[ ] Dr. Kapil Deswal, D. C.

Chiropractor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registered with the College of Chiropractor of Ontario (#3866)

# PRESCRIPTION/DIAGNOSIS/PROGNOSIS FOR CUSTOM ORTHOTICS

**Patient’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A **Biomechanical Examination and Gait Analysis(copy attached)** done on the above patient have revealed the following ***STRUCTURAL/POSITIONAL FINDINGS:*** [ ] ***rearfoot varus/***[ ] ***rearfoot valgus/***[ ] ***forefoot varus-supinatus/*** [ ] ***forefoot valgus/*** [ ] ***plantarflexed 1st ray -*** [ ] ***mobile*** or [ ] ***rigid/*** [ ] ***tibial varum/*** [ ] ***genu valgum/*** [ ] ***genu recurvatum/*** [ ] ***short 1st metatarsals/*** [ ] ***limited ankle dorsiflexion/*** [ ] ***bunion deformity/*** [ ] ***claw toes/*** [ ] ***hammer toes***, and/or:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DIAGNOSIS (may be single or multiple):*** [ ] ***overpronation/*** [ ] ***oversupination/***

[ ] ***metatarsalgia/*** [ ] ***plantar fasciitis/*** [ ] ***tibialis posterior tendinitis/*** [ ] ***ankle equinus/***

[ ] ***partial collapse of the MLA/*** [ ] ***intoeing gait/*** [ ] ***pes cavus with rigid forefoot/***

[ ] ***increase in lateral midfoot plantar pressure due to partial collapse of the MLA/***

[ ] ***1st MP joint arthritis/*** [ ] ***hallux limitus/*** [ ] ***hallux rigidus/*** [ ] ***hallux abductovalgus/***

[ ] ***1st MP joint Capsulitis/*** [ ] ***Achilles tendinitis/*** [ ] ***tibialis anterior shin splints/***

[ ] ***metatarsocuneiform joint arthritis/*** [ ] ***sinus tarsi syndrome/*** [ ] ***tarsal tunnel syndrome/***

[ ] ***patellofemoral dysfunction in knees/*** [ ] ***lesser MP joint arthritis or capsulitis/***

[ ] ***calcaneal apophysitis (Sever’s disease)/*** [ ] ***lateral ankle instability/*** [ ] ***peroneal tendinitis/***

[ ] ***posterior leg musculature contraction/tightness/*** [ ] ***sesamoiditis/*** [ ]***neuroma/***

[ ] ***pressure induced - ulcers, corns or calluses* /**[ ]***limb length difference*/**

[ ] ***overpronation induced postural increase in lordosis in the lumbosacral region*** and/or:

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_*\_\_***

in: [ ] ***B/L feet or legs/*** [ ] ***L foot or leg/*** [ ] ***R foot or leg***

***PROGNOSIS: Good, following orthotic therapy, use of appropriate footwear and physical therapy modalities if, and as, advised.***

**NOTE: The patient requires a pair of custom orthotics for corrective therapy .The use of an orthotic device will be ongoing and is essential in the prevention of progressive foot abnormalities in the patient .These orthotics were manufactured from a negative impression of the patients feet positioned in subtalar joint neutral ,and were fabricated from a plaster**

**Positive cast or laser scan of this negative impression .**

## Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

### BIOMECHANICAL EXAMINATION & GAIT ANALYSIS

**Patient’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Non-weightbearing Arch 2. 1st Ray ROM**

Low Arch [ ] R [ ] L Rigid [ ] R [ ] L

Medium Arch [ ] R [ ] L Average [ ] R [ ] L

High Arch [ ] R [ ] L Hypermobile [ ] R [ ] L

**3. 1st Ray Position 4. Distal Tibia to Ground**

Dorsiflexed [ ] R [ ] L Tibial Varum [ ] R [ ] L

Neutral [ ] R [ ] L Perpendicular [ ] R [ ] L

Plantarflexed [ ] R [ ] L Tibial Valgum [ ] R [ ] L

**5. STJ ROM 6. Limited Ankle Dorsiflexion**

Rigid [ ] R [ ] L Gastrocnemius [ ] R [ ] L

Average [ ] R [ ] L Soleus [ ] R [ ] L

Hypermobile [ ] R [ ] L Osseus [ ] R [ ] L

**7. MTJ Longitudinal Axis ROM 8. Weightbearing Arch**

Rigid [ ] R [ ] L Low Arch [ ] R [ ] L

Average [ ] R [ ] L Medium Arch [ ] R [ ] L

Hypermobile [ ] R [ ] L High Arch [ ] R [ ] L

**9. Rearfoot to Distal Tibia (STJ-N) 10. Forefoot to Rearfoot (STJ-N)**

Varus [ ] R [ ] L Varus [ ] R [ ] L

Perpendicular [ ] R [ ] L Perpendicular [ ] R [ ] L

Valgus [ ] R [ ] L Valgus [ ] R [ ] L

**11. Rearfoot to Ground (NCSP) 12.Rearfoot to Ground (RCSP)**

Varus [ ] R [ ] L Varus [ ] R [ ] L

Perpendicular [ ] R [ ] L Perpendicular [ ] R [ ] L

Valgus [ ] R [ ] L Valgus [ ] R [ ] L

**13. Clarke’s Test for P/F Dysfunction:** [ ] positive for the [ ] R / [ ] L knee(s)

**14. Recommendations/Advice**

[ ] The patient was advised to stretch the calf muscles with the knee extended (5x each leg, bid) to address the muscular ankle equinus (unless ***Achilles tendonitis*** is indicated as a complaint. In such cases calf stretching is to be started 12 weeks after orthotic therapy has commenced)

[ ] Icing to the painful areas of the feet or legs (15 min., bid)

*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Dr. KAPIL DESWAL, D.C.

*(#*3866*)*

*(Note: Tests/examinations/observations/features that do not appear checked off on this form were not considered applicable to this patient).*