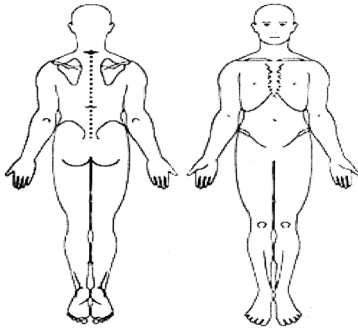


Problem #	Foot/Ankle R L	Initial Eval	Re-Exam 1	Re-Exam 2	Re-Exam 3	
	Date					
	VAS					
	LEFS					
	% Subjective Improvement					
	Subjective Complaints					
	ROM					
	Ankle dorsiflexion / 20					
	Ankle plantarflexion / 50					
	Foot Inversion / 35					
	Foot eversion / 25					
	Toe dorsiflexion					
	Toe plantarflexion					
	Toe abduction/adduction					
	Orthopedic					
	P. Fasciitis	Great Toe Dorsiflexion Sign				
		Paper Grip Test				
		Windlass Test				
	Inversion	Ankle Inversion Stress				
		Anterior Drawer Test				
		Posterior Drawer Test				
	Eversion	Ankle Eversion Stress Test				
		External Rotation Stress Test				
		Calf Squeeze Test				
	Achilles	Functional Hallux Limitus Test				
		Lateral Squeeze Test				
Neuroma	Talar Bump Test					
MTTS	Dorsiflexion Eversion Test					
	Triple Compression					
Sever's	Heel Squeeze Test					
Regional Eval						
	Lumbar spine					
	Hip & Knee					
Neurologic						
	Dermatomes					
	Myotomes					
	Reflex					
	Mensuration					
Palpation						
	Trigger Points & Tenderness					
	Joint Restriction					
	Gait					
	Posture & Function					
	<input type="checkbox"/> Lower Crossed Syndrome					
	<input type="checkbox"/> HAB Weakness Cluster					
	<input type="checkbox"/> Foot Hyperpronation Cluster					
Plan						
	Treatments	/ Visits	/ Visits	/ Visits	/ Visits	
	Time Frame	weeks	weeks	weeks	weeks	
	Treatment Outcome Goal	%	%	%	%	
O:						
P↑:						
p↓:						
Q:						
Dx:						
Comments:						