

A PATIENT

First Name

Last Name

Sex: M F Height Weight

Subjective shoe size Shoe type

Diagnosis



Tel: 1-800-496-0987
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 www.kevinrootmedical.com
 hello@kevinrootmedical.com



Biomechanical Intelligence 24

ORDER FORM PAGE 1 OF 4

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

B HIP DATA - RIGHT

LEFT - HIP DATA

<p>1</p>	ASIS Width (cm)		<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;">Average male Average female</p>	<p>2</p>
	RIGHT	LEFT		
<p>3</p>	Internal Hip Excursion		<p>3</p>	
	RIGHT	LEFT		

C LEG, KNEE & ANKLE JOINT DATA - RIGHT

LEFT - LEG, KNEE & ANKLE JOINT DATA

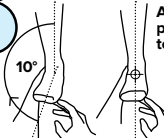
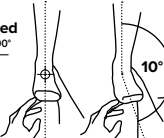
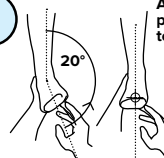
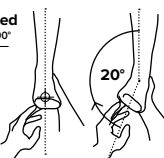
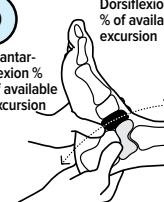
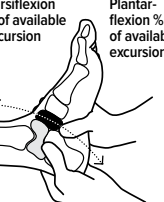
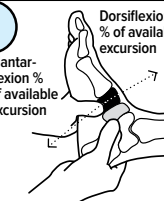
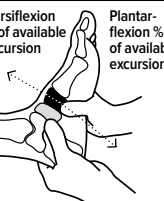
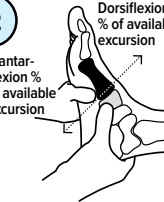
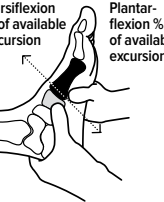
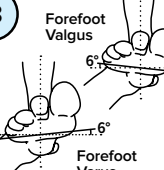
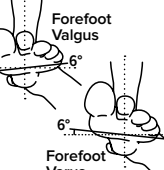
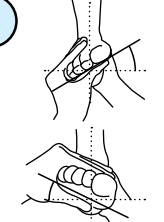
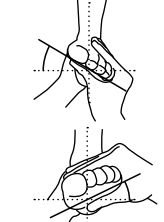
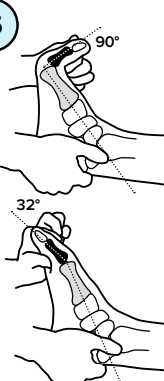
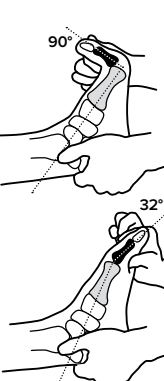
<p>4</p>	Genu Valgum/Varum		<p>4</p>
	RIGHT	LEFT	
<p>5</p>	Tibial Varum		<p>5</p>
	RIGHT	LEFT	
<p>6</p>	Foot Dorsiflexion Excursion		<p>6</p>
	RIGHT	LEFT	
<p>7</p>	Foot Plantar Flexion Excursion		<p>7</p>
	RIGHT	LEFT	

