

BIOMECHANICAL & GAIT EXAMINATION

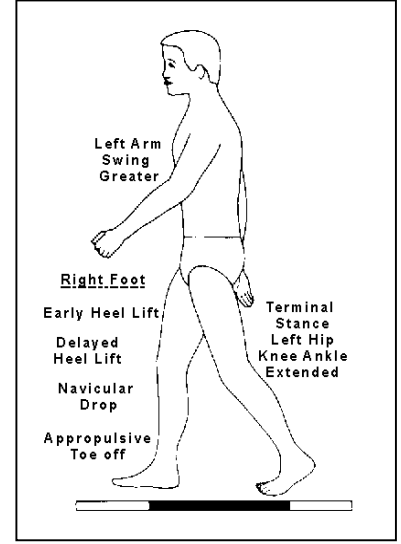
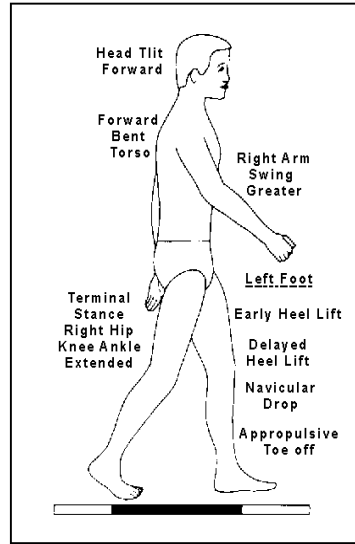
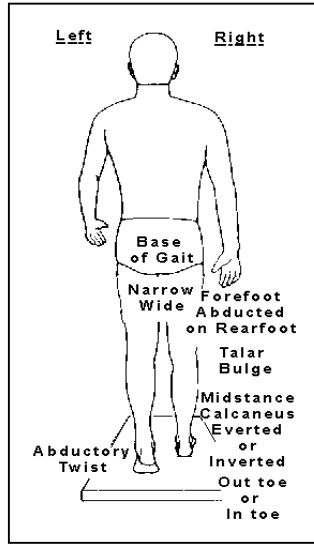
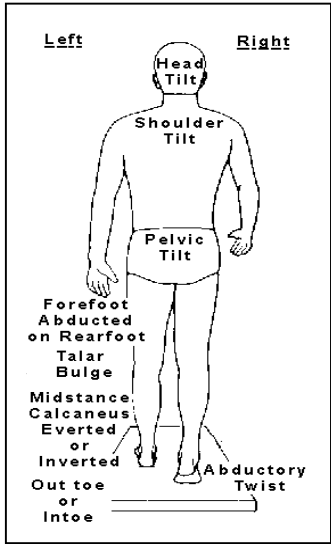
Patient Name:

Exam Date

M D Y

DYNAMIC GAIT ANALYSIS

Right foot or Left foot more pronated or supinated than Left foot or Right foot



BIOMECHANICAL EXAMINATION

STANDING

Leg Length	<u>Right</u>	<u>Left</u>	Tibial Position	<u>Left</u>	<u>Right</u>	Hallux Dorsiflex.	<u>Right</u>	<u>Left</u>
Iliac Crest Tilt	<input type="checkbox"/>	<input type="checkbox"/>	Varum	<input type="checkbox"/>	<input type="checkbox"/>	Easy	<input type="checkbox"/>	<input type="checkbox"/>
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	Valgum	<input type="checkbox"/>	<input type="checkbox"/>	Difficult	<input type="checkbox"/>	<input type="checkbox"/>
Patellar position			RCSP			Resupination Test		
Internal	<input type="checkbox"/>	<input type="checkbox"/>	Inverted / Peek-a-boo sign	<input type="checkbox"/>	<input type="checkbox"/>	Easy	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>	Everted	<input type="checkbox"/>	<input type="checkbox"/>	Difficult	<input type="checkbox"/>	<input type="checkbox"/>
Single Leg Raise +	<input type="checkbox"/>	<input type="checkbox"/>	Max. Pronation Test			Navicular Drop		
Proprioception			Max pronated	<input type="checkbox"/>	<input type="checkbox"/>	0-5mm	<input type="checkbox"/>	<input type="checkbox"/>
Eyes open (sec.)			Neutral	<input type="checkbox"/>	<input type="checkbox"/>	10-15mm	<input type="checkbox"/>	<input type="checkbox"/>
Eyes closed (sec.)			Low Arch	<input type="checkbox"/>	<input type="checkbox"/>			
			High Arch	<input type="checkbox"/>	<input type="checkbox"/>			

PRONE

Hip-ROM-Extended	<u>Left</u>	<u>Right</u>	Malleolar Position	<u>Left</u>	<u>Right</u>	Neutral- FF to RF	<u>Left</u>	<u>Right</u>
External	<input type="checkbox"/>	<input type="checkbox"/>	Internal	<input type="checkbox"/>	<input type="checkbox"/>	Varus	<input type="checkbox"/>	<input type="checkbox"/>
Tight Iliopsoas			External	<input type="checkbox"/>	<input type="checkbox"/>	Perpendicular	<input type="checkbox"/>	<input type="checkbox"/>
Internal	<input type="checkbox"/>	<input type="checkbox"/>	Metatars. Adduct	<input type="checkbox"/>	<input type="checkbox"/>	Valgus	<input type="checkbox"/>	<input type="checkbox"/>
Tight Sartorius			Neutral-RF to Leg			Supinatus	<input type="checkbox"/>	<input type="checkbox"/>
			Varus	<input type="checkbox"/>	<input type="checkbox"/>			
			Valgus	<input type="checkbox"/>	<input type="checkbox"/>			

SUPINE

1st MPJ ROM	<u>Right</u>	<u>Left</u>	STJ ROM	<u>Right</u>	<u>Left</u>	Leg Length	<u>Right</u>	<u>Left</u>
Limited with load	<input type="checkbox"/>	<input type="checkbox"/>	Rigid	<input type="checkbox"/>	<input type="checkbox"/>	Push-Pull Short leg	<input type="checkbox"/>	<input type="checkbox"/>
Flexible with load	<input type="checkbox"/>	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Testing		
1st Ray ROM			High/Low axis	<input type="checkbox"/>	<input type="checkbox"/>	W-weak T-tight		
Rigid	<input type="checkbox"/>	<input type="checkbox"/>	STJ AXIS			Iliopsoas	W/T	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	Medial	<input type="checkbox"/>	<input type="checkbox"/>	Hamstrings	W/T	<input type="checkbox"/>
1st Ray Position			Lateral	<input type="checkbox"/>	<input type="checkbox"/>	Quads	W/T	<input type="checkbox"/>
Dorsiflexed	<input type="checkbox"/>	<input type="checkbox"/>	Equinus			Post Tib.	W/T	<input type="checkbox"/>
Plantarflexed	<input type="checkbox"/>	<input type="checkbox"/>	Gastrocnemius	<input type="checkbox"/>	<input type="checkbox"/>	Ant. Tib	W/T	<input type="checkbox"/>
MTJLA ROM			Soleus	<input type="checkbox"/>	<input type="checkbox"/>	Peroneous Long.	W/T	<input type="checkbox"/>
Rigid	<input type="checkbox"/>	<input type="checkbox"/>	Osseous	<input type="checkbox"/>	<input type="checkbox"/>	SITTING		
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	Hip-ROM-Flexed			Low/High arch	<input type="checkbox"/>	<input type="checkbox"/>
MTJ OA ROM			External	<input type="checkbox"/>	<input type="checkbox"/>	Anterior cavus	<input type="checkbox"/>	<input type="checkbox"/>
Rigid	<input type="checkbox"/>	<input type="checkbox"/>	Tight glut med/min and adductors			Supination Lag +	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	Internal	<input type="checkbox"/>	<input type="checkbox"/>	1 st Met. Rise Sign +	<input type="checkbox"/>	<input type="checkbox"/>
High/ Low axis	<input type="checkbox"/>	<input type="checkbox"/>	Tight Glut max and piriformis					