[ ] Dr. Kapil Deswal, D. C.

Chiropractor

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

# PRESCRIPTION/DIAGNOSIS FOR CUSTOM MADE 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:

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

***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***

**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. Any modifications/repairs that are necessary within the 3-years period will be covered under warranty provided by provider.**

## 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).*