

ASSESSMENT FORM – FOOT

Patient:	Date of birth:
Date:	Tel.:
Diagnosis:	
School/profession:	Therapist:
	Doctor:
Special notes:	
Aims of intervention:	

Left	INSPECTION	Right
<input type="checkbox"/>	State of the tissue (colour, trophic changes)	<input type="checkbox"/>
<input type="checkbox"/>	Blisters (where?)	<input type="checkbox"/>
<input type="checkbox"/>	Scars (where?)	<input type="checkbox"/>
<input type="checkbox"/>	Hyperkeratosis	<input type="checkbox"/>
<input type="checkbox"/>	Muscle atrophy (where?)	<input type="checkbox"/>
Foot deformities		
<input type="checkbox"/>	Pes valgus/varus	<input type="checkbox"/>
<input type="checkbox"/>	Fallen arches	<input type="checkbox"/>
<input type="checkbox"/>	Pes planus (flatfoot)	<input type="checkbox"/>
<input type="checkbox"/>	Pes planovalgus	<input type="checkbox"/>
<input type="checkbox"/>	Pes excavatus (high-arched foot)	<input type="checkbox"/>
<input type="checkbox"/>	Pes transversoplanus (splayfoot)	<input type="checkbox"/>
Leg axes		
<input type="checkbox"/>	Bow-legs	<input type="checkbox"/>
<input type="checkbox"/>	Knock-knees	<input type="checkbox"/>
<input type="checkbox"/>	Tibia vara	<input type="checkbox"/>

Left	Footprint – Width of isthmus	Right
<input type="checkbox"/>	Isthmus 1/3 of forefoot width – normal	<input type="checkbox"/>
<input type="checkbox"/>	Isthmus 2/3 of forefoot width – fallen arches	<input type="checkbox"/>
<input type="checkbox"/>	Isthmus equals forefoot width – pes planus (flatfoot)	<input type="checkbox"/>
<input type="checkbox"/>	Isthmus wider than the forefoot – pes planovalgus	<input type="checkbox"/>
<input type="checkbox"/>	Isthmus less than 1/3 or not present – pes excavatus (high-arched foot)	<input type="checkbox"/>
RANGE OF MOTION (ROM)		
Supination/pronation ROM <45°		
<input type="checkbox"/>	Contracted pes valgus/varus	<input type="checkbox"/>
<input type="checkbox"/>	Contracted pes planovalgus	<input type="checkbox"/>
<input type="checkbox"/>	Rigid pes excavatus	<input type="checkbox"/>
Supination/pronation ROM >45°		
<input type="checkbox"/>	Flexible pes planovalgus	<input type="checkbox"/>
<input type="checkbox"/>	Flexible pes excavatus	<input type="checkbox"/>
Talocrural joint ROM <30°		
<input type="checkbox"/>	Insufficient	<input type="checkbox"/>
Talocrural joint ROM >30°		
<input type="checkbox"/>	Sufficient	<input type="checkbox"/>
PAIN		
<input type="checkbox"/>	Where exactly?	<input type="checkbox"/>
	What does it feel like?	
When?		
<input type="checkbox"/>	At rest	<input type="checkbox"/>
<input type="checkbox"/>	Movement	<input type="checkbox"/>
<input type="checkbox"/>	Weight bearing	<input type="checkbox"/>
<input type="checkbox"/>	Pressure pain (where?)	<input type="checkbox"/>
ACTIVE CORRECTION OF THE DEFORMITIES		
<input type="checkbox"/>	Possible	<input type="checkbox"/>
<input type="checkbox"/>	Impossible	<input type="checkbox"/>