

# Foot Evaluation

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

## HISTORY

- a. Do you remember a specific episode of trauma? If yes, when and please describe. \_\_\_\_\_  
 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. Did you hear or feel a pop/ have a sense of giving away? \_\_\_\_\_
- d. Do you feel any crepitus/grinding/popping? \_\_\_\_\_
- e. Do you ever have swelling or puffing around the foot or ankle joint? \_\_\_\_\_
- f. Can you put your finger on the point that gives you the most pain? \_\_\_\_\_
- g. At the time of your injury, describe the pain. (Dull, diffuse, burning throbbing, aching, sharp, knife-like) \_\_\_\_\_
- h. Has the pain changed? Yes or no? \_\_\_\_\_ How? \_\_\_\_\_ Time span \_\_\_\_\_  
 Rate it on a scale of 1 to 10 (with 0 being none and 10 being excruciating)
- i. Do you have pain with the first step in the morning upon awakeing? \_\_\_\_\_
- j. What have you done since the injury? \_\_\_\_\_
- k. What makes the pain worse/what makes it better? \_\_\_\_\_
- l. Does pain wake you up at night? \_\_\_\_\_
- m. Do you have pain in any other parts of the body? Is it referred? \_\_\_\_\_
- n. In your training when does the pain begin: \_\_\_\_\_
- o. Were you taped or wrapped? \_\_\_\_\_
- p. What type of shoe were you wearing? \_\_\_\_\_
- q. How old are your shoes (milage ) \_\_\_\_\_
- r. Do your shoes show any wear on the soles? \_\_\_\_\_
- s. Do you have pain in your calves during practice or distance running? \_\_\_\_\_
- t. Do you wear any type of foot support? Yes or No. \_\_\_\_\_ How long have you worn them? \_\_\_\_\_
- u. 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. Swelling: (Hemarthrosis - moderate - mild effusion) \_\_\_\_\_
- f. Discoloration-description: \_\_\_\_\_
- g. Location of calluses on foot-description: \_\_\_\_\_
- h. Pes plantus/cavus (Bi-lateral \_\_\_ Involved \_\_\_) Supinated/Pronated (Bi-lateral \_\_\_ Involved \_\_\_)  
 Heel Cord Tightness (Bi-lateral \_\_\_ Involved \_\_\_) Heel valgus (bi-lateral \_\_\_ involved \_\_\_) Heel varus (Bi-lateral \_\_\_ involved \_\_\_)
- i. Great toe : Hallax valgus (Bi-laterally \_\_\_ Involved \_\_\_)
- j. Presence of hammer toes (Bi-laterally \_\_\_ Involved \_\_\_) (Callus under the toes Bilateral \_\_\_ Involved)

## PALPATION

### RULE OUT A FRACTURE (POSITIVE - NEGATIVE)

	COMPRESSION		PERCUSSION		DISTRACTION
	<b>Tender</b>	<b>Crepitus</b>		<b>Tender</b>	<b>Crepitus</b>
1. Sesamoid Bones	Yes - No	Yes - No	2. Plantar Aponeurosa	Yes - No	Yes - No
3. Medial Tubercle of Cal.	Yes - No	Yes - No	4. Digits 1-5	Yes - No	Yes - No
5. Metatarsal heads (distal)	Yes - No	Yes - No	6. Metatarsal Shafts	Yes - No	Yes - No
7. Transverse heads (prox.)	Yes - No	Yes - No	8. Cuneiforms; 1-3	Yes - No	Yes - No
9. Cuboid	Yes - No	Yes - No	10. Styloid Process of the 5th met.	Yes - No	Yes - No
11. Navicular	Yes - No	Yes - No	12. Navicular Tubercule	Yes - No	Yes - No
13. Head of talus (medial aspect)	Yes - No	Yes - No	14. Extensor Digitorum	Yes - No	Yes - No
15. Medial Longitudinal Arch	Yes - No	Yes - No	16. Medial Malleolus	Yes - No	Yes - No
17. Tibialis Posterior	Yes - No	Yes - No	18. Flexor Digitorum	Yes - No	Yes - No
19. Flexor Hallucis Longus	Yes - No	Yes - No	20. Achilles Tendon	Yes - No	Yes - No
21. Calcaneus	Yes - No	Yes - No	22. Lateral Malleolus	Yes - No	Yes - No
23. Peroneus Longus and Brevis	Yes - No	Yes - No	24. Peroneal Tubercle	Yes - No	Yes - No

# ASSESSING MOTION

	General ROM	Goniometer	End Feel	Muscle Testing w/Gravity w/out Gravity	Muscle testing w/out Gravity
MTP Great Toe Flexion (0-45)	_____	_____	_____	_____	_____
MTP Great Toe Extension (0-40)	_____	_____	_____	_____	_____
MTP Digit 2 Flexion (0-40)	_____	_____	_____	_____	_____
MTP Digit 2 Extension (0-40)	_____	_____	_____	_____	_____
MTP Digit 3 Flexion (0-40)	_____	_____	_____	_____	_____
MTP Digit 3 Extension (0-40)	_____	_____	_____	_____	_____
MTP Digit 4 Flexion (0-40)	_____	_____	_____	_____	_____
MTP Digit 4 Extension (0-40)	_____	_____	_____	_____	_____
MTP Digit 5 Flexion (0-40)	_____	_____	_____	_____	_____
MTP Digit 5 Extension (0-40)	_____	_____	_____	_____	_____
IP Great Toe Flexion (0-90)	_____	_____	_____	_____	_____
PIP Digit 2 Flexion (0-35)	_____	_____	_____	_____	_____
PIP Digit 3 Flexion (0-35)	_____	_____	_____	_____	_____
PIP Digit 4 Flexion (0-35)	_____	_____	_____	_____	_____
IPI Digit 5 Flexion (0-35)	_____	_____	_____	_____	_____

## RATINGS

<b>General ROM</b>	(Painfull-Limited-Full)
<b>Goniometer</b>	(Prcentage 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 TEST

(1+ +2 +3)

Interdigital Neuroma Test	L_____	R_____	Bowling Test	L_____	R_____
Stress interosseous membrane between metatarsals	L_____	R_____	Place ft. into forced dorsiflexion (stresses aponeurosa)	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 Pedal Pulse _____
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## FUNCTIONAL TESTS

- 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 \_\_\_\_\_

