



FOOT ORTHOTIC EXPERTS  
CERTIFIED PEDORTHISTS SERVING OAKVILLE SINCE 1994

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

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

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

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

**DIAGNOSIS / CONDITION**

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