

## CHILDREN WITH MINOR ORTHOPAEDIC DEFORMITY

(Congenital Dislocation of Hip/CTEV/Clubfoot)

Name:

DOB:

Age:

Height:

Weight:

Parent's concern/chief complains:

Obvious deformity:

### Assessment

Limb Length Discrepancy: True limb length measurement:-

Apparent limb length measurement:-

Muscle girth measurement: Left U.L:

Right U.L:

Left L.L:

Right L.L:

Push Pull instability test:

Ortolani test:

Barlow test:

Hip migration percentage index:

Club foot:

Radiological interpretation if any?

Cobb's angle:

Scoliosis: Structural

Functional

Range Of Motion reduced of specific joint if please mention with cause:

Ankle:

## CHILDREN WITH MINOR ORTHOPAEDIC DEFORMITY

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Knee:

Hip:

Spine:

Wrist:

Elbow:

Shoulder:

Contracture/deformity:

Gait Evaluation:

Tightness

Any other specific deformity if noticed?

Orthotics prescription if required:

Patient if using any please mention:

### **Management**

Short term goal	Long term goal

### **Interpretation/diagnosis:**

### **Progress Report**

- When flexibility changes please report
- If changes in gait
- Need for changes for orthotics