

# BIOMECHANICAL EXAM

Arch Height	High	<input type="checkbox"/>	<input type="checkbox"/>	Foot Flexibility:	Flexible	<input type="checkbox"/>	<input type="checkbox"/>	Ankle Dorsiflexion	Increased	<input type="checkbox"/>	<input type="checkbox"/>
Off Weight Bearing	Medium	<input type="checkbox"/>	<input type="checkbox"/>		Normal	<input type="checkbox"/>	<input type="checkbox"/>		Normal	<input type="checkbox"/>	<input type="checkbox"/>
	Low	<input type="checkbox"/>	<input type="checkbox"/>		Restricted	<input type="checkbox"/>	<input type="checkbox"/>		Decreased	<input type="checkbox"/>	<input type="checkbox"/>
Arch Height	High	<input type="checkbox"/>	<input type="checkbox"/>	First Ray Motion:	Hypermobile	<input type="checkbox"/>	<input type="checkbox"/>	Knee position	Straight	<input type="checkbox"/>	<input type="checkbox"/>
Weight Bearing	Medium	<input type="checkbox"/>	<input type="checkbox"/>		Normal	<input type="checkbox"/>	<input type="checkbox"/>		Genu Varum	<input type="checkbox"/>	<input type="checkbox"/>
	Low	<input type="checkbox"/>	<input type="checkbox"/>		Restricted	<input type="checkbox"/>	<input type="checkbox"/>		Genu Valgum	<input type="checkbox"/>	<input type="checkbox"/>
Subtalar Joint	Increased	<input type="checkbox"/>	<input type="checkbox"/>	First Ray Position	Dorsiflexed	<input type="checkbox"/>	<input type="checkbox"/>		Genu Recurvatum	<input type="checkbox"/>	<input type="checkbox"/>
Range of Motion	Normal	<input type="checkbox"/>	<input type="checkbox"/>		Normal	<input type="checkbox"/>	<input type="checkbox"/>	Equinus	Absent	<input type="checkbox"/>	<input type="checkbox"/>
	Decreased	<input type="checkbox"/>	<input type="checkbox"/>		Plantarflexed	<input type="checkbox"/>	<input type="checkbox"/>		Present	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed Calcaneal	Inverted	<input type="checkbox"/>	<input type="checkbox"/>	Hallux Limitus	None	<input type="checkbox"/>	<input type="checkbox"/>	Gait Pattern:			
Stance Position	Vertical	<input type="checkbox"/>	<input type="checkbox"/>		Moderate	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Straight		
	Everted	<input type="checkbox"/>	<input type="checkbox"/>		Severe	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Out-Toe		
Neutral Calcaneal	Inverted	<input type="checkbox"/>	<input type="checkbox"/>	1st Met Length	Short	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> In-Toe		
Stance Position	Vertical	<input type="checkbox"/>	<input type="checkbox"/>	R: _____mm	Normal	<input type="checkbox"/>	<input type="checkbox"/>	Has patient had orthotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Everted	<input type="checkbox"/>	<input type="checkbox"/>	L: _____mm	Long	<input type="checkbox"/>	<input type="checkbox"/>	If yes, response was:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

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