

LOWER EXTREMITY INTAKE FORM

Doctor's Name: _____

Patient's Name: _____ Phone: _____ Email: _____

Address: _____

Insurance: Group ID: _____ Member ID: _____

Age: _____ DOB: _____ Height: _____ Weight: _____ Shoe Size: _____

Does patient stand or walk on hard surfaces? Yes No Hours Per Week: _____

Related Complaints:

- FLAT FEET
- BUNIONS
- CORNS
- OTHER: _____
- PAIN WHILE STANDING
- PAIN WHILE WALKING
- PAIN WHILE RUNNING


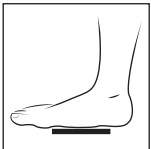
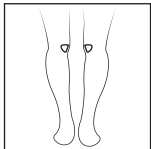
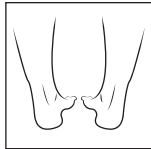


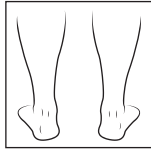


History of problems/injuries to:

- FEET
- KNEES
- HIPS
- SPINE
- ANKLES
- LEGS/PELVIS
- OTHER: _____

Recreational Activities:

- WALKING
- GOLF
- BOWLING
- VOLLEYBALL
- BASEBALL
- WEIGHT-LIFTING
- Other: _____
- RUNNING
- TENNIS
- CYCLING
- BASKETBALL
- FOOTBALL
- AEROBICS

Foot Screening:

Walking Gait		Standing Arch/Palpation		Standing Patella Alignment	
1 <input type="checkbox"/>		1 <input type="checkbox"/>		1 <input type="checkbox"/>	
Left Foot		Right Foot		Right Foot	Left Knee
	Toe-Out		Low (Pronation)		Inwardly Rotated
2 <input type="checkbox"/>		2 <input type="checkbox"/>		2 <input type="checkbox"/>	
Left Foot		Right Foot		Right Foot	Left Knee
	Toe-In		High (Supination)		Outwardly Rotated
3 <input type="checkbox"/>		3 <input type="checkbox"/>		3 <input type="checkbox"/>	
Left Foot		Right Foot		Right Foot	Left Knee
	Straight		Normal		Straight

Functional Movement Screen:

Overhead Squat

- Pain with movement
- Inability thighs coming parallel to floor
- Anterior patella shearing
- Inability to maintain neutral spine
- ≈ Hip hinge
- Knee valgus
- Heels lift
- Hyperpronation
- Inability arms maintain parallel OH

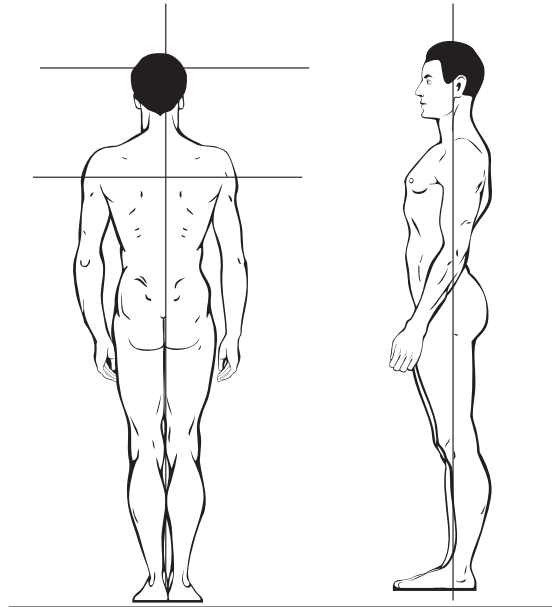
Single Leg Stance

- Pain with movement
- Unable to stand EO x 10 sec
- Unable to stand ECd x 10 sec
- Trendelenberg Sign
- No toe grabbing R L
- Foot pronation R L

Doctor's Name: _____

Left

Head Tilt/Rotation
High Shoulder
Axillary Space Inc/Dec
Lat Curve Apex
High Hip
Torso Rotation
Femoral Rot. Int/Ext
Genu Valgum/Varum
Pes Planus/Cavus
Toe-In/Toe-Out



Right

Head Tilt/Rotation High
Shoulder Axillary Space
Inc/Dec Lat Curve Apex
High Hip
Torso Rotation Femoral
Rot Int/Ext Genu
Valgum/Varum Pes
Planus/Cavus Toe-In/
Toe-Out

Anterior Head Translation
BackHyperkyphosis
Anterior Pelvic Tilt

Shoulder Protraction
Hyperlordosis
Genu Recurvatum

Sway
Hypolordosis

Additional Findings: _____

Gait Analysis

Trunk _____

Pelvis _____

Hip _____

Knee _____

Ankle _____

Recommendations

Foot Levelers Custom Orthotics

Pair 1: _____

Pair 2: _____

