

Assessment

Acct. Name Biotech Orthotics & Braces, EMC, B. Stoodley

Patient Information

Date 2024-04-18

Name Dan McMullen

Occupation Office IT

Age 53 Gender M Height 69 Weight 330 lbs Shoe Size 12

PATIENT HISTORY

Chief complaint of pain/diagnosis:

L>R Plantar Fasciitis, 15-20 years, cfos doing well, mild OA and joint stiffness.
History of cellulitis in low leg, noted low leg tiredness and discolouration.

WB separated plantar plates, increased lordosis, herniated fat pads, increased lateral sheer on R.

Gait Evaluation

	LEFT	RIGHT
Heel Strike	Vertical	Lateral Excessive
Midstance	Pronating Excessive	Pronating Excessive
Toe Off	Resupinating None	Resupinating None
Heel Lift	Premature	Premature
Gait Pattern	Out-Toe WNL	Out-Toe Excessive

OA in knees reported by patient

BIOMECHANICAL EXAMINATION FINDINGS

	LEFT	RIGHT
Arch Height-Off Weight Bearing	Medium	Medium
Arch Height-Weight Bearing	Low	Low
Subtalar Joint Range of Motion	Hypermobile	Hypermobile
First Ray Motion	Rigid	Rigid
First Ray Position	Plantarflexed	Plantarflexed
Hallux Dorsiflexion	Limited	Limited
HAV	Normal	Normal
LLD (short by)	WNL mm	mm
Ankle Dorsiflexion	10 °LT	10 °RT
Knee Position Front	Genu Valgum	Genu Valgum
Knee Position Side	Straight	Straight

CLINICIAN'S MEASUREMENTS

	LEFT	RIGHT
Rearfoot	3 ° Varus	3 ° Varus
Forefoot	3 ° Varus	3 ° Valgus
Tibial Angle	2 ° Valgus	2 ° Valgus
Relaxed Calcaneal Stance	2 ° Valgus	2 ° Varus

FOOT ORTHOTIC HISTORY

Patient has worn foot orthotics: Yes No

Success: Excellent Good Moderate Poor

Shell Type: EVA Plastic Carbon Fiber Other

Likes/Dislikes: Simply worn out

SHOE FINDINGS

Shoe Style

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Casual	Uppers	<input type="checkbox"/> Inverted R/L
<input type="checkbox"/> Slip On	<input checked="" type="checkbox"/> Sport		<input type="checkbox"/> Neutral R/L
<input type="checkbox"/> Dress	<input type="checkbox"/> Boot		<input type="checkbox"/> Everted R/L

biotech orthotic design inc.

69 Park Road, Unit 3, Elmsdale, NS B2S 2L3 Toll Free: 1-888-745-9055 • Local: 1-902-883-7521 • Fax: 1-902-883-7563
www.biotechorthotics.com • Email: biotech@biotechorthotics.com



Advantage

Dress

Specialty

Other/Detail: _____

Date:	2024-04-18						
Clinic:	Biotech Orthotics & Braces, EMC, B. Stoodley						
Clinician:	EMC BO&B						
Patient:	Dan McMullen						
Age:	_____	Gender:	M	Weight:	330	Height:	69
<input type="checkbox"/> Dress <input checked="" type="checkbox"/> Casual <input checked="" type="checkbox"/> Sport <input type="checkbox"/> Boot Size: 12							

Rush Order

Office Use Only

O#

S#

DI:

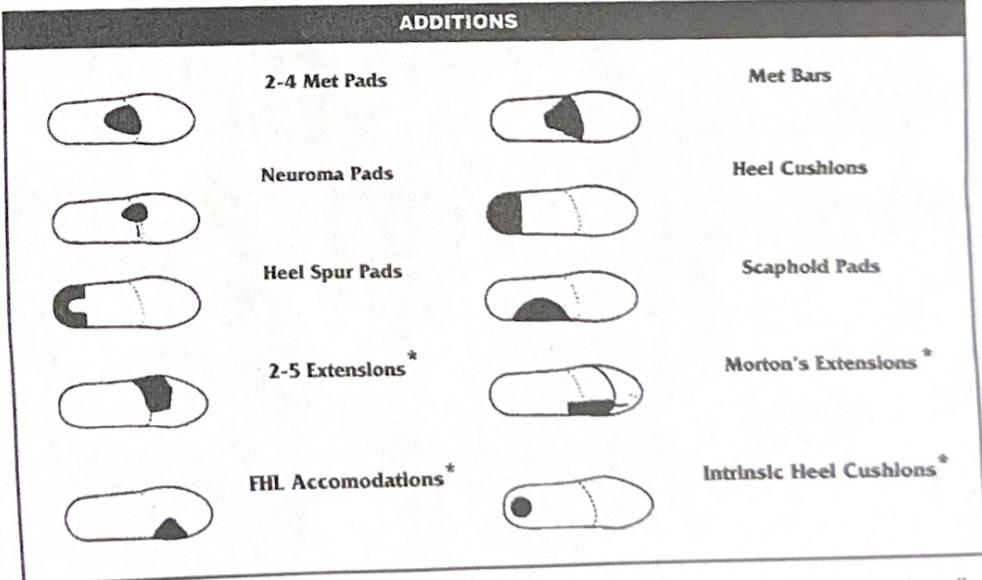
C:

USE FOR ADDITIONAL INSTRUCTIONS

Fit to outline

POSTING INSTRUCTIONS		
	LEFT	RIGHT
Post	As Casted	As Casted
REARFOOT	LEFT	RIGHT
<input type="checkbox"/> Intrinsic	_____	_____
<input type="checkbox"/> Extrinsic	_____	_____
HEEL RAISE LT	(mm)	RT (mm)
MIDFOOT	LEFT	RIGHT
Arch Aggressiveness	Medium	Medium
FOREFOOT	LEFT	RIGHT
<input checked="" type="checkbox"/> Intrinsic	2 Varus	2 Varus
<input type="checkbox"/> Extrinsic	_____	_____
Post to	LEFT	RIGHT
SHELL MODIFICATIONS		
	LEFT	RIGHT
Heel Cups	Deep	Deep
Clips	Standard	Standard
Flanges		
Met Cut Outs	1st Met	1st Met
Width	See Notes	See Notes
Ext. Arch Fill		
Underskive		

TOP COVERS	MIDLAYERS *	BOTTOM COVERS
Thickness 3mm	Thickness	Thickness Standard
Length Heel to Toes	Length	Length Heel to Toes
Type Neoprene	Type	Type UltraHyde
<input type="checkbox"/> Other _____	Cutouts	<input type="checkbox"/> Other _____



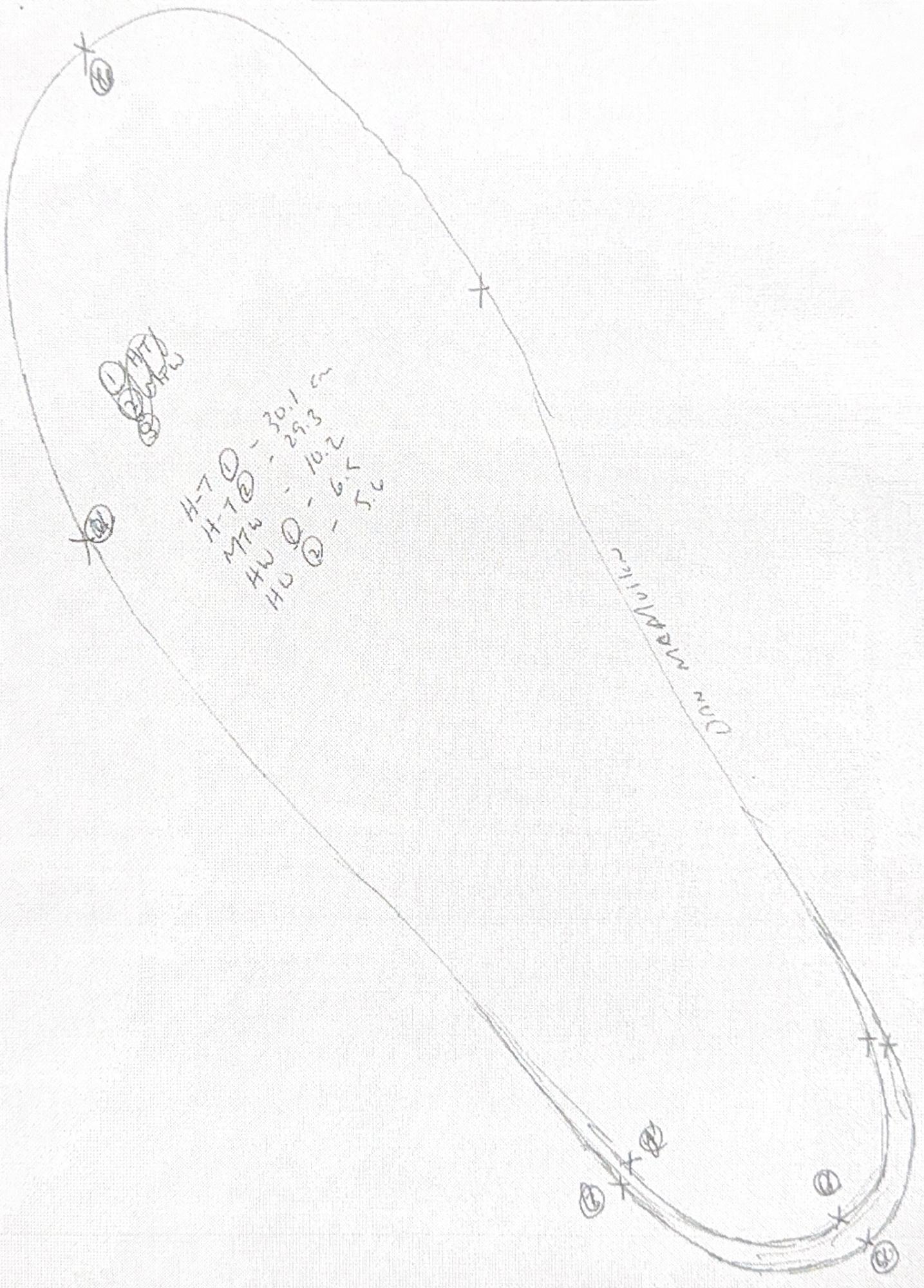
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* additional cost applies



