

New Patient Evaluation Foot Evaluation Form

Name: _____

DOB: _____

Which foot hurts?	Right	Left		Both
Do you have pain in any other joints?	Yes	No		
If yes which ones? _____				
Do you have pain in the foot today	Yes	No		
How long ago did the pain start?				
1-2 weeks	3-4 weeks	5-6 weeks	2 months	3 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
Other injury, please specify _____	No accident or injury			
If you suffered an <i>acute injury</i> 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 foot prevents you from playing sports or doing daily activities?			Yes	No
Have you ever hurt foot before?			Yes	No
If yes, when? _____				
What type of injury?	Stress fracture	neuroma	tendinopathy	dislocation
	sprain	other _____		fracture
Did your foot get better?			Yes	No
Have you received treatment for your foot?			Yes	No
Physical Therapy / Steroid Injections/Viscosupplementation			Yes	No
Have you had surgery on this foot?			Yes	No
If yes, when? _____	Procedure _____			
Do medications help?			Yes	No
Does your foot swell?		Yes	No	Daily
Do you have morning stiffness or tightness?			Yes	No
Is the pain:	sharp	dull	achy	burning
Activity related (before/during/after)	mild	moderate		severe
What symptoms do you have now?				
Numbness in foot or toes	Yes	No	Where? _____	
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 w/bending			
No pain w/activities	mild pain		moderate pain	severe pain
How does your foot function?	normal		near normal	abnormal
Do you have:	catching		grinding	
If you have buckling or giving way, how often?	_____			
Do you use aids to walk?	no	CamWalker	crutches	cane
	brace	hard-soled shoe	orthotics	walker
			inserts	

How far can you walk before the pain starts? unlimited < 1 block 1-5 blocks unable

Physical Examination

Foot	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		
Paraesthesia	Toes	Dorsal	Plantar	Location: _____		
Nail Bed	Erythema	Edema	Intact	Hematoma		

Bony Palpation

					No Tenderness	
First MTP	Navicular		Talus		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						Yes	No
Zone II Navicular and Talar Head							
Zone III Medial Malleolus	PTT	FDL	PTA	TN	FHL	Yes	No
Zone IV Dorsum Foot	TAA	EHL	DPA	EDL		Yes	No
Zone V Lateral Malleolus	ATFL	CFL	PTFL			Yes	No
Zone VI Calcaneus	RC Bursa		Cal Bursa		AT	Yes	No
Zone VII Plantar Surface	Plantar Fascia		Heel Spur			Yes	No
Zone VII Toes	Claw	Hammer	Corns		Ingrown Toenail		
Edema							
Web Spaces	I	II	III				

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°)						Limited
First MTP Extension	(75-90°)						Limited
Muscle testing affected by pain			Yes		No		
Sensation	L4, L5, S1		Intact		Deficit		

Specialty Tests

Rigid or supple	Pes Planus	Hindfoot Valgus	Hallux Valgus	Pes Planus
Homans Sign		Instability Signs	Thompson's Test	Windlass
Toe Rise				

Radiographs

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

MRI Results _____

Diagnosis / Impression

Ankle Pain	Unknown Etiology		Foot Pain	Unknown Etiology	
Instability	Medial	Lateral	Anterior	Posterior	
Fracture	Hindfoot	Midfoot	Forefoot	Fibula	Tibia
	Sesamoid	Jones	Dancer's	Toe	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 Fascitis
Metatarsalgia	Morton's Neuroma					
Tendonitis	Achilles		PTT	PL	Extensor	Flexor
RA	Gout		Pseudogout		Foot	Ankle
Osteoarthritis	Tibia Talar		1 st MTP		Midfoot	Forefoot
						Hindfoot

Other _____

Plan

Rest	Ice	Ace wraps	Brace	CamWalker
MRI	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
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Surgery

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

Other _____

Follow Up	Weeks	Months	PRN
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Notes:**Stephen J. Franzino, MD**