Special Olympics
Fit Feet

Fit Feet Evaluation Results - Special Olympics Healthy Athletes®		
Athlete's Name		
Measured Foot/Shoe Size	Length (Right):	(Left):
	Width (Right):	(Left):
Recommended Shoe Type		
Recommended Sock Type		
Follow-up Needed: ☐ **Yes: See the "Follow-up Needed" list below for items that need attention.** ☐ **No: Congratulations! You have Fit Feet. No treatment is required at this time.**		

You have the following condition(s) that need follow up care:

- ☐ **Foot structure/morphology**: flat, high arch, abducted, adducted
- ☐ **Skin**: athlete's feet, dermatitis, wart, callus, corn, dry skin, excessive sweating/moisture, cyst, growth, lesion
- ☐ **Nail disease**: fungus/mold/yeast, ingrown, hematoma/blood under the nail, loose nail
- ☐ **Bone**: bunion, hammertoe, heel pain, short toes, deformed toes, extra toes, bunionette, growth, metatarsal pain, bow legs, heel bump
- ☐ **Abnormal joint motion**: ankle, subtalar, midtarsal, 1st MTP joints
- ☐ **Muscles/tendons**: pain, tight, weak Achilles, Posterior tibial, Anterior tibial, Peroneal, Extensor tendons, Flexor tendons
- ☐ **Nerve**: neuropathy-painful, numbness, neuroma, tarsal tunnel
- ☐ **Gait:** pronation, supination, in-toe, out-toe, heel valgus, scissors, cross over, painful, apropulsive

Athlete Referral Information

Note: Fit Feet volunteers, please circle each referred specialist. If possible, please share additional contact details below specialist type(s) to aid with follow-up care efforts and coordination.

Podiatrist	Chiropodist	Physiotherapist	Orthotist
Dermatology	Rheumatology	Primary Care	Vascular
Chiropractic/Osteopathic	Orthopaedics	Neurology	Other