

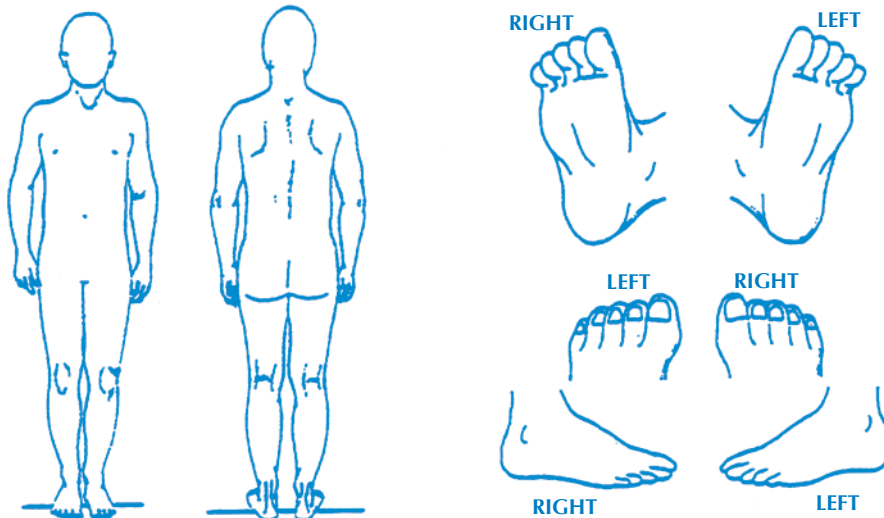
NAME _____

DATE _____

Biomechanical Assessment & History

PRESENTING COMPLAINT

SITE OF PAIN / LESIONS



ACTIVITIES

SUMMARY

Foot Posture Index (FPI)

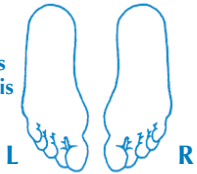
	Talar head	Malleolar curves	Heibing's sign	Calcaneal angle	Talonav. Jt. prominence	Arch Height	Lateral foot border	Forefoot abd/add	TOTAL
LEFT									
RIGHT									

Dynamic gait analysis

OBSERVATION		LEFT	RIGHT	COMMENTS
FRONTAL PLANE	HEAD / EYE TILT			
	SHOULDER DROP			
	ARM SWING			
	PELVIC TILT			
	PATELLAR POSITION / MOVEMENT			
	REARFOOT MOTION / POSITION			
	HEEL STRIKE			
	MIDSTANCE			
	PROPULSION			
	BASE OF GATE			Ref: narrow / normal / wide
SAGITTAL PLANE	ANGLE OF GATE			Ref: (5-10° abducted)
	OTHER OBSERVATIONS			
	TORSO POSITION			
	ARM SWING			
	HEEL / LIFT TIMING			
	MTJ MOTION / TIMING			
	KNEE POSITION / MOVEMENT			
	OTHER OBSERVATIONS			

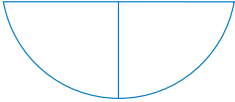
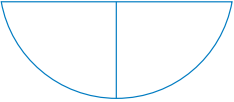
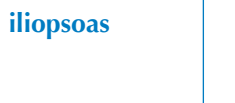
SUMMARY _____

Prone examination

REFERENCE		LEFT	RIGHT	COMMENTS
STJ ROM	(20° inv) / (10° ev)			
NEUTRAL AXIS POSITION	0-3° inverted			
	Transverse plane			
	Sagittal plane			
FOREFOOT POSn	Perpendicular to rearfoot			
ANKLE (KNEE FLEX) (KNEE EXT)	≥ 10° dorsiflexion			

Supine examination

	REFERENCE	LEFT	RIGHT	COMMENTS
FIRST MTPJ ROM	≥65° dorsiflexion			
FHL TEST	+ve or -ve			
FIRST RAY ROM POSITION	Equal DF and PF Neutral			
MTJ OAMTJ ROM OAMTJ AXIAL ORIENTATION LAMTJ ROM	large/norm/restrict vertical/norm/horiz large/norm/restrict			
MALLEOLAR TORSION	20-25° external			
HAMSTRINGS	≥70-90° flexion			
LIMB LENGTH DISCREPANCY? YES/NO structural / functional RIGHT _____ LEFT _____ ASIS - LM/MM UMB - LM/MM				

HIP JOINT ROTATION - LEFT FLEXED internal  G. max & piriformis external  G. med & min & adductors EXTENDED internal  sartorius external  iliopsoas	HIP JOINT ROTATION - RIGHT FLEXED internal  G. max & piriformis external  G. med & min & adductors EXTENDED internal  sartorius external  iliopsoas
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Weightbearing examination

	REFERENCE	LEFT	RIGHT	COMMENTS
RCSP	2-3° everted			
NCSP	0-3° everted			
TIBIAL POSITION (STJN)	(0-2° everted)			
NAVICULAR DROP	≥1cm sagittal plane			DRIFT/DROP RATIO L _____ R _____
NAVICULAR DRIFT	≥1cm transverse plane			
SUPINATION RESISTANCE TEST				Easy, normal or hard
JACK'S TEST	initiation			Immediate/delayed
	force			Easy/moderate/hard

WHAT STOPS OVER PRONATION?				Plantar fascia, tibialis posterior muscle, STJ osseous contact
LUNGE TEST	<10 cm			Distance from wall - can also derive angular measure from tibia

Final impressions (diagnosis / prognosis / justification)

Management

1. INJURY _____

2. EXERCISE THERAPY _____

3. ACTIVITY MODIFICATION _____

4. OTHER EXTERNAL REFERRALS _____

5. ORTHOSES PRESCRIPTION _____
