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Chiropody/Foot Specialist

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# PRESCRIPTION/DIAGNOSIS/PROGNOSIS FOR ORTHOPEDIC SHOES

**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 /*** [ ] ***forefoot varus-supinatus /*** [ ] ***forefoot valgus /*** [ ] ***plantarflexed 1st ray -*** [ ] ***mobile*** or [ ] ***rigid*** / [ ] ***tibial varum /*** [ ] ***genu valgum /*** [ ] ***genu recurvatum /*** [ ] ***short 1st metatarsals /*** [ ] ***muscular ankle equinus /*** [ ] ***hallux valgus bunion deformity /*** [ ] ***claw toes /*** [ ] ***hammer toes***, and/or:

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***DIAGNOSIS:*** [ ] ***overpronation /*** [ ] ***oversupination /*** [ ] ***metatarsalgia /*** [ ] ***plantar fasciitis /*** [ ] ***tibialis posterior tendonitis /*** [ ] ***partial collapse of*** ***the MLA/*** [ ] ***1st MP joint arthritis /*** [ ] ***hallux limitus /*** [ ] ***functional hallux limitus*** ***/*** [ ] ***Achilles tendonitis /*** [ ] ***patellofemoral dysfunction in knees /*** [ ] ***anterior tibial shin splints /*** [ ] ***metatarsocuneiform joint arthritis /*** [ ] ***lesser MP joint arthritis or capsulitis /*** [ ] ***posterior leg musculature contraction/tightness* /** [ ] ***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 use of the above footwear and physical therapy modalities if, and as, advised.***

**NOTE: This pair of custom made orthopedic shoes are a “stand alone” product that does not depend on any custom orthotic for its therapeutic effect. The footwear modifications, if applicable, do not include a custom orthotic which may or may not have been prescribed and dispensed for the patient as a separate items for use in other footwear. If applicable, a list of modifications made to the above footwear, in order to customize them for the above patient, is attached.**

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