

BIOMECHANICAL ASSESSMENT REPORT

Emma Clarke

Foot assessment (3D scan)

DATE

6 October 2026

AGE

35 years

SPORT

Running and football

PROFESSIONAL

Sarah Lee

We made a 3D scan of your feet to measure, at rest, their length, width and arch shape.

Your summary

For each exercise, the traffic light sums up what we saw. Below we explain, in plain words, what is going well, what we can improve and where to focus your training.

● Good ● Keep an eye on ● To work on ● No reference

3D foot scan

● Good

Overall, the assessed movement is within the expected range. Well done!

● WHAT IS GOING WELL

- Foot arch shape: within the expected range.
- Difference between feet: within the expected range.

Notes from your professional

Sample report with fictitious data.

This 3D scan measures the shape of the foot at rest, without weight-bearing, and is not a diagnosis. Results should be interpreted by your health professional together with the clinical assessment.

TASK 1 OF 1

3D foot scan

● Good

Scan of each foot (right, then left) with the TrueDepth camera, voice-guided and with an automatic side check. The report uses drawings and measurements only, never photographs.

CAPTURE QUALITY

Sole coverage: R 93 % · L 91 % · Side confirmed by the arch shape

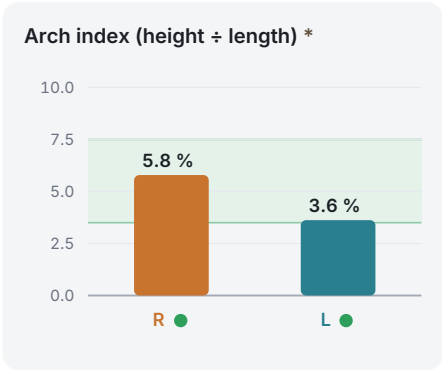
Results

Metric	Right	Left	Asymmetry LSI · R – L	Reference
Foot length ≈	● 247 mm	● 243 mm	—	No published norm: compare sides and progress
Forefoot width ≈	● 94 mm	● 93 mm	—	No published norm: compare sides and progress
Heel width ≈	● 63 mm	● 62 mm	—	No published norm: compare sides and progress
Arch height (non-weight-bearing) ≈	● 14.3 mm	● 8.8 mm	—	No published norm: compare sides and progress
Arch index (height ÷ length) *	● 5.8 %	● 3.6 %	—	3.5–7.5 % VESTA (rastreo provisório, sem carga)
Right–left length difference *	● 4 mm		—	≤ 5 mm VESTA (erro de medida do scan ≈ 3 mm)

● within reference ● borderline ● outside reference ● no norm (compare sides)
* threshold proposed from published mean ± SD (to be validated)
≈ no published norm: compare sides and track over time

Right vs left

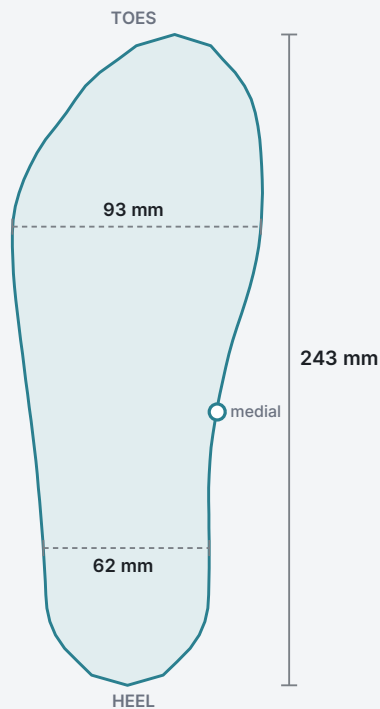
■ Right ■ Left ■ Reference range



Foot outlines (top view)

Drawings derived from the 3D scan, to scale, without photographs. Dimensions in millimetres. The line below each foot shows the height of the inner side of the sole, from heel to toes, without weight-bearing.

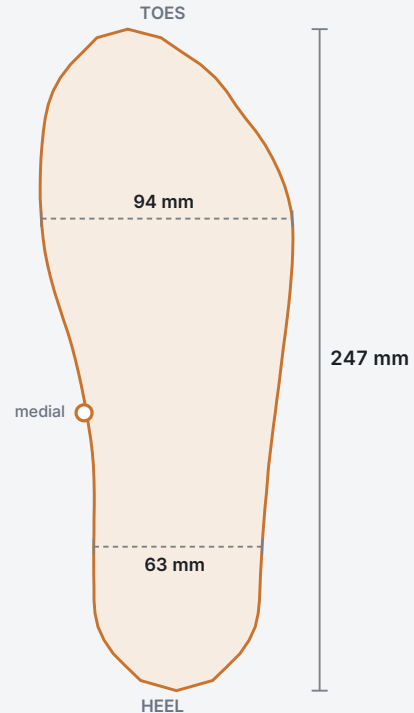
Left foot



Arch profile (mm)



Right foot



Arch profile (mm)



Custom insoles

- Indicative shoe size: EU 39 — Estimated from the longer foot; confirm with usual footwear.
- If you go ahead with VESTA custom insoles, they are made from the 3D model of your feet, with no need for a new scan.
- The type of support (for example, reinforced medial support) is defined from the scan and the questionnaire (to be clinically confirmed by our clinical team).
- Both insoles always have the same length, matched to your shoe size; what differs between the right and left foot is the support.

Methods and references

How the assessment was done

Each foot was scanned with the iPhone TrueDepth (Face ID) camera, with the phone on the floor and the bare foot above it, without bearing weight. The depth maps are combined into a 3D mesh in millimetres, automatically aligned from heel to toes; length, widths and arch height are measured on this mesh. The shape of the medial arch confirms whether the scanned foot is the right or the left one.

Limitations

Measurements are non-weight-bearing: under body weight the arch is usually lower, so values are not comparable with weight-bearing indices (such as the Arch Height Index). The length measurement error is about 3 mm. The arch index thresholds are provisional screening values, to be validated by the clinical team.

How to read the results

Traffic light: green = within reference; amber = outside the usual range, keep an eye on it; red = marked difference; grey = no published norm — compare both sides and track over time. * = proposed screening threshold (to be clinically validated).

This assessment is a screening of foot shape, not a diagnosis. Results should be interpreted by the health professional together with the clinical history and physical examination.