



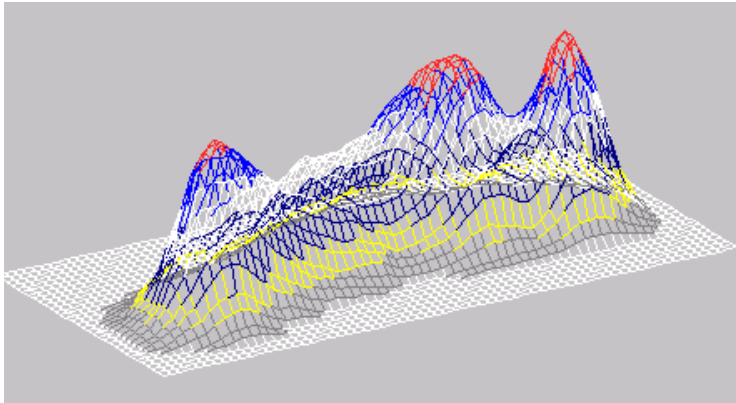
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Dynamic Gait and Pressure Analysis Report

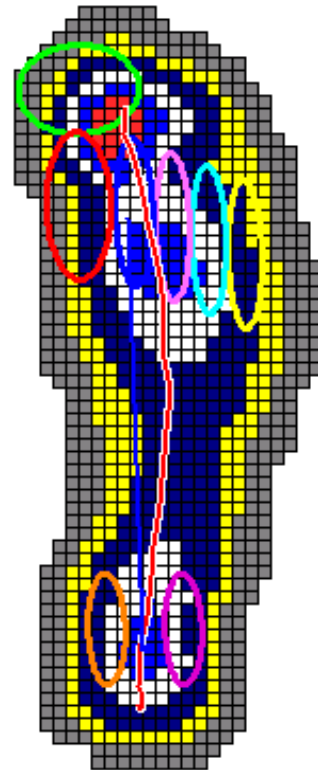
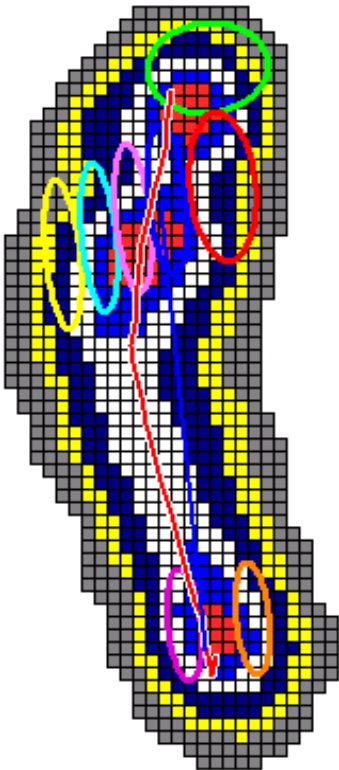
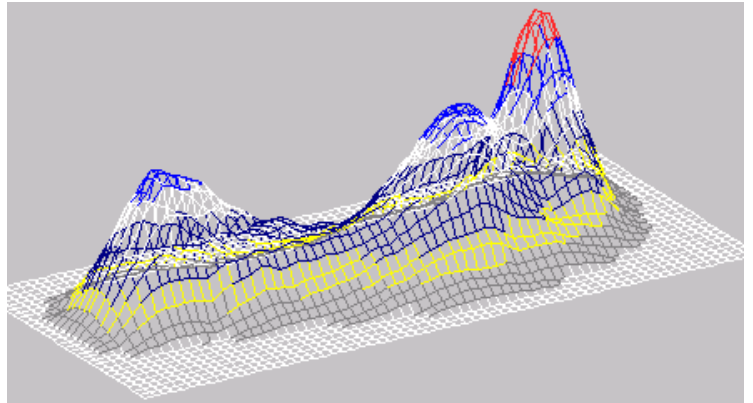
To: Footmaxx Clinic
Footmaxx
Toronto, ON, M5A 1T7, Canada

Patient Name: Doe, John
Client No: 1002860
Clinician's File: V3BE0100001.FMX
Analysis Date: Mar 22, 2000
Practitioner: Dr. J. Smith
Reviewed by: Clinical Services Group
Dr. J. D. DPM

Left Step #1



Right Step #2



Left Foot, Step # 1	%	Normal	Analysis
Contact Subphase Duration	31	17 - 24	a severely prolonged contact subphase duration
Midstance Subphase Duration	23	27 - 48	a mildly reduced midstance subphase duration
Propulsive Subphase Duration	46	35 - 49	a normal propulsive subphase duration
Lateral Heel Peak Time	27	16 - 24	a mildly late lateral heel peak time
Medial Heel Peak Time	27	20 - 24	a mildly late medial heel peak time
Heel Peak Time Difference	00	03 - 08	a mildly low heel peak time difference
Lateral Heel Peak Pressure	92	72 - 78	a severely high lateral heel peak pressure
Medial Heel Peak Pressure	77	37 - 43	a severely high medial heel peak pressure
Medial Heel Pressure Duration	54	49 - 65	a normal medial heel pressure duration
Met 5 Peak Time	73	66 - 71	a mildly late fifth metatarsal peak time
Met 4 Peak Time	73	68 - 73	a normal fourth metatarsal peak time
Met 3 Peak Time	77	71 - 74	a mildly late third metatarsal peak time
Met 2 Peak Time	77	73 - 80	a normal second metatarsal peak time
Met 1 Peak Time	81	73 - 81	a normal first metatarsal peak time
Hallux Peak Time	85	82 - 88	a normal hallux peak time
Maximum Forefoot Load Time	88	73 - 80	a moderately late maximum forefoot loading
Met 1 Pressure Duration	58	54 - 79	a normal first metatarsal pressure duration
Met 1 Peak Pressure	53	45 - 55	a normal first metatarsal peak pressure
Hallux Peak Pressure	66	27 - 33	a severely high hallux peak pressure

Statements

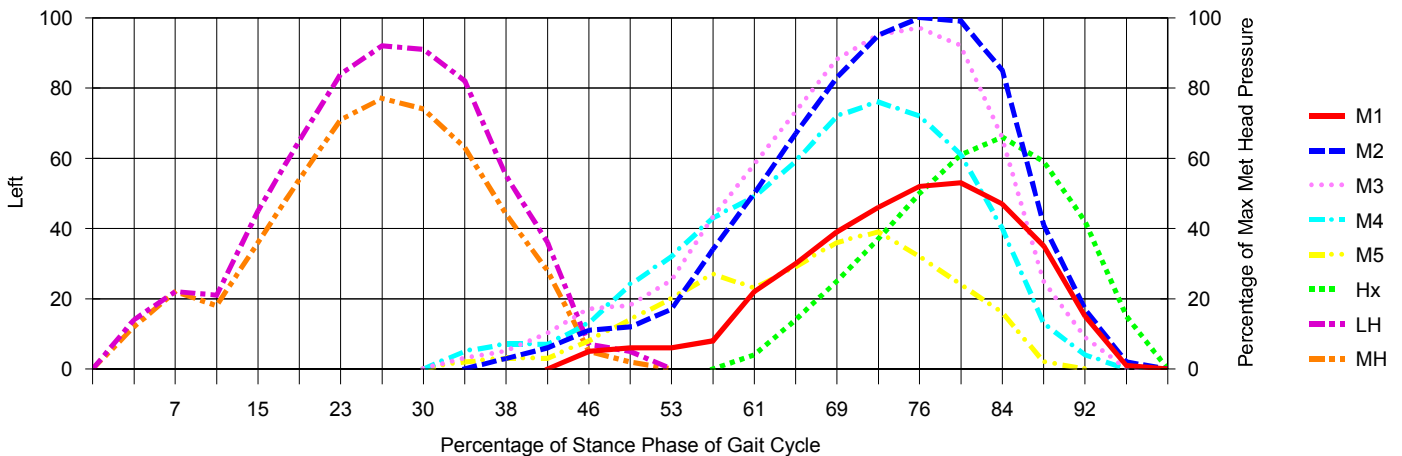
1. Midtarsal joint locking is abnormally delayed as suggested by a late maximum forefoot loading time.
2. Increased shock at heel strike is proposed by high peak pressure in the heel and a low difference in peak times between the medial and lateral heel points.
3. A functional varus/inversion influence may be affecting the foot as indicated by a prolonged contact subphase duration occurring while heel lift occurs at a normal time through the stance phase.
4. First ray stability is apparent with values for first metatarsal pressure duration, peak time and peak pressure falling within normal limits.
5. Acceptable forefoot weight transfer is demonstrated by pressure peaking in the sequence of M5, M1, M2, Hx or M5, M2, M1, Hx.

