palpate with object across rows until the STJ neither inverts or everts.

Plot static location

Row 1

Row 2

Row 3



17

RIGHT **Mark Callus** LEFT

Cuneiform

Navicular

Styloid

Talus head

Cuboid

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E STANDING DATA - RIGHT

LEFT - STANDING DATA

<p>18</p>	<p>RIGHT Weight-bearing Foot Anatomical Structure LEFT</p> <p> <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 </p>	
<p>19</p>	<p>RIGHT Foot Heritage Type LEFT</p> <p> <input type="checkbox"/> Egyptian <input checked="" type="checkbox"/> Italian <input type="checkbox"/> Greek </p>	
<p>20</p>	<p>RIGHT Morton's Foot (Longer 2nd metatarsal) LEFT</p> <p>Negative <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 (mm)</p>	
<p>21</p>	<p>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 checked="" type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12°</p>	
<p>22</p>	<p>RIGHT ASIS to distal hallux (cm) LEFT</p> <p>55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> <input checked="" type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100 <input type="checkbox"/> 101 <input type="checkbox"/> 102 <input type="checkbox"/> 103 <input type="checkbox"/> 104 <input type="checkbox"/> 105 <input type="checkbox"/> 106 <input type="checkbox"/> 107 <input type="checkbox"/> 108 <input type="checkbox"/> 109 <input type="checkbox"/> 110 <input type="checkbox"/> 111 <input type="checkbox"/> 112 <input type="checkbox"/> 113 <input type="checkbox"/> 114 <input type="checkbox"/> 115 <input type="checkbox"/> 116 <input type="checkbox"/> 117 <input type="checkbox"/> 118 <input type="checkbox"/> 119 <input type="checkbox"/> 120 <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 123 <input type="checkbox"/> 124 <input type="checkbox"/> 125 <input type="checkbox"/> 126 <input type="checkbox"/> 127 <input type="checkbox"/> 128 <input type="checkbox"/> 129 <input type="checkbox"/></p>	
<p>23</p>	<p>RIGHT Genu Recurvatum LEFT</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	
<p>24</p>	<p>RIGHT Brannock Shoe size LEFT</p> <p>Sitting (no compression force) Heel to 1st MTP</p> <p>3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 8.5 <input type="checkbox"/> 9 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 10.5 <input type="checkbox"/> 11 <input type="checkbox"/> 11.5 <input type="checkbox"/> 12 <input type="checkbox"/> 12.5 <input type="checkbox"/> 13 <input type="checkbox"/> 13.5 <input type="checkbox"/> 14 <input type="checkbox"/> 14.5 <input type="checkbox"/> 15 <input type="checkbox"/> 15.5 <input type="checkbox"/> 16 <input type="checkbox"/></p> <p>Sitting (no compression force) Heel to Toe</p> <p>3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 8.5 <input type="checkbox"/> 9 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 10.5 <input type="checkbox"/> 11 <input type="checkbox"/> 11.5 <input type="checkbox"/> 12 <input type="checkbox"/> 12.5 <input type="checkbox"/> 13 <input type="checkbox"/> 13.5 <input type="checkbox"/> 14 <input type="checkbox"/> 14.5 <input type="checkbox"/> 15 <input type="checkbox"/> 15.5 <input type="checkbox"/> 16 <input type="checkbox"/></p> <p>Weight Bearing Heel to 1st MTP</p> <p>3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 8.5 <input type="checkbox"/> 9 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 10.5 <input type="checkbox"/> 11 <input type="checkbox"/> 11.5 <input type="checkbox"/> 12 <input type="checkbox"/> 12.5 <input type="checkbox"/> 13 <input type="checkbox"/> 13.5 <input type="checkbox"/> 14 <input type="checkbox"/> 14.5 <input type="checkbox"/> 15 <input type="checkbox"/> 15.5 <input type="checkbox"/> 16 <input type="checkbox"/></p> <p>Weight Bearing Heel to Longest Toe</p> <p>3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 8.5 <input type="checkbox"/> 9 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 10.5 <input type="checkbox"/> 11 <input type="checkbox"/> 11.5 <input type="checkbox"/> 12 <input type="checkbox"/> 12.5 <input type="checkbox"/> 13 <input type="checkbox"/> 13.5 <input type="checkbox"/> 14 <input type="checkbox"/> 14.5 <input type="checkbox"/> 15 <input type="checkbox"/> 15.5 <input type="checkbox"/> 16 <input type="checkbox"/></p>	