



ARCB DOCUMENTATION FORM

Name _____

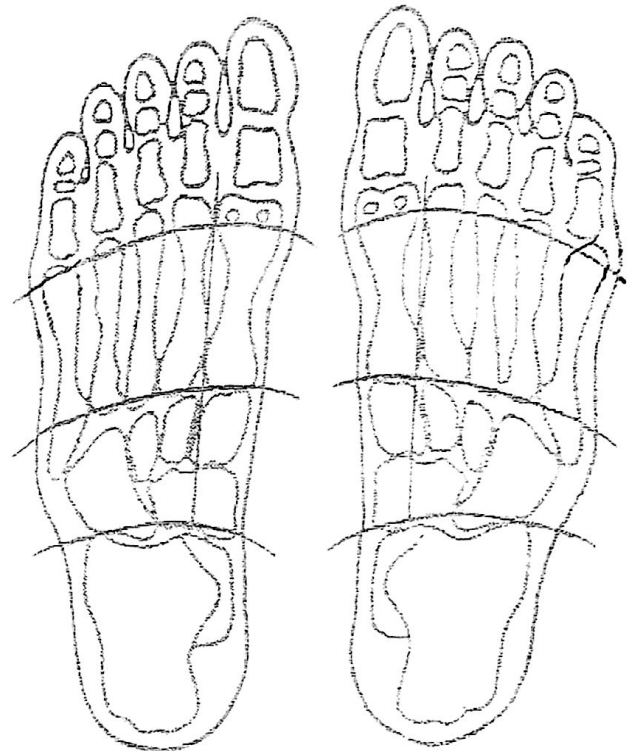
Date _____

Address _____

Phone _____

RIGHT

LEFT



OBSERVATIONS: (MARK ON CHART)

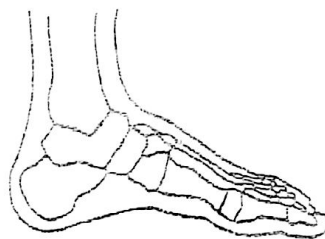
- A. CORN
- B. CALLUSES
- C. PUFFINESS
- D. CHANGE IN TISSUE TEXTURE
- E. UNUSUAL COLOR OR RASHES
- F. SCAR FROM PAST INJURY
- G. CURRENT INJURY OR BRUISING
- H. BUNION
- I. HAMMER TOE
- J. INGROWN NAIL
- K. WARTS
- L. OTHER (EXPLAIN)

- 1. SLIGHT SENSITIVITY OR SUPERFICIAL TENSION
- 2. MODERATE DISCOMFORT
- 3. TOLERABLE, BUT INTENSE DISCOMFORT
- 4. INTOLERABLE PAIN

LEFT: LATERAL

MEDIAL

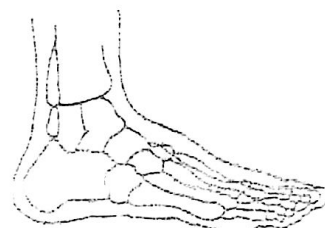
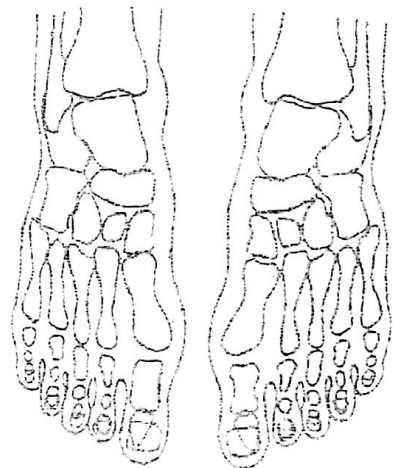
PLANTAR SURFACE



DORSAL SURFACE

RIGHT: MEDIAL

LATERAL



(RECORD WRITTEN COMMENTS ON REVERSE SIDE)

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Progress Notes

Session Number _____

Length of Session _____

Amount of Pressure Used _____

Ankle Range of Motion (Good, Fair, Poor) _____

Observations: