

Patient Name:	Patient Aasample	Date of Birth:	1972-05-02	
Referring Professional:	Dr. S. French	Assessment Date:	2009-11-13	
Assessing Clinician:	Richard Bosch			

Dear Dr. S. French,

Thank you for referring Patient to Stride Orthopaedics & Footwear for a biomechanical assessment. All assessments at Stride Orthopaedics & Footwear include a patient history, direct palpation of the feet, range of motion and muscle testing, gait analysis and an education session with the patient on the findings. Below is the detailed summary of your patient's assessment and treatment program.

Please look at the TREATMENT PLAN section on the last page for a brief synopsis of recommendations and further actions required.

Stride Orthopaedics & Footwear are committed to keeping your patients active and healthy for life, utilizing the treatment techniques of our education as Canadian Certified Pedorthists, as well as the resources available from our allied health partners in the community. Communication is key to our patient's success. Your continued trust in our services is appreciated.

Foot Alignment							
	Hind foot	Midfoot	Hallux	Forefoot	Arch Height		
Right	Valgus		Valgus				
Left	Valgus		Valgus				
Functional Tests							
	Hallux Function	Heel Raise	1/2 Squat	Trendelenberg			
Right							
Left							
Foot Range of Motion							
	Ankle	Subtalar	Midtarsal	First Ray	Hallux		
Right	Normal						
Left	Normal						

Metatarsal	Head Position									
	First	:	Second	Third		Fourth		Fifth		
Right										
Left										
Palpation P	ain									
	Met Heads	MLA	Prox. PF	Medial Ar	nkle	Lateral Ar	kle Medi	al Tibia	Pes Ans	serinus Patella
Right	Yes	Yes	Yes							
Left	Yes	Yes	Yes							
Muscle Fun	ction									
	Gastroc.	Tib. Post.	Tib. Ant.	Peroneal	Glut.	Med.	Hip Flex.	Ham	string	Quads
Right Left										
Insensate A	reas Distal T	oes	Metatarsal Heads	Medial Arch		Lateral Ar	ch	Plantar He	el	
Gait Assess	sment									
	Head		Shoulders	Hips		Knee		Heel Raise	e	Toe Off
Right	Level		Level	Level		Varus				Neutral
Left	Level		Level	Level		Varus				Neutral
Treatment I	Plan									
Footwear R	ecommendation	s: I have	e recommended t	nat certain shoe	s be re	eplaced.				
		l have	e discussed footwe	ar that has Supp	ortive	sandal,M	otion Cont	trol,Good f	orefoot	rocker
		Stiff st	nank,Increased cu	shioning						
Orthotic Re	commendations	For D	aily wear							
Orthotic Go	al:	Contr	rol Overpronation,	Provide shock a	bsorp	tion, Unloc	id high pre	essure area	as	
		0011			20010					

Stride Orthopaedics & Footwear is your complete source for assessment, treatment and care of lower limb pathologies. By using foot orthoses, footwear and medical compression stockings our Canadian Certified Pedorthists and Procare Certified Footwear Fitters are committed to achieving relief for your patients. If you have any questions or concerns, please contact me at (807)344-9608

Yours in health.

Richard Bosch CPed(C) Reg. #145C