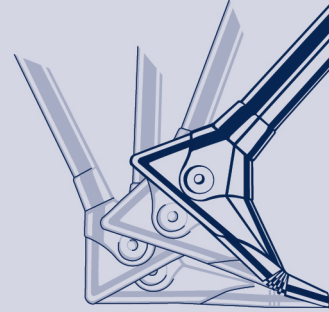


BIOMECHANICAL EXAMINATION FORM

Unit 18, 50 Rosemount Park Drive, Rosemount Business Park, Dublin 11. Tel: 882 9399 Fax: 820 0768 E-mail: biofoot@indigo.ie

*For practitioners records.
If desired, copy and send along with
prescription form.*



BIOMECHANICS
FOOT
LABORATORY

Practitioner's Name _____ Telephone _____

Mailing Address _____

Patient's Name _____ Age _____ Weight _____ Sex _____

Occupation _____ Sports _____

HISTORY: *(Please PRINT neatly)*

Chief complaint *(use patients own words)* _____

Pain *(type, duration, when occurs)* _____

Associated complaints *(leg, knee, hip, back)* _____

Previous treatments _____

MOBILITY CHECK OF FOOT JOINTS: *(Circle any appropriate descriptions)*

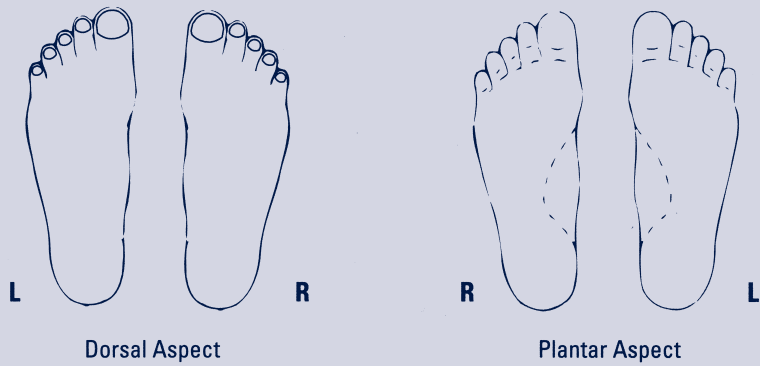
	LEFT	RIGHT
Ankle	rigid / restricted / normal / hyper	rigid / restricted / normal / hyper
Subtalar	rigid / restricted / normal / hyper	rigid / restricted / normal / hyper
Midtarsal	rigid / restricted / normal / hyper	rigid / restricted / normal / hyper
1st Ray	rigid / restricted / normal / hyper dorsiflexed / plantarflexed / normal	rigid / restricted / normal / hyper dorsiflexed / plantarflexed / normal

VISUAL CHECK:

Holding the foot in neutral position check for the following and circle any existing conditions
(you can enter the measurements if desired)

	LEFT	RIGHT
Forefoot	varus (°) / valgus (°)	varus (°) / valgus (°)
Subtalar	varus (°) / valgus (°)	varus (°) / valgus (°)

CORNS AND CALLUS (Mark on diagrams and specify details in notes)



Notes:

NON-WEIGHT BEARING MEASUREMENTS:

	LEFT		RIGHT	
Limb Length	_____	cm	_____	
Hip ROM	Extension int	_____ °	Extension int	_____ °
	ext	_____ °	ext	_____ °
	Flexion int	_____ °	Flexion int	_____ °
	ext	_____ °	ext	_____ °
Knee	_____		_____	
Ankle dorsiflexion	_____ °		_____ °	
Hallux dorsiflexion	_____ °		_____ °	
Subtalar ROM	Inv	_____ °	Inv	_____ °
	Ev	_____ °	Ev	_____ °

WEIGHT BEARING MEASUREMENTS:

	LEFT		RIGHT
Navicular differential	_____	mm	_____
Neutral Calcaneal Stance Position	_____ °		_____ °
Relaxed Calcaneal Stance Position	_____ °	inv/ev	_____ °
			inv/ev

GAIT ANALYSIS: (Circle appropriate descriptions)

	LEFT	RIGHT
Foot Arch	high/low	high/low
Foot Pattern	in toe / out toe	in toe / out toe
Tibia	varum / valgum / straight	varum / valgum / straight
Pelvic Crest Tilt	higher	higher
Shoulder Tilt	higher	higher

OTHER PERTINENT INFORMATION:

DIAGNOSIS:

(tight muscle groups, are shoes suitable? etc.)