

Understanding Your Foot Assessment Results

What We Assessed and What It Means for You

During your appointment, your podiatrist carried out a detailed assessment of your foot posture, joint mobility, muscle function, and gait. This guide explains the most common findings in plain language so you can understand what was found and why it matters for your treatment plan.

1 Your Foot Posture

Finding	What This Means	Why It Matters
Low arch / flat foot (pronated)	Your foot rolls inward more than average when standing or walking. This is very common and is not automatically a problem.	When excessive, it can increase load on the inner ankle, knee, and plantar fascia. Orthotics and footwear can help manage this.
High arch (supinated / cavus)	Your foot has a higher than average arch. It is less flexible and absorbs shock less well.	High-arched feet can put more pressure on the outer edge of the foot, heel, and metatarsal heads. Good shock-absorbing footwear and orthotics help.
Neutral foot posture	Your foot alignment falls within the normal range when standing.	A neutral foot posture suggests foot mechanics are not a primary driver of your symptoms.
In-toeing or out-toeing	Your foot points inward or outward more than average when you walk. This is often related to hip or knee rotation, not just the foot.	Affects how load passes through the foot and lower limb. May contribute to knee or hip symptoms.

2 Joint Mobility

Finding	What This Means	Why It Matters
Limited ankle bend (reduced dorsiflexion)	The ankle does not bend forward as much as ideal. Often due to tight calf muscles or natural ankle joint anatomy.	Can increase load on the heel, plantar fascia, and forefoot during walking. Calf stretching exercises and a small heel raise can help.
Limited big toe movement	The big toe joint does not bend upward as freely as needed for normal walking. This is called 'hallux limitus' (limited) or 'hallux rigidus' (stiff/rigid).	The big toe needs around 65 degrees of bend for normal push-off. When limited, the foot compensates in ways that can cause forefoot pain.
Stiff subtalar joint	The joint just below the ankle has less movement than normal. This affects how well the foot adapts to uneven ground.	May require accommodative orthotics rather than corrective ones.
Good joint mobility	Your joints showed a normal and healthy range of movement.	Good mobility means the foot can adapt well and correction with orthotics is generally effective.

3 How You Walk: Gait Findings

Your podiatrist observed how you walk as part of your assessment. Here are the most common findings and what they mean:

Gait Finding	Plain Language Explanation
Excessive inward rolling (overpronation)	Your foot rolls inward through more of your step than ideal. This is the most common gait finding in podiatric practice. Orthotics are one of the most effective tools for managing this.
Limited heel lift at toe-off	Your heel rises later in your step than is ideal. This usually links to reduced big toe movement or tight calves. Affects propulsion and can increase forefoot loading.
Antalgic gait (pain-avoiding pattern)	You have adjusted how you walk to avoid pain. This is protective in the short term but can cause secondary strain elsewhere. Resolving the primary pain source usually resolves the gait change.
Compensatory patterns	Your body has adapted its movement pattern in response to a stiffness or weakness. Examples: leaning to one side, swinging the leg outward. Identifying and treating the cause helps restore a more natural pattern.
Normal gait pattern	Your walking pattern did not show significant abnormality. Gait mechanics are unlikely to be a primary contributing factor to your current symptoms.

4 What Happens Next

If Your Plan Includes...	What to Expect
Foot orthotics	Your orthotics are designed based on the measurements taken at your assessment. They will be issued with a wear-in guide. Most people take 2–4 weeks to fully adapt. A review appointment at 6–8 weeks allows us to make any adjustments needed.
Exercises	Specific exercises are prescribed to address the findings from your assessment — commonly calf stretching, arch strengthening, or hip stability work. These work alongside your orthotics, not instead of them.
Footwear advice	The right footwear makes a significant difference to how well your orthotics work and how quickly you recover. Your clinician will advise on what to look for.
Further investigations	If imaging (X-ray, ultrasound, or MRI) was recommended, this is to rule out structural causes that cannot be identified from examination alone. Results will be reviewed at your next appointment.
Onward referral	If a referral was recommended, your podiatrist will explain why and where. Podiatry and other services (physiotherapy, orthopaedics, rheumatology) often work together for the best outcome.

Questions about your results?

Your assessment results are one piece of the picture. Your symptoms, history, and goals matter just as much. If anything from your assessment is unclear or you have questions about your treatment plan, please ask at your next appointment or contact us directly.