

## New Patient Evaluation Ankle Evaluation Form

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Which ankle hurts? Right Left Both

Do you have pain in any other joints? Yes No

If yes which ones? \_\_\_\_\_

Do you have pain in the ankle today? Yes No

How long ago did the pain start?

1-2 weeks	3-4 weeks	5-6 weeks	2 months	3 months	4-5 months
6 months	6-8 months	9-12 months		Greater than 1 year	

Other (please specify): \_\_\_\_\_

How did the pain start? \_\_\_\_\_ Gradually over time / acutely

Date of Injury \_\_\_\_\_

Did you suffer? fall twisting injury direct blow athletic injury No accident or injury

Other injury, please specify \_\_\_\_\_

If you suffered an *acute injury* did you feel a: Pop Snap None

Did you have immediate swelling? Yes No

Were you able to walk immediately? Yes No

Did you seek medical attention? Yes No

Describe your activity level (check one)

Strenuous activity: jumping, pivoting, hard cutting, sports (football, soccer, basketball)

Moderate activity: heavy manual labor or sports (tennis, skiing)

Light activity: jogging, running, and walking

Sedentary activity: housework

Does your ankle prevent you from playing sports or doing daily activities? Yes No

Have you ever hurt ankle before? Yes No

If yes, when? \_\_\_\_\_

What type of injury? stress fracture neuroma tendinopathy dislocation fracture  
sprain other \_\_\_\_\_

Did your ankle get better? Yes No

Have you received treatment for your ankle? Yes No

Physical Therapy / Steroid Injections/Viscosupplementation Yes No

Have you had surgery on this ankle? Yes No

If yes, when? \_\_\_\_\_ Procedure \_\_\_\_\_

Do medications help? Yes No

Does your ankle swell? Yes No Daily Intermittent

Do you have morning stiffness or tightness? Yes No

Is the pain: sharp dull achy burning constant

Activity related (before/during/after) mild moderate severe

What symptoms do you have now?

No pain at rest	mild pain	moderate pain	severe pain
No pain w/stairs	pain going up stairs		pain going down stairs
No pain w/bending	pain range of motion		
No pain w/activities	mild pain	moderate pain	severe pain

How does your ankle function? normal near normal abnormal

Do you have: catching locking grinding buckling

If you have buckling or giving way, how often? \_\_\_\_\_

Do you use aids to walk? No CamWalker crutches cane walker  
brace hard-soled shoe orthotics

Can you walk before the pain starts?

unlimited	< 1 block	1-5 blocks	unable
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**Physical Examination**

Ankle	Right	Left				
Alignment	Normal	Varus	Valgus	Degrees	_____	
Scars	None	Well-healed	Not healed	Medial	Lateral	
	Midline					
Ecchymosis	None	Mild	Moderate	Severe		
Erythema	None	Mild	Moderate	Severe		
Effusion	None	Mild	Moderate	Severe		
Edema	None	Mild	Moderate	Severe		
Atrophy	None	Mild	Moderate	Severe		
Deformity	None	Mild	Moderate	Severe		

**Bony Palpation**

First MTP	Navicular	Talus	<b>Tenderness</b>	
			Yes	No
Medial Malleolus	Sustentaculum Tali		Yes	No
Fifth Metatarsal	Calcaneus	Lateral Malleolus	Yes	No
Sinus Tarsi	Dome of the Talus	Sesamoid Bones	Yes	No
Metatarsals	Inferior Tibiofibular Joint		Yes	No

**Soft Tissue Palpation**

Zone I	Head of the first MTP					
Zone II	Navicular and Talar Head					
Zone III	Medial Malleolus	PTT	FDL	PTA	TN	FHL
Zone IV	Dorsum Foot	TAA	EHL	DPA	EDL	
Zone V	Lateral Malleolus	ATFL	CFL	PTFL		
Zone VI	Calcaneus	RC Bursa		Cal Bursa		AT
Zone VII	Plantar Surface	Plantar Fascia		Heel Spur		
Zone VII	Toes	Claw	Hammer	Corns	Ingrown	Toenail
Edema						

**Range of Motion**

Ankle Dorsiflexion	(20°)	Normal
Ankle Plantarflexion	(50°)	Normal
Subtalar Inversion	(5°)	Normal
Subtalar Eversion	(5°)	Normal
Forefoot Adduction	(20°)	Normal
Forefoot Abduction	(10°)	Normal
First MTP Flexion	(45°)	Normal
First MTP Extension	(75-90°)	Normal
Muscle testing affected by pain		Yes No

**Sensation**

	L4, L5, S1	Intact	Deficit
<b>Specialty Tests</b>			
Rigid or supple	Pes Planus	Hindfoot Valgus	Hallux Valgus
Homans Sign	Rise	Instability Signs	Thompson's Test
			Pes Planus
			Windlass Toe

**Radiographs**

Pending	None	Normal	Mortise	
Fracture	Medial Malleolus	Fibula	Sesamoids	Metatarsal
	Phalanges	Tibia		

Other: \_\_\_\_\_

MRI Results \_\_\_\_\_

**Diagnosis / Impression**

Ankle Pain	Unknown Etiology			Foot Pain	Unknown Etiology
Instability	Medial	Lateral		Anterior	Posterior
Fracture	Hindfoot	Midfoot		Forefoot	Fibula
	Sesamoid	Jones		Dancer's	Toe
					Tibia Stress

Other: \_\_\_\_\_

Ankle Sprain	Grade I	II	III	High Ankle	
Tendon Rupture	Achilles	PTT	PL	Extensor	Flexor
Pes Planus	Rigid	Flexible			
Loose body	Foot Strain	OCD Lesion	Talus	Chondral Injury	Plantar Fasciitis
Metatarsalgia	Morton's Neuroma				
Tendonitis	Achilles	PTT	PL	Extensor	Flexor
RA	Gout	Pseudogout	Foot	Ankle	
Osteoarthritis	Tibial talar	Subtalar			

Other \_\_\_\_\_

**Plan**

Rest	Ice	Ace wrap	Brace	CamWalker
MRI	MR Gad	CT Scan		
Radiographs	AP	Lateral	Oblique	Mortise
Aspiration	Standing Radiographs		Weightbearing	Calcaneus
NWB Crutches		PWB Crutches	Labs: CBC/Uric Acid	
Corticosteroid Injection		EMG/ NC	FWB	Physical Therapy
Viscosupplementation Protocol		Synvisc	Euflexxa	Hyalgan
Referral	_____			
Medication	_____			
NSAIDs	Chondroitin Sulfate	Celebrex	Ultram ER	

**Surgery**

Arthroscopy with debridement	loose body removal
Medial or Lateral Meniscotomy	
OCD	Allograft
ORIF	Foot
Long leg cast	Short leg cast
Other	_____
	Autograft
	Ankle
	ACI

**Follow Up**

Weeks  
Months  
PRN

**Notes:****Stephen J. Franzino, MD**