



## 8 PRESENTING COMPLAINT

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## 9 PREVIOUS HISTORY

## 10 PAIN LOCATION

	L	R		L	R
HIPS	<input type="checkbox"/>	<input type="checkbox"/>			
THIGHS	<input type="checkbox"/>	<input type="checkbox"/>			
LEGS	<input type="checkbox"/>	<input type="checkbox"/>			
KNEES	<input type="checkbox"/>	<input type="checkbox"/>			
ANKLE	<input type="checkbox"/>	MED <input type="checkbox"/>	<input type="checkbox"/>	LAT <input type="checkbox"/>	
HEELS	<input type="checkbox"/>	<input type="checkbox"/>			
ARCHES	<input type="checkbox"/>	MED <input type="checkbox"/>	<input type="checkbox"/>	LAT <input type="checkbox"/>	
MET HEADS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
PHALANGES	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
BACK	<input type="checkbox"/> cervical	<input type="checkbox"/> dorsal	<input type="checkbox"/> lumbar	<input type="checkbox"/> sacral	

## 11 BIOMECHANICAL EXAMINATION

FUNCTIONAL	L	R
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Hallux Valgus	<input type="checkbox"/>	<input type="checkbox"/>
Hallux Varus	<input type="checkbox"/>	<input type="checkbox"/>
Mallet toe	<input type="checkbox"/>	<input type="checkbox"/>
Claw toe	<input type="checkbox"/>	<input type="checkbox"/>
Hammer toe	<input type="checkbox"/>	<input type="checkbox"/>

1st RAY POSITION	L	R
Dorsiflexed	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Plantarflexed	<input type="checkbox"/>	<input type="checkbox"/>

FOOT TYPE	select	L	R
Neutral	mobile   rigid	<input type="checkbox"/>	<input type="checkbox"/>
Pes Planus	mobile   rigid	<input type="checkbox"/>	<input type="checkbox"/>
Subtle Cavo Varus	mobile   rigid	<input type="checkbox"/>	<input type="checkbox"/>
Pes Cavus	mobile   rigid	<input type="checkbox"/>	<input type="checkbox"/>

**BASE OF GAIT**

L \_\_\_\_\_° R \_\_\_\_\_°

**ANKLE DORSIFLEXION**













L \_\_\_\_\_° R \_\_\_\_\_°

FEMORAL TORSION	L	R
Internal	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>

TIBIAL TORSION	L	R
Internal	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>

KNEE POSITION	L	R
Straight	<input type="checkbox"/>	<input type="checkbox"/>
Varum	<input type="checkbox"/>	<input type="checkbox"/>
Valgum	<input type="checkbox"/>	<input type="checkbox"/>
Recucatum	<input type="checkbox"/>	<input type="checkbox"/>

## ARCH HEIGHT

NON WEIGHT BEARING			WEIGHT BEARING	
L	R		L	R
		High		
		Medium		
		Low		
mm		Nav Height	mm	

**SPINE**

☐ Normal      ☐ Kyphosis

☐ Lordosis      ☐ Scoliosis

## 12 MEASUREMENTS

**NON WEIGHT BEARING**

**FOREFOOT**

VARUS L \_\_\_\_\_° R \_\_\_\_\_°

VALGUS L \_\_\_\_\_° R \_\_\_\_\_°

## REARFOOT

VARUS                      L \_\_\_\_\_°                      R \_\_\_\_\_°

VALGUS                      L \_\_\_\_\_°                      R \_\_\_\_\_°

## WEIGHT BEARING

**RELAXED CALCANEAL STANCE POSITION**

VARUS                      L \_\_\_\_\_°      R \_\_\_\_\_°

VALGUS                    L \_\_\_\_\_°      R \_\_\_\_\_°

**TIBIAL VARUM**

L \_\_\_\_\_ °    R \_\_\_\_\_ °

## LEG LENGTH DISCREPANCY

SHORTER BY      L \_\_\_\_\_      R \_\_\_\_\_

☐ cm    ☐ mm    ☐ inch

## 13 DIAGNOSIS

[illegible]

## 14 ADJUSTMENTS & MODIFICATIONS