**Dr. Rosemarie Kepkay**

EMC

106 Elmsdale Road Elmsdale, NS B2S 1K6
Phone: 902-883-2216, Fax: 902-883-1734printed
04-Jan-2024**MCMULLEN, DAN**7995 HWY 14
MILFORD STATION,NS B0N 1Y0
(902) 449-1773PHN: 0006498000
DOB: 29-Sep-1970
Age: 53 years (M)**NON-DRUG Rx - Orthotics***Details:*

Dx plantars faciitis

Start Date: 04-Jan-2024

End Date:



Signature:

Dr. Rosemarie Kepkay (CPS#016179)

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** Patient's preferred pharmacy: Superstore Drugstore Pharmacy - Elmsdale, Superstore 295 Highway 214 ,Elmsdale,NS, ph:902-883-1422 fax:902-883-7319



CUSTOM FOOT ORTHOSES DESCRIPTION

The custom foot orthoses dispensed are derived from a full biomechanical / gait assessment and a three-dimensional box foam or plaster of paris direct mold.

The custom foot orthoses are made from various plastics, foams (EVA, Nickleplast, Microcell), and/or vinyl/leather. The custom foot orthoses are manufactured by a staff consisting of an Orthopaedic Technologist, Certified Pedorthists, and Canadian Certified Pedorthic Technicians.

Biotech Orthotic Design Inc. is a board-accredited facility through BAPFOL.

Hopefully, the above description provides the information requested, do not hesitate to call if you have any questions.

Regards,

A Z S

A. Brian Stoodley, C. Ped Tech (C), C. Ped (C)
Diploma of Orthopaedic Technology

PEDORTHIC ASSOCIATION OF CANADA REGISTRY NUMBER: 578
COLLEGE OF PEDORTHICS OF CANADA REGISTRY NUMBER: 213C



PEDORTHIC ASSOCIATION OF CANADA



THE COLLEGE
OF PEDORTHICS
OF CANADA



Biotech Orthotics & Braces Inc

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+1 9028839182
biotechorthoticsandbraces@gmail.com
GST/HST Registration No.: 787099738RT0001

**INVOICE**

BILL TO
McMullen, Dan
7995 Highway #14
Hardwood Lands Nova Scotia
B0N 1Y0

INVOICE 40135
DATE 19/04/2024
TERMS Net 30
DUE DATE 19/05/2024

DESCRIPTION	QTY	RATE	AMOUNT
Custom Foot Orthotics Custom Foot Orthoses	1	445.00	445.00
Dispense Date: April 25, 2024			
		SUBTOTAL	445.00
		TOTAL	445.00
		PAYMENT	445.00
		BALANCE DUE	CAD 0.00
			PAID



Date Submitted: 25 April 2024

Orthotics Claim Confirmation #	82562561	Plan Sponsor:	IMP Group Limited
Internal Reference #:	H0050082562561	Plan Member:	DAN MCMULLEN
		Plan Contract #:	87835
		Member Certificate #:	406926191

Patient: DAN MCMULLEN

Date of Birth: 29 September 1970

Relationship: Member

YES	Are you, your spouse, or your dependants covered under any other plan for these expenses?
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Name of spouse's insurance company: Manulife

Spouse's Plan Contract number: 0078246

Spouse's Certificate number: 000000009

Spouse's Date of Birth:

YES	Did you receive a physician's referral for this expense?
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Service Date	Total Charges	Number of pairs
25 Apr 2024	\$445.00	1

Please do not submit a separate claim for this expense as any unpaid portion will be processed under the secondary policy with Manulife. It may take 5-7 business days to process.