A PATIENT

Patient's Name

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°</p> <p>14° 16° 18° 20° 22° 24° 26° 28° 30°</p> <p>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°</p> <p>14° 16° 18° 20° 22° 24° 26° 28° 30°</p> <p>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°</p> <p>14° 16° 18° 20° 22° 24° 26° 28° 30°</p> <p>32° 34° 36° 38° 40° 42° 44° 46° 48°</p> <p>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°</p> <p>14° 16° 18° 20° 22° 24° 26° 28° 30°</p> <p>32° 34° 36° 38° 40° 42° 44° 46° 48°</p> <p>50° 52°</p>	 <p>Achilles plumb-lined to ASIS [90°]</p>
<p>10</p>  <p>Dorsiflexion % of available excursion</p> <p>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</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantar flexion</p> <p>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</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantar flexion</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>Dorsiflexion % of available excursion</p> <p>Plantar-flexion % of available excursion</p> 
<p>11</p>  <p>Dorsiflexion % of available excursion</p> <p>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</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion</p> <p>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</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>Dorsiflexion % of available excursion</p> <p>Plantar-flexion % of available excursion</p> 
<p>12</p>  <p>Dorsiflexion % of available excursion</p> <p>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</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion</p> <p>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</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p> <p>Plantarflexion</p> <p>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</p>	<p>Dorsiflexion % of available excursion</p> <p>Plantar-flexion % of available excursion</p> 
<p>13</p>  <p>Forefoot Valgus</p> <p>Forefoot Varus</p>	<p>RIGHT Metatarsal Head 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°</p> <p>Varus 2° 4° 6° 8° 10° 12° 14° 16° 18°</p> <p>20° 22° 24° 26°</p>	<p>LEFT Metatarsal Head 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°</p> <p>Varus 2° 4° 6° 8° 10° 12° 14° 16° 18°</p> <p>20° 22° 24° 26°</p>	<p>Forefoot Valgus</p> <p>Forefoot Varus</p> 
<p>14</p> 	<p>RIGHT Midfoot Flexibility Test</p> <p>0° - 10° 11° - 20° 21° - 30° 31° - 40° 41° - 50°</p> <p>51° - 60° 61° - 70° 71° - 80° 81° - 90° 91° - 100°</p> <p>Reverse Midfoot Flexibility Test</p> <p>0° - 10° 11° - 20° 21° - 30° 31° - 40° 41° - 50°</p> <p>51° - 60° 61° - 70° 71° - 80° 81° - 90° 91° - 100°</p>	<p>LEFT Midfoot Flexibility Test</p> <p>0° - 10° 11° - 20° 21° - 30° 31° - 40° 41° - 50°</p> <p>51° - 60° 61° - 70° 71° - 80° 81° - 90° 91° - 100°</p> <p>Reverse Midfoot Flexibility Test</p> <p>0° - 10° 11° - 20° 21° - 30° 31° - 40° 41° - 50°</p> <p>51° - 60° 61° - 70° 71° - 80° 81° - 90° 91° - 100°</p>	
<p>15</p>  <p>90°</p> <p>32°</p>	<p>RIGHT 1st Metatarsophalangeal Joint Excursion</p> <p>Dorsiflexion</p> <p>0° 2° 4° 6° 8° 10° 12° 14° 16° 18°</p> <p>20° 22° 24° 26° 28° 30° 32° 34° 36°</p> <p>38° 40° 42° 44° 46° 48° 50° 52° 54°</p> <p>56° 58° 60° 62° 64° 66° 68° 70° 72°</p> <p>74° 76° 78° 80° 82° 84° 86° 88° 90°</p> <p>92° 94° 96° 98° 100° 102°</p> <p>Plantarflexion</p> <p>0° 2° 4° 6° 8° 10° 12° 14° 16° 18°</p> <p>20° 22° 24° 26° 28° 30° 32° 34° 36°</p> <p>38° 40° 42° 44° 46° 48° 50° 52° 54°</p> <p>56° 58° 60° 62° 64° 66° 68° 70° 72°</p> <p>74° 76° 78° 80° 82° 84° 86° 88° 90°</p>	<p>LEFT 1st Metatarsophalangeal Joint Excursion</p> <p>Dorsiflexion</p> <p>0° 2° 4° 6° 8° 10° 12° 14° 16° 18°</p> <p>20° 22° 24° 26° 28° 30° 32° 34° 36°</p> <p>38° 40° 42° 44° 46° 48° 50° 52° 54°</p> <p>56° 58° 60° 62° 64° 66° 68° 70° 72°</p> <p>74° 76° 78° 80° 82° 84° 86° 88° 90°</p> <p>92° 94° 96° 98° 100° 102°</p> <p>Plantarflexion</p> <p>0° 2° 4° 6° 8° 10° 12° 14° 16° 18°</p> <p>20° 22° 24° 26° 28° 30° 32° 34° 36°</p> <p>38° 40° 42° 44° 46° 48° 50° 52° 54°</p> <p>56° 58° 60° 62° 64° 66° 68° 70° 72°</p> <p>74° 76° 78° 80° 82° 84° 86° 88° 90°</p>	<p>90°</p> <p>32°</p> 

A PATIENT

First Name

Last Name

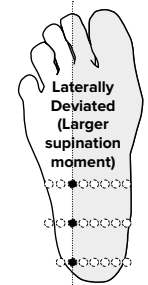
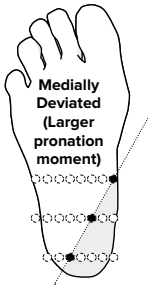
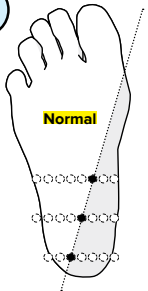
Biomechanical Intelligence 24

