

1. Split the evaluation form into four sections

- a. 1st year student does history/observation/palpation
- b. 2nd year student does muscle testing/ROM
- c. 3rd year student does stress testing
- d. 4th year student does neuromuscular/functional testing

- Use as a teaching tool where all of the students check each other as the progression advances
- Develop a form including pain factors, different body parts, different tests, etc.
- List anatomy and bony landmarks that need to be tested for each body part
- List all tests for each body part

2. Different sections on form

- History
- Observation
- Palpation/assessing motion
- Stress test/functional
- Neurological/vascular
- Additional/special test
- Referral/x-ray/diagnostic testing

Southeastern Louisiana University's Sports Medicine Center

Name: _____

Sport: _____

Date: _____

BP: _____

HR: _____

Practice _____ Game _____

Evaluator: _____

1. History:

a. Do you remember a specific episode of trauma? If yes, when and please describe. _____

(Angle of body part?)

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

Has it progressively gotten worse?

(Specific or non-specific trauma)

(Present or past injury)

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 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. What have you done since the injury? _____

j. What makes the pain worse/what makes it better? _____

k. Does pain wake you up at night? _____

l. Do you have pain in any other parts of the body? Is it referred? _____

m. Were you taped or wrapped? _____

g. What type of shoe were you wearing? _____

h. Do you wear any type of foot support? Yes or No.

How long have you worn them? _____

i. Have you made a change in terrain/training regimen? _____

- k. Palpate
- l. Palpate
- m. Palpate
- n. Palpate
- o. Palpate
- p. Palpate
- q. Palpate
- r. Palpate
- s. Palpate
- t. Palpate

Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes - No	Yes - No
Yes -	
No	

4. Assessing motion

ROM

End Feel

Painful - limited - full

Hard - soft - firm - springy block - spasm

a. Passive

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b. Active

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c. Resisted

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d. Muscle Testing

With gravity

Without gravity

Right

5 4 4- 3+ 3 3- 2+
5 4 4- 3+ 3 3- 2+

2 2- 1+ 1 0
2 2- 1+ 1 0

5 4 4- 3+ 3 3- 2+
5 4 4- 3+ 3 3- 2+
5 4 4- 3+ 3 3- 2+

2 2- 1+ 1 0
2 2- 1+ 1 0

Left

5 4 4- 3+ 3 3- 2+
5 4 4- 3+ 3 3- 2+

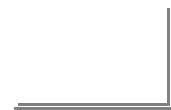
2 2- 1+ 1 0
2 2- 1+ 1 0

5 4 4- 3+ 3 3- 2+
 5 4 4- 3+ 3 3- 2+
 5 4 4- 3+ 3 3- 2+

2 2- 1+ 1 0
 2
 2-
 1+
 1
 0

e. ROM with Goniometer

Right		Left	
_____	(0-20_)	_____	(0-20_)
_____	(0-50_)	_____	(0-50_)
_____	(0-35_)	_____	(0-35_)
_____	(0-15_)	_____	(0-15_)



(Circle one)

5. Stress tests (Compare bilateral)

	Positive	Negative	
Anterior Drawer:			
Inversion Stress test:	+1	+2	+3
Eversion Stress test	+1	+2	+3
Sub-talar Test	+1	+2	+3



6. Special tests (Compare bilateral)

	Positive	Negative
Heel Strike Test		
Percussion Test	Positive	Negative
Compression Test	Positive	Negative
Tuning Fork	Positive	Negative



7. Sensory tests

L5 - Tibial nerve (Lateral side of crest of tibia)	Positive	Negative
L4 - Peroneal nerve (Medial side of crest of tibia/foot)	Positive	
	Negative	



Diagnostic Tests:

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

Bone Scan: _____