



**FOOT ORTHOTIC EXPERTS  
CERTIFIED PEDORTHISTS SERVING CAMBRIDGE SINCE 1990**

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ CPSO # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**DIAGNOSIS / CONDITION**

- |  |  |
|--|--|
| <input type="checkbox"/> METATARSALGIA (SYNOVITIS / CAPSULITIS)                        | <input type="checkbox"/> METATARSAL STRESS FRACTURE                    |
| <input type="checkbox"/> PAINFUL CORNS / CALLUSES                                      | <input type="checkbox"/> HAMMER / CLAW TOE DEFORMITIES                 |
| <input type="checkbox"/> PAINFUL BUNION / HALLUX VALGUS / 1 <sup>ST</sup> MTP JOINT OA | <input type="checkbox"/> NEUROMA _____                                 |
| <input type="checkbox"/> PLANTAR FASCIITIS / HEEL PAIN / SEVER'S DISEASE               | <input type="checkbox"/> POSTERIOR TIBIALIS TENDONOPATHY               |
| <input type="checkbox"/> ACHILLES TENDONOPATHY   | <input type="checkbox"/> DIABETIC FOOT / CHARCOT DEFORMITY / ULCER     |
| <input type="checkbox"/> ARTHRITIC FOOT / ANKLE _____                                  | <input type="checkbox"/> ARTHRITIC KNEE (MEDIAL / LATERAL COMPARTMENT) |
| <input type="checkbox"/> ARTHRITIC HIP / HIP PAIN _____                                | <input type="checkbox"/> PATELLOFEMORAL PAIN / OSGOOD-SCHLATTER'S      |
| <input type="checkbox"/> CHRONIC VENOUS DISEASE  | <input type="checkbox"/> OTHER _____                                   |

**PEDORTHIC TREATMENT REQUIRED**

- CUSTOM FOOT ORTHOTICS       ANKLE BRACE       AFO
- CUSTOM ORTHOPAEDIC FOOTWEAR       FOOTWEAR MODIFICATIONS
- COMPRESSION STOCKINGS (mmHg) o 20-30 o 30-40 o 40-50 o 50-60    Style: o Calf o Thigh o Pantyhose
- AIR CAST WALKER FOR FRACTURE WITHIN FOOT OR LOWER LEG
- LOWER LIMB ASSESSMENT/GAIT ANALYSIS: TREAT AS REQUIRED

ADDITIONAL COMMENTS: \_\_\_\_\_

**KINESIOLOGY SERVICES REQUIRED**

- CUSTOM KNEE BRACE specify:  LIGAMENT BRACE     MEDIAL COMPARTMENT OA     LATERAL COMPARTMENT OA
- NON-CUSTOM HINGED BRACE       PATELLOFEMORAL BRACE       PATELLAR STRAP
- BIOMECHANICAL / MOBILITY ASSESSMENT \_\_\_\_\_
- EXERCISE PRESCRIPTION (PROTOCOL) \_\_\_\_\_



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