

Firstname	Lastname	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is O Athlete's O Parent's / Guardian's		
Providing a phone number is optional. It will be used to send a text reminder if any follow up is recommended after screening.			

Athlete Concerns/Previous Treatment or Surgery

Insoles: Yes No



Weight _____ kgs Weight _____ lbs. _____ oz.
 Measure up to .01 kg Measure up to 1/2 oz.

Shoe Exam and Shoe Size Measurement

Screeener's name

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<i>Current Shoe Type</i>	<i>Current Sock Type</i>	Measured shoe size? O Child O Adult	Current Shoe Size O USA O Euro O UK O Asia	Left	Right
O Sport O Sandal	O Acrylic O Wool				
O Casual O Custom made	O Cotton O Other	Length		Left	Right
O Boots	O Nylon O No Sock	Width			
				USA Euro UK Asia	USA Euro UK Asia

Biomechanics, joint range of motion
Static Biomechanics

Joint range of motion	Left Foot			Right Foot		
	Norm	Rst	Hypermobile	Norm	Rst	Hypermobile
Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtalar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midtarsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<i>Val</i>	<i>N</i>	<i>Var</i>	<i>Val</i>	<i>N</i>	<i>Var</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Recurvatum</i>		<i>Flexum</i>	<i>Recurvatum</i>		<i>Flexum</i>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Foot structure	Left Foot			Right Foot		
Pes Cavus	<input type="checkbox"/>			<input type="checkbox"/>		
Pes Planus	<input type="checkbox"/>			<input type="checkbox"/>		
Metatarsus Adductus	<input type="checkbox"/>			<input type="checkbox"/>		
Tibial varum	<input type="checkbox"/>			<input type="checkbox"/>		
Calcaneus	O Val	O N	O Var	O Val	O N	O Var
Basic Gait Analysis	Left Foot			Right Foot		
Normal	<input type="checkbox"/>			<input type="checkbox"/>		
Excessive Pronation	<input type="checkbox"/>			<input type="checkbox"/>		
Excessive Supination	<input type="checkbox"/>			<input type="checkbox"/>		
Forefoot Abduction	<input type="checkbox"/>			<input type="checkbox"/>		
Forefoot Adduction	<input type="checkbox"/>			<input type="checkbox"/>		
Early Heel	<input type="checkbox"/>			<input type="checkbox"/>		

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Skin, Nail, Toe and Foot Exam (select all that apply)

Nail		Skin		Foot and Bone	
<input type="checkbox"/> Normal	<input type="checkbox"/> Wrong nail cut	<input type="checkbox"/> Normal	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Hematoma	<input type="checkbox"/> Lesion	<input type="checkbox"/> Calluses	<input type="checkbox"/> Papules	<input type="checkbox"/> Crossover toe	<input type="checkbox"/> Crossover toe
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Split and laceration	<input type="checkbox"/> Warts	<input type="checkbox"/> Nevus	<input type="checkbox"/> Clawtoes	<input type="checkbox"/> Clawtoes
<input type="checkbox"/> Thick	<input type="checkbox"/> Yellow	<input type="checkbox"/> Blisters	<input type="checkbox"/> Rash	<input type="checkbox"/> Brachymetatarsia (Short toe)	<input type="checkbox"/> Brachymetatarsia (Short toe)
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Maceration	<input type="checkbox"/> Soft tissue mass	<input type="checkbox"/> Bunions	<input type="checkbox"/> Bunions
<input type="checkbox"/> Blister	<input type="checkbox"/> Crumbly	<input type="checkbox"/> Split/cracks	<input type="checkbox"/> Corns -	<input type="checkbox"/> Tailor's bunions	<input type="checkbox"/> Tailor's bunions
<input type="checkbox"/> Ingrown		<input type="checkbox"/> Redness		<input type="checkbox"/> Hallux rigidus/limitus	<input type="checkbox"/> Hallux rigidus/limitus
		<input type="checkbox"/> Moist		<input type="checkbox"/> Neuralgia	<input type="checkbox"/> Neuralgia
		<input type="checkbox"/> Dry		<input type="checkbox"/> Haglunds	<input type="checkbox"/> Haglunds
		<input type="checkbox"/> Odor		<input type="checkbox"/> Exostosis	<input type="checkbox"/> Exostosis
				<input type="checkbox"/> Hammertoes	<input type="checkbox"/> Hammertoes

Education, Review of Findings and Checkout

Follow up care recommended? No Yes Urgent Not Urgent

LOCK LACES provided? No Yes

Prescribed and OTC Treatment

Name of Physician Referred

Podiatrist
 Physician
 Physiotherapist
 Pedicure
 Other

Comments