

Measurement Sheet

First name : Name :

Sex : Man Women date of Birth :

Height : Weight :

Shose size : EU VU CM

Address :

Postal code : City :

Country :

Phone : Office. Phone :

E-mail :

Disease (Diabetic) : Yes No

Occupation :

Shoe type :

Derby Richelieu pump

Mocassin Sports shose Other

Praticed Sport :

Background :

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Pain assessment :

Static balance sheet :

Shoulder :

Spine : pain kyphosis

lordosis scolios

humpback scoliotic attitude

sciotica

Bowel :

Knee : pain

knee valgum

Intermalleolar gap :cm

knee varum

Intercondylar :cm

knee flexion

knee recurvation

Feet :

Drop :

Kind :

		Rigth	Left
Posterior tarsus	varus		
	valgus		
	reducible		
Mediotarsus	internal arch		
	outer arch		
	mobility		
Metatarsus	round		
	hollow		
	spread out		
Toe guns			

