

Patient Information

Name

John Smith

Gender

Male

Patient ID

PT-3857294

Height

182 cm

Age

42 years

Weight

84 kg

Shoe Size

US 10.5 (EU 44)

Previous Conditions

Previously used orthopedic insoles, Mild heel spur

Foot Pain

Moderate pain in arch and heel after prolonged standing

3D Scan Images



Foot Alignment Analysis

Foot Alignment Analysis



Pressure Distribution Heatmap

Pressure Distribution Heatmap

Advanced Measurements

Comprehensive foot measurements based on 3D scanning and photogrammetry:

FOOT LENGTH

27.5

FOOT WIDTH

10.3

ARCH HEIGHT

1.8

centimeters

centimeters

centimeters

INSTEP HEIGHT

6.2

centimeters

HEEL WIDTH

6.7

centimeters

BALL GIRTH

24.1

centimeters

METATARSAL INDEX

0.78

ratio

HALLUX ANGLE

12.4

degrees

Clinical Relevance

The Metatarsal Index of 0.78 indicates potential pressure points at the metatarsal heads, which correlates with the patient's reported discomfort. The Hallux Angle measurement of 12.4° is within normal range, indicating no significant hallux valgus condition.

Pressure Distribution Analysis

Detailed analysis of foot pressure patterns based on our photogrammetry model:

Left Foot

 Left Foot Pressure Heatmap

Right Foot

 Right Foot Pressure Heatmap

Pressure Analysis Summary

The heatmap visualization indicates significant pressure concentration in the heel and metatarsal regions. The pressure patterns suggest pronation and reduced arch support.

PEAK PRESSURE

245

kPa

CONTACT AREA

124

cm²

PRESSURE TIME
INTEGRAL

42.3

kPa·s

CENTER OF PRESSURE
INDEX

0.68

index

PRONATION INDEX

1.42

ratio

MEDIAL/LATERAL
BALANCE

64/36

% distribution

Clinical Relevance

The Pronation Index of 1.42 indicates moderate overpronation, which aligns with the observed flattening of the medial arch. The Medial/Lateral Balance of 64/36 shows increased medial loading, consistent with the pronation pattern.

Arch Type Analysis

Comprehensive analysis of foot arch morphology and dynamics:

Flat Feet (Pes Planus)



Confidence: 0.68

Medium

Visualiza

The arch analysis indicates flattened arches (pes planus) with moderate rigidity. This finding correlates with the patient's discomfort during prolonged standing.

ARCH INDEX

0.29

NAVICULAR DROP

12.3

ARCH RIGIDITY INDEX

0.85

ratio

mm

ratio

DYNAMIC FLEXIBILITY

0.62

index

Clinical Relevance

The Arch Rigidity Index of 0.85 indicates limited flexibility, suggesting that orthotic intervention would be beneficial. The Navicular Drop measurement of 12.3mm confirms excessive pronation during weight bearing.

Skin & Vascular Analysis

Skin Tone Analysis

Advanced multi-colorspace skin tone calibration for optimal diagnostic accuracy:

FITZPATRICK TYPE



Type 1

classification

MELANIN INDEX

0.00

index

RGB VALUES

96, 119,
141

RGB

CHANNEL WEIGHTS

0.85, 1.05,
1.1

RGB multipliers

Vascular Health Metrics

PERFUSION INDEX

1.0

index

0  1.5

PULSE AMPLITUDE

0.42

index

0  0.75

VASCULAR VISIBILITY

High

classification

PRESSURE
THRESHOLD

0.95

calibration factor

Clinical Relevance

The Fitzpatrick Type 1 classification informed our pressure analysis algorithm to apply optimal calibration for vascular visibility. The perfusion index of 1.0 is within normal range, suggesting adequate peripheral circulation.

AI Diagnosis

Integrated analysis from our comprehensive diagnostic models:

Flat Feet (Pes Planus) with Overpronation

The 3D scan analysis reveals flattened medial arches with an arch index of 0.29 (normal range: 0.21-0.28). The foot demonstrates excessive inward rolling during the gait cycle, resulting in overpronation and increased medial loading patterns.

Metatarsalgia

The pressure distribution analysis shows increased pressure at the metatarsal heads, particularly the second and third metatarsals. This correlates with the

patient's reported forefoot discomfort and indicates potential metatarsalgia.

Mild Plantar Fasciitis

The pressure mapping indicates increased heel loading and tension along the plantar fascia. The combination of flat feet and the history of heel spur suggests mild plantar fasciitis, which aligns with the patient's reported heel pain.

Diagnostic Confidence

The AI diagnostic model has analyzed the integrated data from all measurement systems with an overall confidence score of 0.86 (high). The diagnosis is particularly confident about the overpronation pattern (0.93) and moderately confident about the plantar fasciitis assessment (0.77).

Recommendations

Custom Orthotic Insoles

Based on the comprehensive analysis, custom orthotic insoles with the following features are recommended:

- Medial arch support (moderate firmness) to address flat feet
- Metatarsal dome to redistribute pressure away from metatarsal heads
- Heel cup with cushioning to address plantar fasciitis
- Semi-rigid posting to control overpronation

The Barogrip AI model suggests using a 4mm polypropylene base with 3mm poron cushioning.

Foot Exercises

The following exercises are recommended to strengthen the intrinsic foot muscles and improve arch function:

- Towel curls: 3 sets of 15 reps, daily
- Short foot exercise: 10 reps with 10-second holds, daily
- Calf stretches: 3 sets of 30-second holds, twice daily
- Plantar fascia-specific stretches: 10 reps with 10-second holds, morning and evening

Footwear Recommendations

Based on the foot measurements and biomechanical analysis:

- Shoes with firm heel counter to control rearfoot motion
- Adequate toe box width (10.3cm+) to accommodate forefoot
- Motion control features to limit overpronation
- Midsole cushioning to reduce impact forces on heel
- Recommended brands/models: Asics Gel-Kayano, Brooks Adrenaline GTS, New Balance 860