

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Day phone \_\_\_\_\_ Other phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Referring Physician \_\_\_\_\_  
 Patient history \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SHOE EXAMINATION**

Type of shoe worn \_\_\_\_\_  
 Wear pattern of sole \_\_\_\_\_  
 Shoe deformities \_\_\_\_\_  
 Type if any existing shoe modifications \_\_\_\_\_

**NON-WEIGHT BEARING BIOMECHANICAL EVALUATION**

Hallux MP joint: describe deformities and severity if any left and right \_\_\_\_\_  
 \_\_\_\_\_  
 Describe lesser toe deformities: \_\_\_\_\_  
 \_\_\_\_\_  
 metatarsalgia (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 Mobility of metatarsals: R = rigid, L = limited, F = flexible  
 (R) 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_  
 (L) 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_  
 Forefoot in valgus or varus in subtalar neutral position? (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 Describe callusing of toes, metatarsals and other areas. \_\_\_\_\_  
 \_\_\_\_\_  
 Describe discoloration, marks, ulcers or scars on the plantar aspect of the foot. \_\_\_\_\_  
 \_\_\_\_\_

**FOOT MOBILITY** R = rigid, L = limited, F = flexible  
 Foot mobility (consider adduction, abduction, inversion, eversion, plantar and dorsiflexion)

\_\_\_\_\_

Pain involvement \_\_\_\_\_

Non weight bearing arch appearance: planus - normal - cavus \_\_\_\_\_

Heel pain: (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 Description of pain \_\_\_\_\_

**VISUAL WEIGHT BEARING EXAMINATION**

Gait deviations from the norm: \_\_\_\_\_  
 \_\_\_\_\_  
 Arch appearance: \_\_\_\_\_  
 \_\_\_\_\_  
 Hair presence (R) yes \_\_\_\_\_ no \_\_\_\_\_ (L) yes \_\_\_\_\_ no \_\_\_\_\_