



#3-744 Fairview Road
 Victoria, BC V9A 5T9
 P. 250.385.3338
 Toll Free Phone 1.866.345.3338
 Toll Free Fax 1.888.816.5890
 Web www.inlineorthotics.ca



Lab Use:

Date Casted: _____

Practitioner: _____ Patient Last Name: _____

Phone: _____ Patient First Name: _____

Bill to: _____ Date of Birth: ____/____/____ Male Female
MM DD YYYY

Weight (lbs): _____ Height: _____ Shoe Size: _____

Ship to: _____ Please duplicate prescription # _____

ORTHOTIC TYPE

- Inline Sport
- Inline Multisport (1/8th Poly Shell with 3/8th Plantar Poron)
- Inline Standard
- Inline Flexible
- Poron Mold (1/16th Poly Shell)
- EVA Mold (no Poly Shell)
- Bio Cork Mold
- XT Sprint
 - Semi-Flex Rigid
- Inline Omni Flex
 - Flex Standard Rigid
- Direct Mill
 - Flex Standard Rigid

DRESS ORTHOTICS

- XT Dress
 - Heel Cup No Heel Cup
- Cobra Dress
- HH Dress

CHILDREN

- Shaffer Plate
- Robert Whitman
- UCBL
- Gait Plate
 - Out-Toe (correct In-toeing)
 - In-Toe (correct Out-toeing)

SHOE / SANDAL

Style _____
 Width _____
 Size _____

PATIENT HISTORY

- Occupation _____
- Does the patient engage in sports?
 Specify: _____
- Type of shoe
 - Laced Oxford Full Boot
 - Slip-on High Heels
 - Casual Sport Shoe
 - Pump

MEASUREMENTS

If you take measurements, place values below:

| | | |
|--------------|--------------|-----------|
| | <u>LT</u> | <u>RT</u> |
| Subtalar | _____ Varus | _____ V |
| Forefoot | _____ V | _____ V |
| | _____ Valgus | _____ VG |
| Tibial Varum | _____ | _____ |

POSTING INSTRUCTIONS

- Use lab discretion and post according to Data
- No posts (Neutral Shells only)
- Post these values instead:

| | | |
|----------|-----------|-----------|
| | <u>LT</u> | <u>RT</u> |
| Rearfoot | _____ V | _____ V |
| Forefoot | _____ V | _____ V |
| | _____ VG | _____ VG |

| | | |
|--|--------------------------|--------------------------|
| | <u>EXT</u> | <u>INT</u> |
| RF Posting | <input type="checkbox"/> | <input type="checkbox"/> |
| FF Posting | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 2-5 1/8" Bar 1st Cutout | | |
| <input type="checkbox"/> 1st Cutout | | |
| <input type="checkbox"/> Heel Raise | | |
| LT _____ | | RT _____ |

EXAMINATION FINDINGS

- FOOT APPEARANCE (Non-weight bearing)**
 - High Arch L/R
 - Low Arch L/R
 - Medium Arch L/R
- FOOT APPEARANCE (Weight bearing)**
 - High Arch L/R
 - Low Arch L/R
 - Medium Arch L/R
- FOOT MOTIONS**
 - Average Loose L/R
 - Tight L/R Rigid L/R
- TOE POSITIONS**
 - Straight L/R Subluxed L/R
 - Contracted L/R Hav L/R
- GAIT PATTERN**
 - In-toe Straight Out-toe
- LIMB LENGTH DIFFERENCE**

L _____ R _____

7. FIRST METATARSAL RAY POSITION

- Normal L/R Plantarflexed L/R
- Dorsiflexed L/R

8. FIRST METATARSAL LENGTH

- WNL Short

9. RANGE OF MOTION

Subtalar joint

- Within normal limits
- Loose L/R Restricted L/R

Ankle Dorsiflexion

- 10° or more L/R 5°-6° L/R
- 7°-8° L/R 3°-4° or less L/R

First Metatarsal Segment

- Flexible L/R Semi-Rigid L/R
- Rigid L/R Hypermobility

Hallux Dorsiflexion

- 65° L/R 25° L/R
- 45° L/R None L/R
- FHL (Limited dorsiflexion on weight bearing)

10. Location of Corns/Calluses

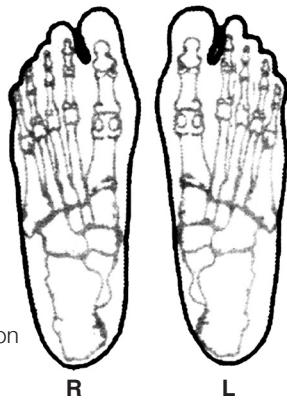
L _____
R _____

11. Other complaints

- Leg Knee Hip Back

Explain:

Please use diagram to indicate where accommodations are needed



Accommodation required

ADDITIONS

- Narrow Wide
- Med Heel Skive Lat. Heel Skive
- LT _____ mm RT _____ mm
- High Med Flange High Lat. Flange
- Heel Cup Depth _____ mm
- Neuroma Pad (Interspace)
- LT _____ RT _____

- Heel Pad** **Mortons Extension**
- LT RT LT RT
- Heel Spur Pad** **Reverse Mortons**
- LT RT LT RT
- Met Pad** **FHL Acc.**
- LT RT LT RT
- Met Pad Distal** **Met Bars**
- LT RT LT RT
- Heel Apperture** **Toe Crest Pad**
- LT RT LT RT
- Other _____

TOP COVERS (FROM HEELS)

Vinyl Cover:

- Black Brown Green Blue Red
- Mets Sulcus
- Toes No Cover
- 1/16 Poron 1/8 Poron
- 1/16 Puff 1/8 Puff
- Black Spenco Blue Spenco
- Leather Suede
- Tan Tan
- Black Black
- Plastazote Other

EXTENSIONS (FROM METS)

- Sulcus Toes
- 1/16 Poron 1/8 Poron
- 1/16 Puff 1/8 Puff
- Other 1/8 Plastazote
- Bottom Cover

USE FOR ADDITIONAL INFORMATION