

# Ankle Evaluation

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_  
BP: \_\_\_\_\_ HR: \_\_\_\_\_ Practice \_\_\_\_\_ Game \_\_\_\_\_ Evaluator: \_\_\_\_\_

## HISTORY

a. Do you remember a specific episode of trauma?

\_\_\_\_\_

If no, do you remember when you began to feel the discomfort? How long?

Has it progressively gotten worse? \_\_\_\_\_

b. Have you ever had any other injuries to this body part, the foot, or the lower leg? \_\_\_\_\_

If yes, then when and how many times? \_\_\_\_\_

Did you recover? Is it worse than before? \_\_\_\_\_

c. Do you feel any crepitus/grinding/popping? \_\_\_\_\_

d. Do you ever have swelling or puffing around the ankle joint? \_\_\_\_\_

e. Can you put your finger on the point that gives you the most pain? \_\_\_\_\_

f. At the time of your injury, describe the pain. \_\_\_\_\_

Dull, diffuse, burning throbbing, aching, sharp, knife-like? \_\_\_\_\_

g. Has the pain changed? How? Time span? \_\_\_\_\_

Rate it on a scale of 1 to 10 (with 0 being none and 10 being excruciating) \_\_\_\_\_

h. What have you done since the injury? \_\_\_\_\_

i. What makes the pain worse/what makes it better? \_\_\_\_\_

j. Does pain wake you up at night? \_\_\_\_\_

k. Do you have pain in any other parts of the body? Is it referred? \_\_\_\_\_

l. Were you taped or wrapped? \_\_\_\_\_

m. What type of shoe were you wearing? \_\_\_\_\_

n. Do you wear any type of foot support? \_\_\_\_\_

How long have you worn them? \_\_\_\_\_

o. Have you made a change in terrain/training regimen? \_\_\_\_\_

## OBSERVATION

a. Condition of athlete? (Excellent - Good - Fair - Poor) \_\_\_\_\_

b. Observe weight-description: \_\_\_\_\_

c. Observe gait: (Non-weight bearing - Partial weight bearing - Full weight bearing) \_\_\_\_\_

d. Observe Limp: (Pronounced - Mild - Slight-Unable to bear weight) \_\_\_\_\_

e. Gross deformity:-description: \_\_\_\_\_

f. Swelling: (Hemarthrosis - moderate - mild effusion) \_\_\_\_\_

g. Discoloration: (Ecchymosis and location)-description \_\_\_\_\_

h. Location of calluses on foot-description: \_\_\_\_\_

i. Pes plantus/Pes cavus: (Positive - Negative)-description: \_\_\_\_\_

j. Supinated/pronated feet: (Positive - Negative)-description \_\_\_\_\_

k. Heel cord tightness: (Positive - Negative)-description: \_\_\_\_\_

## PALPATION

RULE OUT A FRACTURE:

(POSITIVE - NEGATIVE)

COMPRESSION \_\_\_\_\_

PERCUSSION \_\_\_\_\_

DISTRACTION \_\_\_\_\_

	Tender Crepitus			Tender Crepitus	
1. Medial malleolus/distal ends 1 in prox.	yes/no	yes/no	2. Lateral malleolus/distal ends 3 in. prox.	yes/no	yes/no
3. Proximal end of 5th metatarsal	yes/no	yes/no	4. Calcaneus	yes/no	yes/no
5. Anterior joint line	yes/no	yes/no	6. Extensor tendons	yes/no	yes/no
7. Flexor tendons	yes/no	yes/no	8. Peroneal tendons (peroneal tunnel)	yes/no	yes/no
9. Posterior tibialis (sole of the foot) yes/no	yes/no		10. Achilles tendon	yes/no	yes/no
11. Retrocalcaneal bursa	yes/no	yes/no	12. Achilles tendon retinaculum	yes/no	yes/no
13. Anterior tibiofibular ligament	yes/no	yes/no	14. Deltoid ligament	yes/no	yes/no
15. Anterior talofibular ligament	yes/no	yes/no	16. Calcaneofibular ligament	yes/no	yes/no
17. Posterior talofibular ligament	yes/no	yes/no	18. Plantarcalcaneonav. lig.-(spring lig.)	yes/no	yes/no

# ASSESSING MOTION

	General ROM	Goniometer	End Feel	Muscle Testing w/Gravity w/out Gravity	Muscle Testing w/out Gravity
Dorsiflexion (0-20)	_____	_____	_____	_____	_____
Plantarflexion (0-50)	_____	_____	_____	_____	_____
Inversion (0-35)	_____	_____	_____	_____	_____
Eversion (0-15)	_____	_____	_____	_____	_____

## RATINGS

<b>General ROM</b>	(Painfull-Limited-Full)
<b>Goniometer</b>	(Percentage of Angle)
<b>End Feel</b>	Normal (Bony - Soft Tissue Apposition - Soft Tissue Stretch - Capsular Stretch) Abnormal (Hard - Soft- Firm - Springy Block - Empty - Spasm)
<b>Muscle Testing w/Gravity</b>	(5 4 4- 3+ 3 3- 2+)
<b>Muscle Testing w/out Gravity</b>	(2 2- 1+ 1 0)

## STRESS TESTS

(+1 +2 +3)

Anterior Drawer:	L_____	R_____
Talar Test	L_____	R_____
Homan's Sign	L_____	R_____
Thompson Test	L_____	R_____
Feiss Line	L_____	R_____
Interdigital Neuroma Test	L_____	R_____
Long Bone Compression Test	L_____	R_____

## NEUROLOGICAL EXAM

(POSITIVE - NEGATIVE)

NERVE ROOT LEVEL	SENSORY TESTING	MOTOR TESTING	REFLEX TESTING
L4	_____	_____	_____
L5	_____	_____	_____
S1	_____	_____	_____

## CIRCULATORY EXAM

(POSITIVE - NEGATIVE)

Posterior Tibial Pulse \_\_\_\_\_ Dorsal Pedis Pulse \_\_\_\_\_

## FUNCTIONAL TESTS

Response

- Weight bearing \_\_\_\_\_
- Stand on bad ankle \_\_\_\_\_
- Walk on toes \_\_\_\_\_
- Walk heels \_\_\_\_\_
- Hop on both feet \_\_\_\_\_
- Hop on injured extremity \_\_\_\_\_
- Straight line jog \_\_\_\_\_
- Full speed run to a dead stop \_\_\_\_\_
- Carioca to left/right \_\_\_\_\_
- Large figure-8 (make progressively smaller and faster) \_\_\_\_\_
- Full sprint with 90\_ cuts \_\_\_\_\_
- Sport specific movements \_\_\_\_\_
- All movements pain free/no limp \_\_\_\_\_

## NOTES

Impression: \_\_\_\_\_

Referral: Emergency \_\_\_\_\_  
 Room \_\_\_\_\_  
 Physician's Office \_\_\_\_\_

Acute Management: Crutches \_\_\_\_\_ Posterior Splint \_\_\_\_\_ Compression Bandage \_\_\_\_\_ Air Caist \_\_\_\_\_ Vacuum Splint \_\_\_\_\_ Speedi Splint \_\_\_\_\_

X-rays: Anterior/Posterior view \_\_\_\_\_  
 Lateral view \_\_\_\_\_  
 Mortis view \_\_\_\_\_  
 Anterior/Posterior view with stress \_\_\_\_\_

Bone Scan: \_\_\_\_\_