

Patient Evaluation for Using Posture Control Insoles™

Patient Name: _____

Date: _____

Evaluated by: _____

Musculoskeletal Complaints

- Foot Knee Leg Back Neck TMJ
 Headache Poor Posture Unstable Other

Comments: (Injuries, surgeries, etc. that may affect the choice of Posture Control Insoles™)

Postural Findings

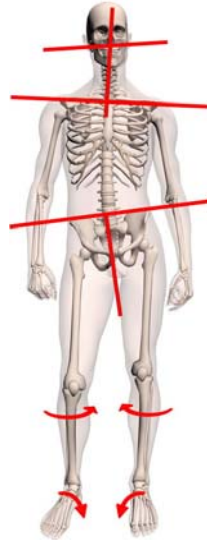
Lateral Plane

- Head Forward
 Protracted Shoulders
 Anterior Pelvic Rotation
 Thumbs Pointing Inward
 Knees Move Inward



Frontal Plane

- Head Upright
 Unlevel Shoulders
 Scoliosis
 Unlevel Pelvis
 Internal Knee Rotation
 Collapsed Ankles



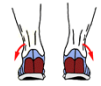
Other Posture Observations:

Foot and Shoe Findings

- Flexible Flat Foot Flexible Arch Stable Arch Flexible High Arch Rigid Cavus or Flat Foot

FMD: Left Foot: _____ mm Right Foot: _____ mm

- Standing Heel Posture: Left: Pronated Neutral Supinated
 Right:



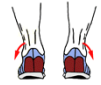
- Shoe Wear Pattern: Medial: Left Heel: Middle: Lateral:
 Symmetrical: Left Toe: Middle: Lateral:
 Assymetrical: Right Heel: Middle: Lateral:
 Right Toe: Middle: Lateral:

Dynamic Findings/Gait

Walking: Drifts to the Left Drifts to the Right

Bracer: Releaser:

- Half Knee Bend Left: Pronated Neutral Supinated
 Heel Posture Right:



- Toe-Out $\left\langle \begin{array}{l} \text{Left} \\ \text{Right} \end{array} \right.$ None Mild Severe
 Toe-In $\left\langle \begin{array}{l} \text{Left} \\ \text{Right} \end{array} \right.$ None Mild Severe