

# Biomechanical Assessment Form



## Patient Details

Name .....

Presenting Complaint/s .....

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Diagnosis .....

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Objective of Prescribed Device/s .....

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## Biomechanical Examination Findings

	L	R
<b>ARCH HEIGHT NWB</b>		
High	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>
<b>ARCH HEIGHT WB</b>		
High	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUBTALAR JOINT R.O.M</b>		
Hypermobile	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Restricted	<input type="checkbox"/>	<input type="checkbox"/>
<b>MIDTARSAL JOINT R.O.M</b>		
Hypermobile	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Restricted	<input type="checkbox"/>	<input type="checkbox"/>
Plantarflexed	<input type="checkbox"/>	<input type="checkbox"/>
<b>1ST RAY POSITION</b>		
Plantarflexed	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Dorsiflexed	<input type="checkbox"/>	<input type="checkbox"/>
<b>ANKLE DORSIFLEXION</b>		
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Restricted	<input type="checkbox"/>	<input type="checkbox"/>
<b>HALLUX DORSIFLEXION</b>		
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Limitus	<input type="checkbox"/>	<input type="checkbox"/>
Rigidus	<input type="checkbox"/>	<input type="checkbox"/>
F.H.L	<input type="checkbox"/>	<input type="checkbox"/>
<b>POSITION OF DIGITS</b>		
Hallux Abducted Valgus	<input type="checkbox"/>	<input type="checkbox"/>
Claw Toes	<input type="checkbox"/>	<input type="checkbox"/>
Retracted Toes	<input type="checkbox"/>	<input type="checkbox"/>
Hammer Toes	<input type="checkbox"/>	<input type="checkbox"/>
Straight	<input type="checkbox"/>	<input type="checkbox"/>
<b>KNEE POSITION</b>		
Genu Varum	<input type="checkbox"/>	<input type="checkbox"/>
Genu Valgum	<input type="checkbox"/>	<input type="checkbox"/>
Genu Recurvatum	<input type="checkbox"/>	<input type="checkbox"/>
Patellar Malalignment	<input type="checkbox"/>	<input type="checkbox"/>
Straight	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIBIAL TORSION</b>		
Internal	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEG LENGTH DISCREPENCY</b>		
<input type="checkbox"/> Functional	<input type="checkbox"/> Structural	
Short by L .....	R .....	

	MEASUREMENTS	
<b>WEIGHTBEARING</b>		
Relaxed Calcaneal Stance Position	L .....° INV / EV	R .....° INV / EV
Navicular Drop Height In N.C.S.P	L .....mm	R .....mm
Navicular Drop Height In R.C.S.P	L .....mm	R .....mm
Tibial Position	L .....° Var / Valg	L .....° Var / Valg
Max Eversion Height of Forefoot	L .....mm	R .....mm
Base of Gait	L Abd / Add / Norm	R Abd / Add / Norm
<b>NON WEIGHTBEARING</b>		
Neutral Calcaneal Stance Position	L .....° INV / EV	R .....° INV / EV
Forefoot to Rearfoot Position	L .....° INV / EV	R .....° INV / EV
<b>FUNCTIONAL TESTS</b>		
Supination Resistance Test	L 1 2 3 4 5 (Easy - Hard)	R 1 2 3 4 5 (Easy - Hard)
Jacks' Test	L Positive / Negative	R Positive / Negative
Lunge Test	L <38° / >38°	R <38° / >38°
STJ Axis	L Med/ Av / Lat	R Med/ Av / Lat

**GAIT ANALYSIS OBSERVATIONS (OPTIONAL)**

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**NOTES / SPECIAL INSTRUCTIONS**

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**PRACTITIONERS' SIGNATURE**

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**DATE** .....