

PRACTICE NAME PATIENT NAME/IDENTIFIER DATE

ADDRESS EMAIL

CITY/SUBURB STATE POST CODE COUNTRY PH.

STEP 1. ORTHOTICKS PRO - CUSTOMISED

STYLE

WOMENS SHOES OSAKA SIENNA RHODES BONN DEMASCUS OTHER

WOMENS SANDALS GENEVA TOLEDO MADRID BALI MIAMI OTHER

MENS DURBAN CAIRNS MONTANA OTHER

SIZE (US) **COLOUR** **DOLA TO SUPPLY SHOE WITH ORTHOTIC PRE-FITTED?** YES NO

STEP 2. FOOT TYPE

PRONATED: MILD MODERATE SEVERE **NEUTRAL:** **SUPINATED:** MILD MODERATE SEVERE

STEP 3. PATHOLOGY

GENERAL COMFORT PREVENTION PERFORMANCE

LOWER BACK/HIP SIJ SCIATICA

LEG/KNEE ANTERIOR: PFJ / PATELLA LATERAL: ITB / LCL / JOINT MEDIAL: ADDUCTOR / MCL / JOINT

LOWER LIMB/ANKLE ACHILLES TENDONOPATHY GASTROC/SOLEUS PATHOLOGY SHIN SPLINTS: ANTERIOR
 ANKLE EQUINUS LATERAL ANKLE SPRAINS SHIN SPLINTS: POSTERIOR
 ANTERIOR IMPINGEMENT SYNDROME PERONEAL PATHOLOGY TIBIALIS ANTERIOR PATHOLOGY

REARFOOT PATHOLOGY CPHP / PLANTAR FASCIITIS PLANTAR CALCANEAL BURSTITIS TARSAL TUNNEL SYNDROME
 FAT PAD SYNDROME RETROCALCANEAL BURSTITIS TIBIALIS POSTERIOR PATHOLOGY

MIDFOOT PATHOLOGY CUBOID SYNDROME MIDTARSAL JOINT / LISFRANC STRAIN PLANTAR FASCIA PATHOLOGY

FOREFOOT PATHOLOGY 1ST MPJ INJURY FUNCTIONAL HALLUX LIMITUS METATARSALGIA (CAPSULITIS/BURSTITIS)
 5TH METATARSAL INJURY HALLUX RIGIDUS NEUROMA: INTERDIGITAL NEURITIS
 CORNS / CALLUS HAV (BUNIONS) PLANTAR PLATE INJURY
 FRIEBERGS OSTEOCHONDRITIS METATARSAL STRESS FRACTURE SESAMOID INJURY

KIDS PATHOLOGY FLAT FEET CALCANEAL APOPHYSITIS: SEVERS PAEDIATRIC INTOEING
 OSG SCHLATTERS/SINDING - LARSEN PAEDIATRIC OUTTOEING PAEDIATRIC TOE WALKING

STEP 4. CLINICAL TESTS (if performed)

RANGE OF MOTION NWB

ANKLE	SUBTALAR JOINT (STJ)		MIDTARSAL JOINT (MTJ)	1ST METATARSOPHALANGEAL JOINT (1ST MPJ)
<input type="radio"/> >10°	INVERSION	EVERSION	<input type="radio"/> MOBILE	<input type="radio"/> >65°
<input type="radio"/> <10°	<input type="radio"/> >20°	<input type="radio"/> >10°	<input type="radio"/> RESTRICTED	<input type="radio"/> 20° - 65°
	<input type="radio"/> <20°	<input type="radio"/> <10°		<input type="radio"/> <20°

RESTING STANCE POSITION

CALCANEUS POSITION	ARCH HEIGHT	MSRT FORCE
<input type="radio"/> INVERTED (SUPINATED)	<input type="radio"/> LOW	<input type="radio"/> LOW
<input type="radio"/> VERTICAL (NEUTRAL)	<input type="radio"/> NORMAL	<input type="radio"/> MODERATE
<input type="radio"/> EVERTED (PRONATED)	<input type="radio"/> HIGH	<input type="radio"/> HIGH

SAGITTAL PLANE ASSESSMENT

LUNGE TEST	JACKS TEST FORCE	JACKS TEST RANGE
<input type="radio"/> > 10CM	<input type="radio"/> LOW	<input type="radio"/> LOW
<input type="radio"/> < 10CM	<input type="radio"/> HIGH	<input type="radio"/> HIGH

STEP 5. TOP COVER

DURAFIT™ SMOOTH BLACK BRONZE COCOA SKIN

DURAFIT™ SEMI-PERFORATED ANTHRACITE BEIGE BLACK BLUE CAMEL CREAM LIME
 MAGENTA ORANGE MARINE (NAVY) SILVER SKIN STONE

EVA (GENERAL/SPORTS) BLACK BLUE LIME GREEN NATURAL PINK SWIRL RED
 BLACK & GREY BLUE SWIRL LIME SWIRL PINK PURPLE YELLOW

NORA™ DIABETIC ANTI SHEAR 3mm

DELIVERY STANDARD DISPATCH 5 WORKING DAYS EXPRESS DISPATCH 3 WORKING DAYS

OTHER INSTRUCTIONS

I ACKNOWLEDGE THAT I HAVE CHECKED THE PRESCRIPTION AND IT IS COMPLETE AND CORRECT

DOL102