

Name: _____

Foot/Ankle Evaluation

Informed Consent

Low Back/ Hip/Knee Scan ☐ Clear ☐ See NotesNeurological Scan ☐ Clear ☐ See NotesSpecial Questions

- ☐ Immobilization or bracing?
☐ Snapping or clicking?
☐ Orthotics/inserts
☐ Shoe Wear

Postural Analysis ☐ Edema ☐ Atrophy
☐ WTB ☐ NWTB ☐ Deformity

Observations(Gait)

<u>Range of Motion/Strength</u>	Active R / L	Passive R / L	MMT (___/5) R / L
Dorsiflexion (20°)	____/____	____/____	____/____
Plantar Flexion (50°)	____/____	____/____	____/____
Supination(Inver) (45°)	____/____	____/____	____/____
Pronation(Ever) (15°)	____/____	____/____	____/____
Forefoot Abd (10°)	____/____	____/____	____/____
Forefoot Add (20°)	____/____	____/____	____/____
Toe Flex (40,35,60°)	____/____	____/____	____/____
Great Toe Flex (45,90°)	____/____	____/____	____/____
Toe Ext'n (40,0,30°)	____/____	____/____	____/____
Great Toe Ext'n (70,0°)	____/____	____/____	____/____

WTB Active Movements (↑,↓,N,NT) R / LAccessory Movements (↑,↓,N,NT) R / L

Toe Standing ____/____
 Heel Standing ____/____
 Supination ____/____
 Pronation ____/____
 Toe ext'n ____/____
 Toe Flex ____/____

Anteropost Glide (TC) ____/____
 Traction (TC) ____/____
 Subtalar Tilt ____/____
 Anteropost Glide (MT) ____/____
 Rotation (MT) ____/____
 Anteropost Gllide (TMT) ____/____
 Rotation (TMT) ____/____
 Trac/AP/Rot (MTP/IP) ____/____
 Tarsal Mobility

Stability Tests

Anterior Drawer ☐ Clear ☐ NT
 Talar Tilt ☐ Clear ☐ NT

Special Tests

Single Leg Stand ☐ Clear ☐ NT
 Thompson's ☐ Clear ☐ NT
 Swing Test ☐ Clear ☐ NT
 Tinel ☐ Clear ☐ NT
 LLD ☐ Clear ☐ NT
 Subtalar ☐ Clear ☐ NT
 Other

Girth

Figure 8 ____/____
 Malleoli ____/____
 Forefoot (midMTP) ____/____

Palpation

Signature _____

____/____/____