ORDER FORM PAGE 3 OF 4

D FOOT DATA - RIGHT

LEFT - FOOT DATA

16

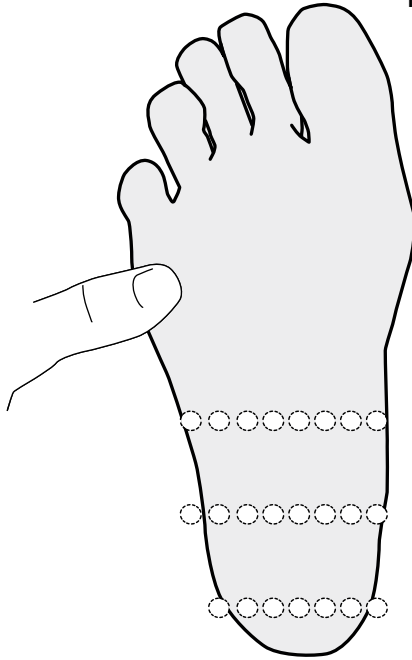


RIGHT

Locate Subtalar Joint Axis

LEFT

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

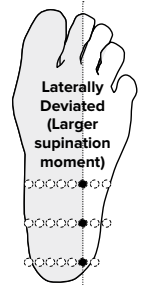
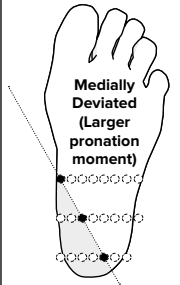
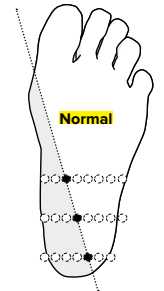
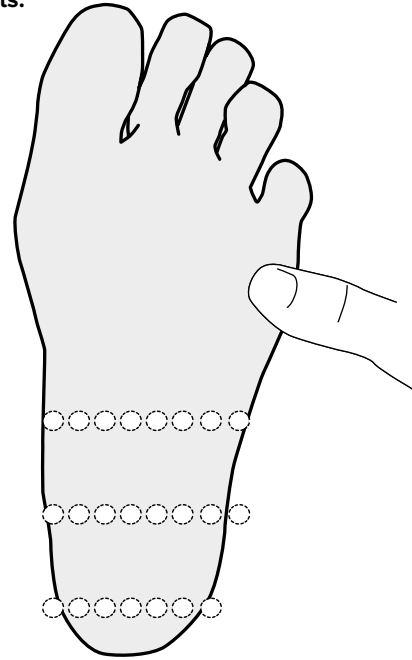


Plot static location

Row 1

Row 2

Row 3

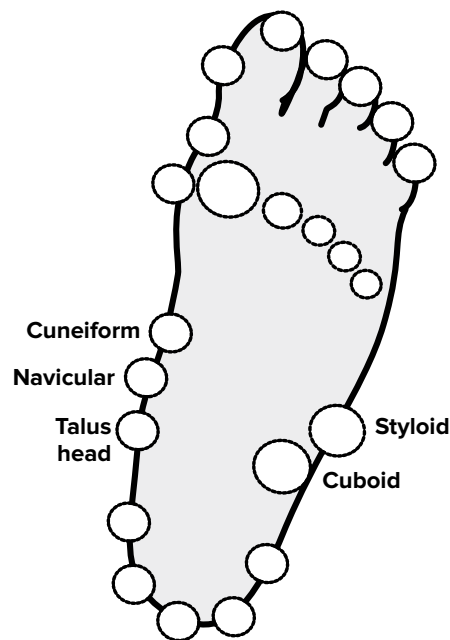
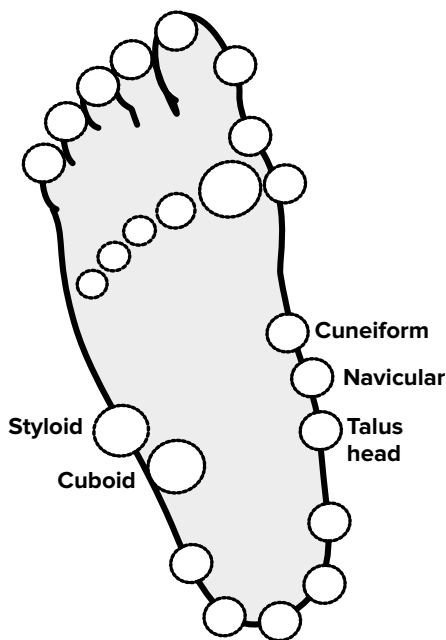


RIGHT

Mark Callus

LEFT

17



A PATIENT

First Name

Last Name

Biomechanical Intelligence 24

ORDER FORM PAGE 4 OF 4

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> <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 </p>	
<p>19</p>	<p>RIGHT Foot Heritage Type LEFT</p> <p> <input type="checkbox"/> Egyptian <input checked="" type="checkbox"/> Roman <input type="checkbox"/> Greek </p> <p> <input type="checkbox"/> Greek <input checked="" type="checkbox"/> Roman <input type="checkbox"/> Egyptian </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>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> <input type="checkbox"/> -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> <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° </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> 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> <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>	