

METHOD OF OBTAINING TRACING NOTE:

MEDIAL SIDE

1. Pencil held perpendicularly.
2. Flat book to back up heel.
3. Toes must be flattened out to obtain full length.



FIGURE 1

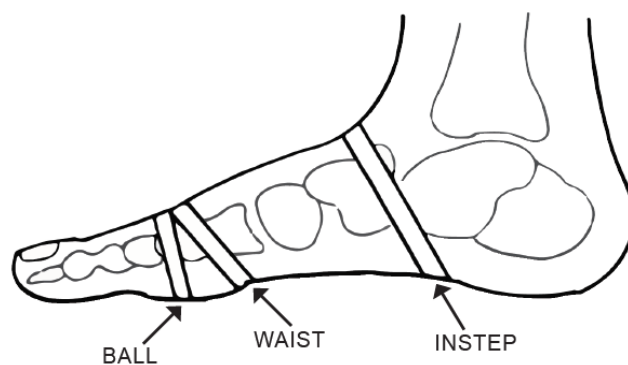


FIGURE 2

METHOD OF MEASURING DEFORMITY HEIGHT

(See instructions below)

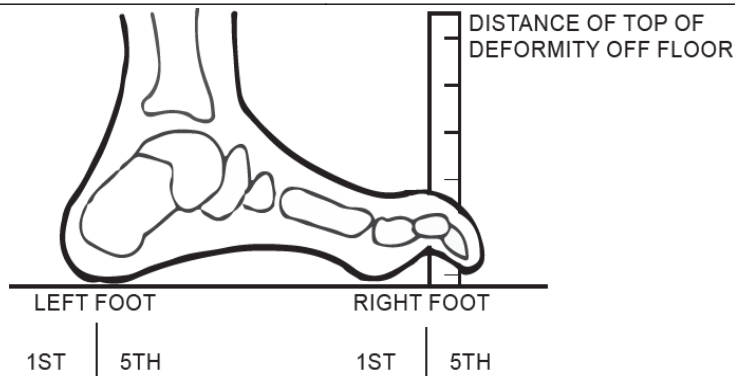


FIGURE 3

4. MEASUREMENTS (Patient should be measured without shoes and standing just below eye level.)

| a. LEFT FOOT | Inches | (Leave Blank) | | Inches | (Leave Blank) | b. RIGHT FOOT | Inches | (Leave Blank) | | Inches | (Leave Blank) |
|--------------|--------|---------------|------------------------------|--------|---------------|---------------|--------|---------------|------------------------------|--------|---------------|
| (1) Ball | | | (4) Circumference from floor | | | (1) Ball | | | (4) Circumference from floor | | |
| (2) Waist | | | Ankle - 5" | | | (2) Waist | | | Ankle - 5" | | |
| (3) Instep | | | Calf - 9" | | | (3) Instep | | | Calf - 9" | | |

5. ORTHOPEDIC CORRECTIONS DESIRED

| a. LEFT FOOT | TYPE | b. RIGHT FOOT |
|--------------|--|---------------|
| | (1) Metatarsal bar | |
| | (2) Inside (medial) heel wedge (specify thickness) | |
| | (3) Outside (lateral) heel wedge (specify thickness) | |
| | (4) Cookie (an upward flange of insole under longitudinal arch) | |
| | (5) Heel lift (specify thickness) | |
| | (6) Cork build-up inside shoe (specify thickness at heel and ball) (a) Heel (b) Ball | |
| | (7) Long inside counter | |
| | (8) Long outside counter | |
| | (9) Orthopedic (Thomas) heel | |
| | (10) Sponge plastic insole | |
| | (11) Other corrections: | |

FURTHER INSTRUCTIONS TO MEDICAL OFFICER

1. The instructions on this form must be carefully followed by the referring medical officer. BALL, WAIST, and INSTEP MEASUREMENTS are to be taken as follows:

a. Patient stands with weight evenly distributed on both feet, at eye level. Tracing is made on this form as indicated in Figure 1 above.

b. Tape measurements of the foot are now obtained, always facing the calibrations on the tape toward the ankle and always wrapping the tape evenly and snugly but not tightly.

(1) BALL MEASUREMENT. The fabric tape is passed beneath the ball of the foot, passing over the medial surface of the metatarsophalangeal joint, great toe, and the lateral aspect of the metatarsophalangeal joint fifth toe.

(2) WAIST MEASUREMENT. This is taken behind or proximal to the ball, where the foot narrows down and the tape wraps easily into the medial concavity.

(3) INSTEP MEASUREMENT. Should be taken just proximal to the midtarsal joint, and the distal to the cuboid bone or straight through the talus.

c. Also, when there is a high great toe joint, or claw toes with interphalangeal joints

protruding upward, it is helpful if the perpendicular distance off the floor is measured by sighting the top of the prominence onto a perpendicularly held rule. This measurement assures adequate room for toes or painful prominence. (See Figure 3 above.)

d. When there are painful areas on the sole of the foot, as calluses, plantar warts, painful scars, exostoses or bursae, these may be exactly decompressed on the shoe insole if the area on the skin of the sole is marked with ink, chalk, etc., so that when the tracing is made the exact location is indicated on the tracing.

e. If there are areas on the sides or back of the heel which would be decompressed; the location of these areas should be described in relation to the tips of the malleoli, as "decompress side of heel, area 1" in diameter, 1/2" beneath tip of medial malleolus.

f. Points on the dorsum of the foot may be decompressed by indicating on the diagram in Figure 2 above.

2. When Boots, Service, Combat, or other high-top boots are requisitioned, the calf and ankle measurements of each leg will be shown as 5" and 9" off the floor.

PLACE REAR END OF LEFT HEEL AGAINST A BOOK, AS INDICATED, AND TRACE LEFT FOOT



(Front edge of book held perpendicularly should coincide with this line)

LEFT HEEL

PLACE REAR END OF RIGHT HEEL AGAINST A BOOK, AS INDICATED, AND TRACE LEFT FOOT



RIGHT HEEL

6. TYPE AND COLOR OR SHOE REQUIRED

COLOR:

NSN:

7. SHOE PRESCRIPTION *(Leave blank for Footwear Analyst)*