The Foot Posture Index (FPI-6)

Reference sheet

The patient should stand in their relaxed stance position with double limb support. The patient should be instructed to stand still, with their arms by the side and looking straight ahead. It may be helpful to ask the patient to take several steps, marching on the spot, prior to settling into a comfortable stance position.

During the assessment, it is important to ensure that the patient does not swivel to try to see what is happening for themselves, as this will significantly affect the foot posture. The patient will need to stand still for approximately two minutes in total for the assessment to be conducted. The assessor needs to be able to move around the patient during the assessment and to have uninterrupted access to the posterior aspect of the leg and foot.

If an observation cannot be made (e.g., because of soft tissue swelling), simply miss it out and indicate on the datasheet that the item was not scored.

If there is genuine doubt about how high or low to score an item, always use the more conservative score.

Rearfoot score	-2	-1	0	1	2
Talar head palpation	Talar head palpable on lateral side/but not on medial side	Talar head palpable on lateral side/slightly palpable on medial side	Talar head equally palpable on lateral and medial side	Talar head slightly palpable on lateral side/ palpable on medial side	Talar head not palpable on lateral side/ but palpable on medial side
Curves above and below the malleoli	Curve below the malleolus either straight or convex	Curve below the malleolus concave, but flatter/ more shallow than the curve above the malleolus	Both infra and supra malleolar curves roughly equal	Curve below malleolus more concave than curve above malleolus	Curve below malleolus markedly more concave than curve above malleolus
Calcaneal inversion/ eversion	More than an estimated 5° inverted (varus)	Between vertical and an estimated 5° inverted (varus)	Vertical	Between vertical and an estimated 5° everted (valgus)	More than an estimated 5° everted (valgus)
Forefoot score	-2	-1	0	1	2
Talo-navicular congruence	Area of TNJ markedly concave	Area of TNJ slightly, but definitely concave	Area of TNJ flat	Area of TNJ bulging slightly	Area of TNJ bulging markedly
Medial arch height	Arch high and acutely angled towards the posterior end of the medial arch	Arch moderately high and slightly acute posteriorly	Arch height normal and concentrically curved	Arch lowered with some flattening in the central portion	Arch very low with severe flattening in the central portion – arch making ground contact
Forefoot abd/adduction	No lateral toes visible. Medial toes clearly visible	Medial toes clearly more visible than lateral	Medial and lateral toes equally visible	Lateral toes clearly more visible than medial	No medial toes visible. Lateral toes clearly visible

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Datasheet

Patient's name: _____ **ID number:** _____

Factor	Plane	Score 1 Date: Comment:		Score 2 Date: Comment:		Score 3 Date: Comment:	
		Left -2 to +2	**Right** -2 to +2	**Left** -2 to +2	**Right** -2 to +2	**Left** -2 to +2	**Right** -2 to +2
Rearfoot Talar head palpation	Transverse						
Curves above and below the lateral malleolus	Frontal/ transverse						
Inversion/eversion of the calcaneus	Frontal						
Forefoot Prominence in the region of the TNJ	Transverse						
Congruence of the medial longitudinal arch	Sagittal						
Abd/adduction forefoot on rearfoot	Transverse						
Total:							

Reference values

Normal = 0 to +5; Pronated = +6 to +9; Highly pronated 10+; Supinated = -1 to –4; Highly supinated –5 to -1

Redmond, A. C., Crosbie, J., & Ouvrier, R. A. (2006). Development and validation of a novel rating system for scoring standing foot posture: The foot posture index. *Clinical Biomechanics, 21*(1), 89–98. https://doi.org/10.1016/j.clinbiomech.2005.08.002