



| Fit Feet Evaluation Results - Special Olympics Healthy Athletes® | |
|---|-------------------------------------|
| Athlete's Name | |
| Measured Foot/Shoe Size | Length (Right): _____ (Left): _____ |
| | Width (Right): _____ (Left): _____ |
| Recommended Shoe Type | |
| Recommended Sock Type | |
| Follow-up Needed: <input type="checkbox"/> Yes: See the "Follow-up Needed" list below for items that need attention. <input type="checkbox"/> No: Congratulations! You have Fit Feet. No treatment is required at this time. | |

You have the following condition(s) that need follow up care:

- Foot structure/morphology:** flat, high arch, abducted, adducted
- Skin:** athlete's feet, dermatitis, wart, callus, corn, dry skin, excessive sweating/moisture, cyst, growth, lesion
- Nail disease:** fungus/mold/yeast, ingrown, hematoma/blood under the nail, loose nail
- Bone:** bunion, hammertoe, heel pain, short toes, deformed toes, extra toes, bunionette, growth, metatarsal pain, bow legs, heel bump
- Abnormal joint motion:** ankle, subtalar, midtarsal, 1st MTP joints
- Muscles/tendons:** pain, tight, weak Achilles, Posterior tibial, Anterior tibial, Peroneal, Extensor tendons, Flexor tendons
- Nerve:** neuropathy-painful, numbness, neuroma, tarsal tunnel
- Gait:** pronation, supination, in-toe, out-toe, heel valgus, scissors, cross over, painful, apropulsive

Athlete Referral Information

Note: Fit Feet volunteers, please circle each referred specialist. If possible, please share additional contact details below specialist type(s) to aid with follow-up care efforts and coordination.

| Podiatrist | Chiropodist | Physiotherapist | Orthotist |
|--------------|--------------|-----------------|-----------|
| | | | |
| Dermatology | Rheumatology | Primary Care | Vascular |
| | | | |
| Chiropractic | Orthopaedics | Neurology | Other |
| | | | |