Summary

This patient's foot is exhibiting general signs of instability. Locking of themidtarsal joint is delayed and thus the foot cannot resupinate at the normal time in the stance phase. Over-pronation is causing the foot to act too long as a mobile adapter and efficiency in propulsion is lost.

Conclusion

Functional hypermobility of the forefoot and impropermidtarsal joint biomechanics are contributing to over-pronation during this patient's dynamic gait cycle. Orthotics prescribed with the appropriate postings are required to normalize this patient's biomechanics and to permit improvedmidtarsal joint function.



Right Foot, Step # 2	%	Normal	Analysis
Contact Subphase Duration	31	17 - 24	a severely prolonged contact subphase duration
Midstance Subphase Duration	24	27 - 48	a mildly reduced midstance subphase duration
Propulsive Subphase Duration	45	35 - 49	a normal propulsive subphase duration
Lateral Heel Peak Time	31	16 - 24	a severely late lateral heel peak time
Medial Heel Peak Time	31	20 - 24	a moderately late medial heel peak time
Heel Peak Time Difference	00	03 - 08	a mildly low heel peak time difference
Lateral Heel Peak Pressure	74	72 - 78	a normal lateral heel peak pressure
Medial Heel Peak Pressure	75	37 - 43	a severely high medial heel peak pressure
Medial Heel Pressure Duration	55	49 - 65	a normal medial heel pressure duration
Met 5 Peak Time	69	66 - 71	a normal fifth metatarsal peak time
Met 4 Peak Time	72	68 - 73	a normal fourth metatarsal peak time
Met 3 Peak Time	74	71 - 74	a normal third metatarsal peak time
Met 2 Peak Time	76	73 - 80	a normal second metatarsal peak time
Met 1 Peak Time	79	73 - 81	a normal first metatarsal peak time
Hallux Peak Time	83	82 - 88	a normal hallux peak time
Maximum Forefoot Load Time	86	73 - 80	a moderately late maximum forefoot loading
Met 1 Pressure Duration	59	54 - 79	a normal first metatarsal pressure duration
Met 1 Peak Pressure	47	45 - 55	a normal first metatarsal peak pressure
Hallux Peak Pressure	63	27 - 33	a severely high hallux peak pressure

Statements

1. Midtarsal joint locking is abnormally delayed as suggested by a late maximum forefoot loading time.
2. Increased shock at heel strike is proposed by high peak pressure in the heel and a low difference in peak times between the medial and lateral heel points.
3. A functional varus/inversion influence may be affecting the foot as indicated by a prolonged contact subphase duration occurring while heel lift occurs at a normal time through the stance phase.
4. First ray stability is apparent with values for first metatarsal pressure duration, peak time and peak pressure falling within normal limits.
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Summary

This patient's foot is exhibiting general signs of instability. Locking of themidtarsal joint is delayed and thus the foot cannot resupinate at the normal time in the stance phase. Over-pronation is causing the foot to act too long as a mobile adapter and efficiency in propulsion is lost.

Conclusion

This patient's foot is displaying classic signs ofmidtarsal joint hypermobility leading to a late locking time. This condition results inmidtarsal joint compensation involving a collapse of the arch and a general loss of the foot's ability to act as a rigid lever through the propulsive subphase. Prescription orthotics will help restore normal biomechanical function.

