

Initial Patient Evaluation for Using Posture Control Insoles™

Patient Name: _____

Date: _____

Evaluated by: _____

Subjective Musculoskeletal Findings

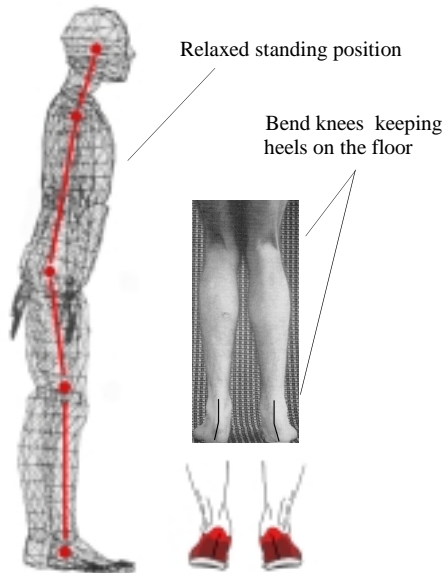
Complaints: Foot Knee Back Neck Other

Objective Postural Findings

Comments: (Injuries, surgeries, etc. that may affect the choice of Posture Control Insoles™)

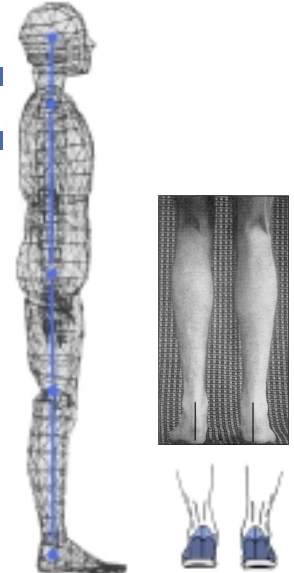
Red Findings

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



Blue Findings

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



Toe-Out {
Left None Mild Severe
Right None Mild Severe

Toe-In }
Left None Mild Severe
Right None Mild Severe

Walking: Drifts to the Left Drifts to the Right

Foot Evaluation: Internal Longitudinal Arch (ILA) and First Metatarsal Deficit (FMD)

ILA Type: Flexible 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 → Posture Control Insoles™ Managed Process

Non-Progressive Postural Arthritis → Recommend 3.5mm Posture Control Insoles™

Posture Control Insole™ Patient Tracking

	Configuration		Notes
	Date	Ground Force (mm) Arch (#)	
1st Pair			
Follow-up			
2nd Pair			
Follow-up			
12 Month Follow-up			
24 Month Follow-up			
36 Month Follow-up			
48 Month Follow-up			
60 Month Follow-up			

Comments: