

Initial Patient Evaluation for Using Posture Control Insoles™

Patient Name: _____

Date: _____

Evaluated by: _____

Subjective Musculoskeletal Findings

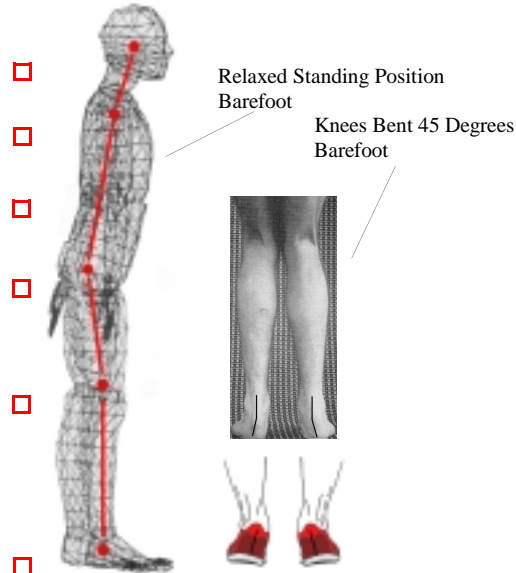
Complaints: Foot Knee Back Neck Other

Comments:

Objective Postural Findings

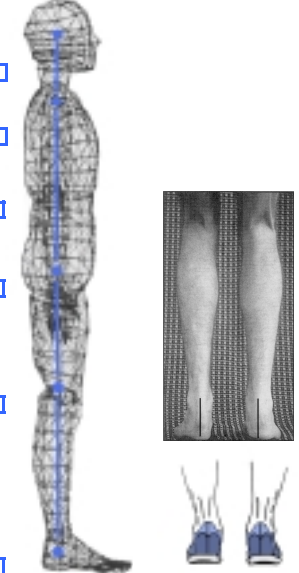
Red Findings

- Head Forward
- Rounded Shoulders
- Sway Back
- Thumbs Inward
- Knees Move Inward
- Twisting Ankles



Blue Findings

- Head Upright
- Straight Shoulders
- Straight Back
- Thumbs Inward
- Straight Knees
- Straight Ankles



Left Foot { Toe-In None Mild Severe
 Toe-Out None Mild Severe

Right Foot { Toe-In None Mild Severe
 Toe-Out None Mild Severe

Walking: Drifts to the Left Drifts to the Right

Foot Evaluation:

ILA Type: Flat Foot Flexible Arch Stable Arch Flexible Cavus Arch Rigid Foot

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

Appraisal

If 3 or more red objective findings are checked → Progressive Postural Arthritis

If 0-2 red objective findings are checked → Non-Progressive Postural Arthritis

Plan of Action

Progressive Postural Arthritis → Postural Control Insoles™ Managed Process

Non-Progressive Postural Arthritis → Recommend 3 mm Posture Control Insoles™