
Orthotic Mobility Score

On a scale of 1-10, if 1 represents the least mobile and functional, and 10 represents the most mobile and functional, how would you rate your mobility and function when using your orthotic device at the start of today's visit?

On a scale of 1-10, if 1 represents the least mobile and functional, and 10 represents the most mobile and functional, how would you rate your mobility and function when using your orthotic device following any adjustments made at today's visit?

☐ There were no adjustments made today.

Interpretation

None

Minimally Clinically Important Difference (MCID)

Minimal Detectable Change (MDC)

None

Selected References

This is a custom survey.
