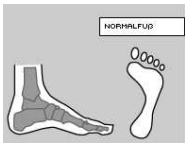


PROPRIO® Order Form

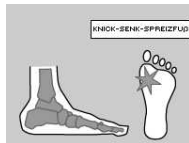
Contact Partner: _____

Phone: _____

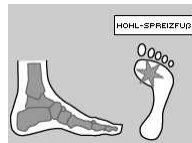
Foot-type causing strain:



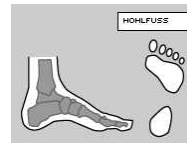
Normal foot



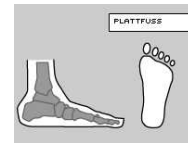
Knock foot/ fallen arches/
Splayfoot



Hollow/splayfoot



Hollow foot



Flat foot

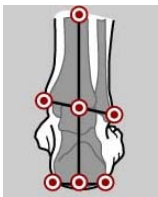
Degree of severity:

slight	medium	severe
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Diagnosis:

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USG in the movement:



neutral



supine



over-prone

Front of foot:



neutral



outward

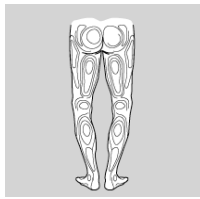


inward

Mechanical axis:



neutral



varus



valgus

Step alignment:



neutral



rotated to the inside



rotated to the outside

	Article number	Foot length	Shoe size	Commission
Left	proprio®	cm		
Right	proprio®	cm		

SPRINGER AKTIV AG
 Lengeder Straße 52
 D-13407 Berlin
 Fon (0049) 30-49 00 03 43
 Fax (0049) 30-49 00 03 88
 grabinski@springer-berlin.de