

NAME: _____

DATE: _____

Orthopedic Evaluations – Foot & Ankle**Proficiency scale****0 = not addressed and/or performed****1 = failure to properly execute the task****2 = completion of task with minor adjustable errors****3 = mastery of the task****History - general**

How did it happen? (MOI) _____

What happened? _____

When did it happen? _____

Where did it happen? _____

Did it ever happen before? If so, what was done? _____

Did you hear any unusual sounds? (snap, pop) _____

Any medications and/or allergies? _____

Could you continue, or do you have to stop activity? _____

Any change in training regime? _____

Any previous surgeries and/or medical conditions? _____

What type of pain are you having? Rate it. _____

History – specific

Any change in training regime? _____

Any change in footwear? Or terrain? _____

Do you wear or have you ever worn orthotics? Protective equipment? _____

Observation – general

Swelling Deformity Discoloration Scars Atrophy/Hypertrophy

Observation – specific

_____ Gait _____ Foot type _____ Toes - alignment _____ Arches

_____ Skin color _____ Foot alignment _____ Calluses, corns _____ Other

_____ Shoes – wear pattern, components _____ Nails

Palpation**Bones**_____ Phalanges _____ Sesamoids _____ Metatarsals _____ Base of 5th metatarsal

_____ Cuboid _____ Talar dome/neck _____ Calcaneus _____ Med tub of calcaneus

_____ Navicular _____ Med tub of talus _____ Cuneiforms _____ Distal/shaft tibia

_____ Entire fibula _____ Sustentaculum tali _____ Peroneal tubercle

Ligaments

_____ DIP/PIP joints _____ MTP joints _____ Intermetatarsal _____ Spring ligament

_____ Deltoid _____ Midtarsal joints _____ Tibio-fibular ligament

_____ ATF _____ CF _____ PTF

Muscles

_____ FHL tendon _____ FDL tendon _____ Post. tib tendon _____ Anterior tibialis tendon

_____ EHL tendon _____ EDL tendon _____ EDB muscle _____ Peroneals

_____ Gastroc/soleus

Other

_____ Plantar fascia _____ Plantar aponeur. _____ Calcaneal fat pad _____ Retro & calcaneal bursa
_____ Achilles tendon _____ Sinus tarsi

Stress testing

Range of motion

Active (Only 2 required)

_____ IN/EV _____ MTP FL/EX _____ MTP ABD/ADD _____ IP FL/EX _____ PF/DF

Passive (Only 2 required)

_____ IN/EV _____ MTP FL/EX _____ MTP ABD/ADD _____ IP FL/EX _____ PF/DF

MMT (Only 2 required)

Inversion or _____ Concentric _____ Eccentric MTP Flex or _____ Concentric _____ Eccentric
Eversion MTP Exten

Plantarflex or _____ Concentric _____ Eccentric
Dorsiflex

Neurological

_____ Sensation _____ Reflexes – Achilles _____ Circulation – posterior tibial, dorsal pedal

Special tests – foot (select 3 ST from foot)

Arch testing

_____ Rigid/supple flat foot
_____ Feiss line
_____ Navicular drop test

Ligamentous testing

_____ Valgus/varus of IP
_____ Valgus/varus of MTP
_____ Intermetatarsal glide test
_____ Eraser test

Other

_____ Tap tests
_____ Long bone compression
_____ Axial loading

Special tests – ankle – (select 3 ST from ankle)

Fracture testing

_____ Bump test (calcaneal)
_____ Tib-fib compression (squeeze)

Ligamentous testing

_____ Anterior drawer test
_____ Talar tilt – eversion stress
_____ Talar tilt – inversion stress
_____ Kleiger's test

Other

_____ Homan's test
_____ Thompson test (Simmond sign)

Functional testing

_____ WB activities/linear activities
_____ Includes curvilinear and cutting activities/sport specific
_____ Sequence is logical/utilizes quantifiable standards

General

_____ Emphasizes bilateral comparison
_____ Properly records findings on appropriate document/referral Implications