



NAME / HISTORY _____

FOOT (TYPE OR APPEARANCE)	NWBR	WBR
High Arch	L / R	L / R
Medium Arch	L / R	L / R
Low Arch	L / R	L / R

SUBTALAR JOINT

Hypermobile	L / R
Within Normal Limits	L / R
Limited/Restricted	L / R

MIDTARSUS

Hypermobile	L / R
Normal	L / R
Restricted	L / R
Plantarflexed	L / R
Adducted / Abducted	L / R

1ST RAY POSITION

Plantarflexed - Hypermobile	L / R
- Rigid	L / R
Normal	L / R
Dorsiflexed	L / R

HALLUX DORSIFLEXION

Average	L / R
Limitus	L / R
Rigidus	L / R

TOE POSITIONS

Hallux Abducto Valgus	L / R
Claw Toe / Hammer Toe	L / R
Morton's	L / R
Straight (within normal limits)	L / R

ANKLE DORSIFLEXION

Adequate	L / R
Limited	L / R

FEMUR (RANGE OF MOTION)

Limited Internal Rotation	L / R
Limited External Rotation	L / R
Within Normal Limits	L / R

KNEE POSITIONS

- Genu Varum Recurvatum Patellar Squint
 Genu Valgum Straight

TIBIAL TORSION

- Internal External WNL

LEG LENGTH DISCREPANCY

SHORT BY L _____ mm / inches R _____ mm / inches
 Functional Structural

MEASUREMENTS

WEIGHT-BEARING:

Relaxed Calcaneal Stance Position L _____° varus / valgus R _____° varus / valgus

Tibial Varum L _____° R _____°

NON WEIGHT-BEARING:

Rearfoot L _____° varus / valgus R _____° varus / valgus

Forefoot L _____° varus / valgus R _____° varus / valgus

ANGLE OF GAIT

Within Normal Limits	L / R
Abducted	L / R
Adducted	L / R

NOTES _____

EXAMINER _____

Exam Date	_____ / _____ / _____
Cast Date	_____ / _____ / _____
Dispense Date	_____ / _____ / _____
FEE	\$ _____
SHIPPING	\$ _____
DEPOSIT	\$ _____ R# _____ / _____
BALANCE	\$ _____ R# _____ / _____
OTHER	_____ INV# _____ / _____

E-FORM INSTRUCTIONS

SOFTWARE REQUIREMENTS

In order to save completed form, you will need a current version of **ADOBE READER**. Go to the Adobe website to download the newest version or click on the link: <http://get.adobe.com/reader>

NAVIGATING

Use the tab button to navigate from the top left hand corner sequentially down through all the fields.
OR use the mouse to select any specific field.

PRINTING

Use either the printer icon in the quick tool bar, or file > print from the menu bar.
NOTE: Be sure to print a copy of the work order to send in with the patient's casts.

SAVING

Use file > SAVE AS from the menu bar.
Save the form under a DIFFERENT NAME to preserve patient referral information.

CLEAR FORM

Click the RESET FORM button below to clear all filled in fields.



ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____