Assessment form: Therapeutic footwear



1. Information about the person

First name:			Family na	ame:		Gender:	Male □	Female □	Other □
Age:	0-5 □	6-18 □	19-39 🗆	40-54 [□ 55+ □	Telephon	e:		
Address:									

2. Check suitability for therapeutic footwear

Check foot wound risk level		Assess for therapeutic footwear	Refer to foot clinic / wound care	
Foot wound	Low	X	X	
risk level	Moderate / High	✓	\	
Amputation or wounds	Toe or partial foot amputation (no prosthesis)	X	\	
	Current foot wound	X	\	

3. Assess for therapeutic footwear

Check for foot problems							
Look for:	Red_numble or darkening skin Skin or nail problem			b 🗆	If any continue assessment and refer to foot clinic / orthotic		
Ask:	Do your feet swell or	change size da	aily?	Yes □	No □	If any → consider when selecting shoe size	
ASK.	Do you wear foot ort	hotics?	ı	Yes □	No □		
Find foo	ot size		·			Left (cm)	Right (cm)
1. Draw around person's feet while they are standing. 2. Measure the person's foot width (A) and length (B) from drawing.		AT AT	Foot wid	lth (A)	D	Ø	
		AB		Foot len	gth (B)	D	<i>P</i>
		Foot width	Foot length				
Check ability							
Ask:	Can you put on and	take off your ov	vn shoes?	Yes □	No □	If no → Pers assistance and Refer for d assessment	d/or
	Are you able to see the bottom of your feet? Yes □ No □					If no → Person may need assistance and/or ☐ Refer for vision screen	

4. Select therapeutic footwear to try

Shoe type	The best shoe type for each person depends on fit, activities, choice.	Closed shoe □ Open toe sandal □	Open heel shoe □	Shoe colour 🖉
Shoe size	Select shoe size for the largest foot. Use the sizing guide provided by supplier.	Male □ Female □	Size: P	

5. Check fit

Check fit when standing					
Depth	Toes move freely up and down (wriggle).				
Length	Thumb width from end of big toe to end of shoes.		If the shoe does not fit → Try another size and/or style If the correct size cannot be found →		
Heel	Back of shoe fits heel and ankle comfortably and heel does not slip in and out of the back of the shoe.		Do not provide shoe Refer to foot clinic		
Width	Not too tight or too loose.				
Check fit	after walking				
Obser Ask p Check	on to walk for 5 minutes. Tive for any slipping or issues with fit erson if the shoes feel comfortable is each foot for signs of pressure or rubbing ttention to problem areas noted on the foot is.		If there are signs of slipping, pressure or rubbing → Do not provide shoe ☐ Refer to foot clinic		

6. Plan

Provide therapeutic footwear	Yes □ No □	Follow up dates 1 week:
Teach	How to put on shoes ☐ Foot care and protection checklist ☐ Include family member / caregiver ☐	1 month:
Refer	Therapeutic footwear □ Wound / foot care □ Orthotics □ Assistive product: Other:	Annual review:

Foot care and protection checklist

Key things to teach people wearing therapeutic footwear:

- Wear therapeutic footwear as much as possible, including indoors and outdoors to protect feet.
- Always wear socks with therapeutic footwear. Socks should fit firmly.
- Check feet every day for any signs of rubbing, redness, swelling or wounds.
- If a wound develops, stop wearing the shoes and see a health care worker within 24 hours
- If the therapeutic footwear becomes damaged, return for repair or replacement.