

Biomechanical Evaluation

Pt Name: _____
 DOB: _____
 Height: _____ Weight: _____

PMHx: Pt is a _____ y/o male / female, referred for Balance Bracing Assessment.

Dx Pertaining to Balance Deficits:

- Parkinson's DM non-BPPV vertigo Difficulty Walking/Unsteadiness
- CVA HTN Spinal Stenosis Neuropathy
- Fall(s) x _____ Fx(s) due to Fall: _____ Other: _____

Pain: Yes / No

Duration: Acute Location(s): _____
 Chronic Intensity: Now: ___/10 Best: ___/10 Worst: ___/10

Activities that aggravate: _____

Activities that Alleviate: _____

Clinical Data: (Key: N: normal, ↓: Decreased from N, ↑: Increased from N, or give goniometric/numeric values)

R	ROM	L	Normative Data:	R	Functional Strength	L	Normative Data:
	Ankle DF		10 degrees		Ankle DF, standing		lifts toes in standing w/o LOB
	PF		40-70 degrees		PF (Heel raises)		20 reps thru full ROM
	IV (valgus)		20 degrees		Sit↔Stand		5 in <15 sec w/o hands
	EV (varus)		10 degrees	Balance Test (name)		Score	High Risk for Falls?
	Forefoot Pronation		35 degrees				<input type="checkbox"/>
	Supination		15 degrees				
	1st toe Extension		65 degrees	Gait Analysis: (assessed with / without shoes)			
	Flexion		40 degrees	Patient walked: _____ feet, with _____ device,			

Neurological Testing:

R	Test	L	Normative Data:
	Babinski		no halux ext
	Clonus		absent
	Proprioception		intact gr toe

- Deviations:**
- Wide BOS Antalgic High Guard
 - Poor posture Unsteady
 - Ataxic Increased sway
 - Decreased KF / KE Drop foot: R / L / Bilat
 - Decreased stride: R / L / Bilat
 - Shuffling: R / L / Bilat
 - Poor heel/toe pattern: R / L / Bilat
 - Other: _____

Foot Deformities Present:

- Flat Foot R / L Hammer toes R / L
- Bunions R / L Prominent boney landmarks
- Other: _____

Impression:

- Patient is appropriate for Balance Bracing to reduce fall risk.
- Patient is appropriate for Balance Bracing to improve functional independence.
- Patient is not appropriate for Balance Bracing at this time.

Therapeutic Objectives:

- Reduce fall risk Improve mobility Reduce pain
- Improve posture and stability Improve independence Facilitate muscular coordination
- Other: _____

Clinician Name (printed): _____ Date of Assessment: _____

Signature: _____



