North Ajax Rehab and Sports Injury Clinic: Orthotic Intake/ Assessment Form

Client's Name: ____________________________________ Date: ___________________

Contact Phone #: _________________________________ Gender: ❒ Female ❒ Male

Address: ____ Age: ___________________

________________Postal Code: _____________ Weight: ___________________

Email: ____ Shoe Size: _________________

Are your feet sore on a regular basis? ❒ Yes ❒ No Shoe Type: ________________

Do you have heel pain on a regular basis? ❒ Yes ❒ No

Do you spend a good portion of the day walking or standing? ❒ Yes ❒ No

Do you play sports regularly? ❒ Yes ❒ No If Yes, which one(s)? ________________________________

Does walking or running result in joint pain (ankle, knee, hip, or back)? ❒ Yes ❒ No

Do you have visible foot problems (bunions, fallen arches, calluses, corns)? ❒ Yes ❒ No

Do you have a family history of foot problems? ❒ Yes ❒ No

Have you worn orthotics previously? ❒ Yes ❒ No

History / Chief Complaints: (Office Only)

Observation: (Office Only)

Calcaneal Position (Standing): Left: ❒ Inverted ❒ Neutral ❒ Everted Right: ❒ Inverted ❒ Neutral ❒ Everted	Frontal View: Knees Left: ❒ Varus ❒ Neutral ❒ Valgus Right: ❒ Varus ❒ Neutral ❒ Valgus
Contour medial longitudinal arch (Standing): Left: ❒ Concave ❒ Neutral ❒ Convex Right: ❒ Concave ❒ Neutral ❒ Convex	Side View: Knees Left: ❒ Extended ❒ Neutral ❒ Flexed Right: ❒ Extended ❒ Neutral ❒ Flexed
# toes medial, neutral, or lateral (Standing): Left: ❒ Varus ❒ Neutral ❒ Valgus Right: ❒ Varus ❒ Neutral ❒ Valgus	Frontal View: Torsion-Tibial / Femoral Left: ❒ Toe Out ❒ Neutral ❒ Toe In Right: ❒ Toe Out ❒ Neutral ❒ Toe In
Ankle Dorsiflexion Left: ❒ Less than 10◦ ❒ Greater than 10◦ Right: ❒ Less than 10◦ ❒ Greater than10◦	Functional One Leg Squat Test: Left: ❒ Neutral ❒ Genu Valgus ❒ Genu Varum Right: ❒ Neutral ❒ Genu Valgus ❒ Genu Varum
Functional Hallux Limitus Test Left: ❒ Positive ❒ Negative Right: ❒ Positive ❒ Negative	Leg Length Inequality (Functional) ❒ Pelvis Level ❒ Pelvis Shorter on ❒(R) ❒(L) by: _______cm
Arch Height (Talo-Navicular) Left: ❒ High (to PIPJt) ❒ Medium (to DIPJt) ❒ Low Right: ❒ High ❒ Medium ❒ Low	Gait Pattern / Other:

Physiotherapist:

_________________________________(BSc.P.T.)