

# Foot Scan/Dynamic Gait Analysis Information

Keri-Lyn Dudgeon B.Sc. (H.K.)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ (home) \_\_\_\_\_ (work)

**Birthdate:** \_\_\_\_\_ (dd/mm/yy) **Email address** \_\_\_\_\_

**Shoe size:** \_\_\_\_\_ **width: regular/wide/narrow** (women's/men's)

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

1. How were you referred to the clinic? \_\_\_\_\_

2. Do you wear/have you worn orthotics in your shoes?  No  Yes

If yes, how old are the orthotics? \_\_\_\_\_

3. Do you have extended health benefits?  No  Yes

If **yes**, with which company? \_\_\_\_\_

4. What is the purpose of your visit: \_\_\_\_\_

5. What started this condition: \_\_\_\_\_

6. When did this condition begin: \_\_\_\_\_

7. What aggravates this condition: \_\_\_\_\_

8. What relieves this condition: \_\_\_\_\_

9. Have you received treatment from other healthcare providers for this condition?  No  Yes

If yes, who are they and what type of healthcare provider are they:

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10. Do you exercise regularly?  No  Yes Frequency: \_\_\_\_\_ x/week

**Please turn over to complete, page 1 of 2**

11. What are your recreational activities: \_\_\_\_\_

12. With sports do you have discomfort? If yes, please describe: \_\_\_\_\_

13. Have you ever been in a car accident, sustained an athletic injury or other trauma?  No  Yes

Date: \_\_\_\_\_ Description: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

14. Have you ever been hospitalized?  No  Yes Have you ever had surgery?  No  Yes

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

15. Do you have any internal pins, wires, artificial joints:  No  Yes

If yes, please explain: \_\_\_\_\_

**Have you been diagnosed with, or have you ever experienced any of the following?**

**If Yes, please mark with an "X" on the line provided.**

***Circulatory/Respiratory***

\_\_\_ Varicose veins      \_\_\_ Phlebitis      \_\_\_ Deep vein thrombosis

\_\_\_ Heart disease      \_\_\_ Raynaud's disease      \_\_\_ Diabetes

***Nervous system/ Musculoskeletal***

\_\_\_ Multiple sclerosis      \_\_\_ Cerebral palsy      \_\_\_ Parkinson's

\_\_\_ Sciatica      \_\_\_ Numbness in toes

\_\_\_ Scoliosis      \_\_\_ Leg length imbalance      \_\_\_ Back discomfort

\_\_\_ Bone or joint disease      \_\_\_ Joint problems      \_\_\_ Tendinitis

\_\_\_ Arthritis If yes, which type: \_\_\_\_\_ and where in body: \_\_\_\_\_

\_\_\_ Fractured bones If yes, which ones: \_\_\_\_\_

\_\_\_ Foot discomfort when getting out of bed      \_\_\_ Shin discomfort

\_\_\_ Hips/knees/feet soreness If yes, where: \_\_\_\_\_

Our Footscan/gait analysis dynamic software scans the foot 150 times per second tracking key points along the plantar (bottom) surface of the foot. The dynamic display captures bilateral (both) plantar pressure during the phases of the gait (walking) cycle of the feet. Gait observations show each of the key points relative to pressure and time in a colour corresponding to the 2D and 3D image and this displays the gait analysis data. This system translates the dynamic gait cycle into digital information and this, with the clinician information is how the custom orthotics are ordered. A casting for your orthotics is also available, upon request.



**Orthotics**

**\$415.00**

*Types: Dress, fashion cut, all sport (multi-purpose), marathon, cycling, figure skating, ski/skate, court, golf, diabetic, arthritic*

**Pro-Orthotics**

**\$455.00**

*Types: Golf, hockey, skiing, football, baseball, tennis, basketball, soccer*

**Sandals with orthotics**

**\$515.00**

**Shoes with orthotics**

**\$515.00**

**Modifications**

**\$50 – 80**

*Types: Top coat changes, re-surfacing of old orthotics*

Reception\patient doc\orthotics\orthotic fee sheet