

CASTING CALL

1. CAST YOUR PATIENT 2. TELL US THEIR FOOT TYPE AND BODY WEIGHT

STEP 1

Patient seated. Knee at approximately 90 degrees. No internal or external rotation of the foot. Knee over ankle.

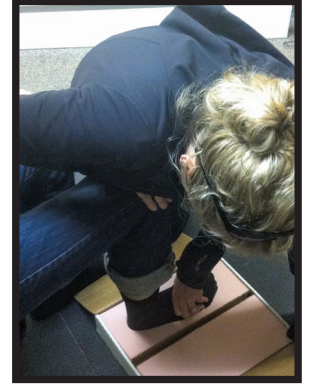
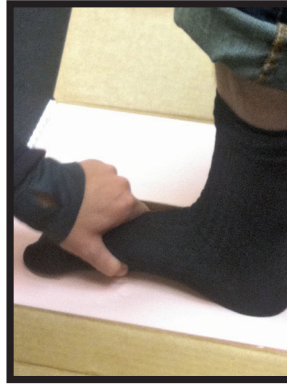
“Square things off”



STEP 2

Arch is held supinated by the thumb at the navicular (midfoot) while the heel is depressed into the foam, all the way, with the opposite hand.

“Reach under the arch with your thumb and hold it up while you drop the heel to the floor in the foam”



STEP 3

The Lateral foot is depressed all the way into the foam, focusing on the 5th metatarsal head.

“Use your finger tips to bottom out the lateral foot – focus on the 5th met head”



STEP 4

Drop the tips of toes, half way, into the foam.



STEP 5

The metatarsal heads are depressed into the foam, all the way, use a comfortable contact (pads of your thumbs).

“Use the pads of your thumbs to bottom out the met heads, focus on the 1st met head”



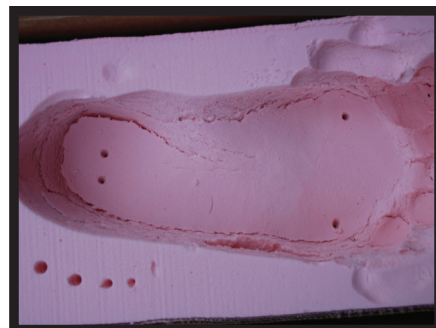
STEP 6

Re-press the heel into the foam. Just the heel, no need to hold the arch.



STEP 7

Check your cast to make sure the heel and the ball of the foot were all pressed down the same distance. (2 holes across the heel, hole in head of 5th met and head of 1st met) If one hole is bigger than the rest, repress that area.



FOOT MOBILITY ASSESSMENT

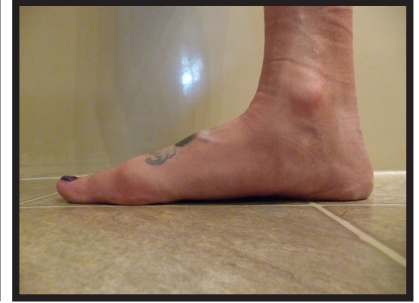
VISUAL EVALUATION

1. With the patient seated, look at their arch height with their foot on the ground.
2. Have them stand up and load their foot. The difference in arch height will help you determine their Foot Mobility.

FLEXIBLE FOOT – Noticeable difference in arch position from seated to standing. Foot typically appears flat to the ground, but that isn't always the case with flexible feet.



Seated



Standing

AVERAGE FOOT – Slight difference in arch position from seated to standing.



Seated

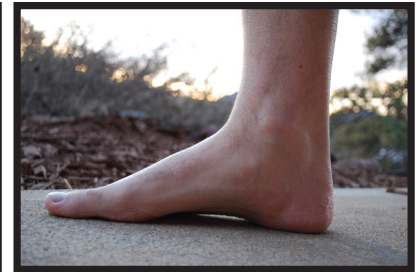


Standing

RIGID FOOT – Not much of a difference in arch position noted from seated to standing. Commonly high arched feet fall in this category, but low arched feet can be rigid as well. Also feet with previous injury, surgery and arthritic changes can commonly be in the rigid foot category.



Seated



Standing

* During the visual evaluation you can note obvious signs of stress on your patients feet. I.e. Calluses, corns, bunions, hammer toes, arthritic changes

MEASUREMENT

The difference in navicular tuberosity position from seated to standing. Measured in mm.

Flexible Foot – greater than 15 mm • Average Foot – 5 to 15mm • Rigid Foot - less than 5 mm

HANDS ON

Foot Mobility is easily 'felt'. Pick up your patients feet and rotate them, much like they would rotate with every heel, toe, sole roll. Your foot assessment skills will sharpen with every foot you pick up.

Flexible Foot – Joint movement has soft feel and is increased.

Average Foot – Joint movement does not feel excessive or restricted.

Rigid Foot – Joint movement has hard feel and is restricted.

* During the hands on evaluation you can feel for painful joints and ranges of motion along with feeling for soft tissue adhesions. Many of your patients will be surprised by the 'hot spots' you find on the bottom of their feet.