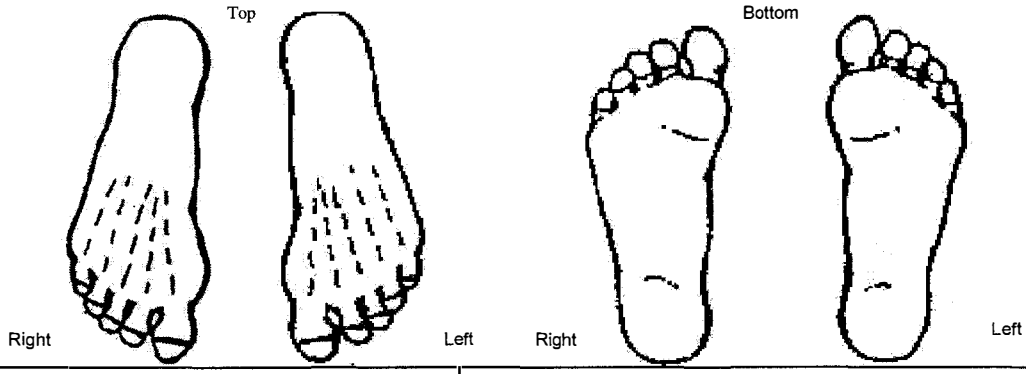
# ORTHOTIC EXAMINATION FORM

**Patient Name:** _____ **Date:** _____

**SUPINE:**

1. **Observation:**
   - A. Anomalies
   - B. Bunions
   - C. Calluses
   - F. Fungus
   - H. Hammer Toe
   - W. Wart




2. **Dorsiflexion Press Test - Restricted:** Left Right

3. **Neutral Position:** Left Right

| Talus Head: | Lateral | Medial | Lateral | Medial |
|---|---|---|---|---|

**ORTHOTIC POSTING**

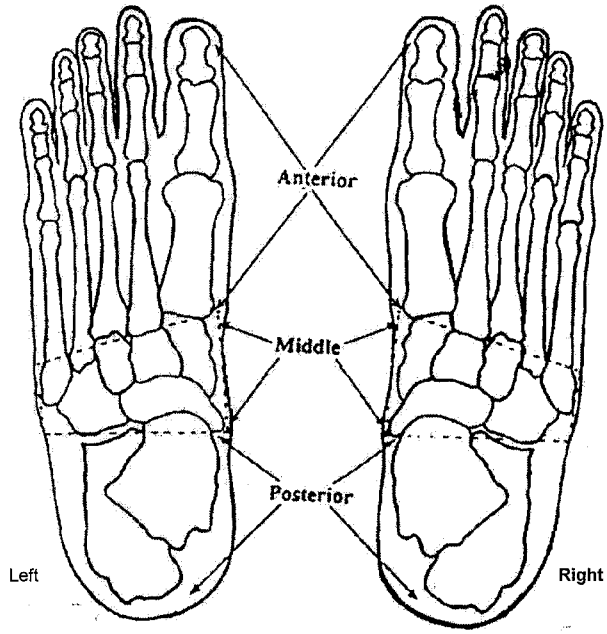
| LT | RT | Forefoot | Varus | Valgus |
|---|---|---|---|---|
| LT | RT | Rearfoot | Varus | Valgus |

4. **Fixed Joints** "X"

5. **Hypermobile Joints** "O"

6. **Muscle Test:**

| | Left Pre | Left Post | Right Pre | Right Post |
|---|---|---|---|---|
| Ant. Tibial | ____ | ____ | ____ | ____ |
| Post. Tibial | ____ | ____ | ____ | ____ |
| Peroneus Brev. | ____ | ____ | ____ | ____ |
| Peroneus Lng. | ____ | ____ | ____ | ____ |

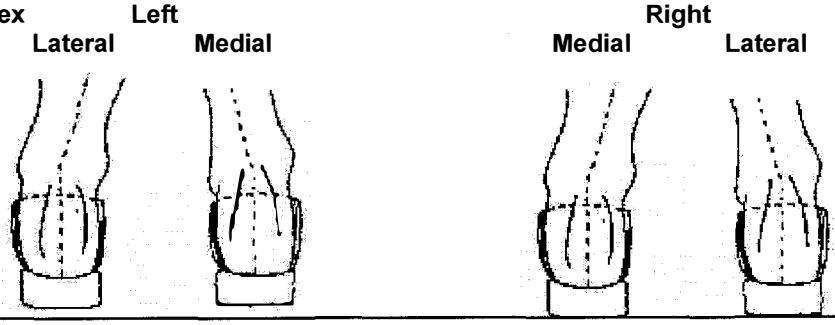



7. **FHL** Left Right

**STANDING:**

1. **Longitudinal Arch:**
   Left ( Flat Low Normal High)
   Right ( Flat Low Normal High)

2. **Achilles Tendon Apex**




**PRONE:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Left | Forefoot: | Varus | Valgus | Right | Forefoot: | Varus | Valgus |
| | Rearfoot: | Varus | Valgus | | Rearfoot: | Varus | Valgus |