

## ASSESSMENT FORMAT FOR ANKLE INSTABILITY

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Name:

Age/Sex:

Occupation:

OPD No:

Address:

### 1. Patients brief Summary:

- a. Chief complaints
- b. Mechanism of injury/severity of injury:
- c. Pain assessment:
  - Severity: VAS
  - Intensity: Acute/Sub acute/Chronic
  - Nature:
  - Stability/Stage:
  - Aggravating factor:
  - Ease factor:

### 2. Observation

- a. Gait:
- b. Swelling/Erythema:
- c. Foot Arches:

### 3. Palpation

- a. Achilles tendon:
- b. Peroneous longus:
- c. Peroneous brevis:
- d. Peroneous tertious:
- e. Talofibular lig:
- f. Tibiofibular lig:
- g. Deltoid lig:
- h. Joints & Bones:Distal to proximal

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### 4. Examination

- a. **Active Movement:** Foot plantar flexion  
Foot dorsiflexion  
Toe flexion  
Toe extension  
Ankle/foot inversion  
Ankle/foot eversion

b. **Passive Movement:**

c. **Muscle girth:** Ankle (Figure of 8)

d. **MMT:**

Plantar Flexor-Anti gravity-

Eliminated gravity-

Dorsi flexor- Anti gravity-

Eliminated gravity

**Ankle Stability test:** SEBT (not in acute)

e. **Special test:**

- Anterior Drawer Test
- Eversion Stress Test
- Eversion Talar Tilt Test
- Feiss' Line Test
- Heel Tap Test
- Homan's Sign Test
- Inversion Stress Test
- Inversion Talar Tilt Test
- Thompson's Squeeze Test – for achilles tendon rupture

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### **f. Functional assessment: Movement of ankle in gait-**

**Stair-**

**Gait evaluation – Temporal-**

**Spatial-**



### **g. Functional diagnosis:**

**h.Goals: (SMART)**

**i. PT Intervention**



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	<b>Clinical relevance / contributing factors / Hypothesis / Reasoning</b>	<b>Important Information</b>	<b>Special attention</b>
<b>Age</b>	Healing / degenerative changes / balance / strength / mobility		
<b>Chief Complaints</b>	List the reported symptoms (Pain, Mobility, ADLs etc.,)	<ul style="list-style-type: none"> <li>- Relate with surgery/procedure</li> <li>- Identify Flags</li> </ul>	
<b>history and comorbidities</b>	<p>Mode of injury to identify the structure involved.</p> <p>Grade /extent of the injury.</p> <p>Previous history of fracture to identify bone health.</p>	<p>HT/IHD/DM/ osteoporosis / previous trauma</p> <p>Previous Functional status</p> <p>Activity Status</p> <p>Assisted devices used for supports, transfers and mobility</p>	
<b>Observation</b>	General – ( whole body appearance)	BMI To understand obesity / overweight contributing to Joint loading	
	Local – Swelling, Erythema	Healing (stages-inflammatory/remodelling etc.,) Scar (grading)	
	Foot arches Gait	Pronation of foot/calcaneous position(Varus/valgus) Step height, Patient's shoes	
	Pain ( identify FLAGS, relate to surgical history, tissue healing,	Type , Intensity , duration and frequency	Referrals

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	medication)		
<b>Examination</b>	AJROM a. - Foot plantar flexion Foot dorsiflexion Toe flexion Toe extension Ankle/foot inversion Ankle/foot eversion	Movement pattern, quantity, muscle activity, kinematics, protective mechanism) Identify - Lag - Muscle inhibition - Muscle power	Perform on plinth not on bed in supine and sitting to evaluate the muscle activity
	PJROM (PF/ TF) (including accessory) - Factors limiting the movements (Relate to arthro and osteo kinematics)	Quantity, end feel, Muscle length	
	Muscle girth	Atrophy/Destruction	
	Strength (MMT)	Ankle (DF/PF)	
	Isometric Resisted Test	To observe the activity of muscle	Perform test to rule out tightness of capsule or muscles
<b>Examination</b>	Combined movement (Functional) – knee & Ankle – Performed in supine, standing and sitting.	Pattern and contribution to joint range and muscle activity	
	PSFS ( patient specific functional scale) - OPD	Identify the functional limitation	Set patient specific goals
	Girth measurement (differentiate between swelling / wasting)	Relate with observation  Test – Homan’s sign	Tests for effusion / Clinical

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	- Limb Oedema (identify possible causes (decreased mobility , DVT, etc.,))		reasoning (correlate with PJROM)
	Balance Relate with the possible factors (ageing / proprioception / strength)	Sitting / standing / perturbation	Balance tests
	Functional Movement analysis  ( relate with normal pattern, identify the possible structure)	<ul style="list-style-type: none"> <li>- Lying to side lying / sitting</li> <li>- Sit to stand</li> <li>- Walking</li> <li>- Stair climbing</li> <li>- Running (if applicable – later stages after 3 weeks)</li> <li>- Stepping ( normal / over obstacles)</li> <li>- Stair</li> </ul>	
	Gait Analysis	Kinematic / Temporal / spatial parameters	
	Function / Gait status – Level of independence ( IP)	<p>Total assist/ max/mod/min assist / Independent Movement pattern at knee ( available flexion)</p> <p>Distance walked</p> <p>(observe for discomfort during function and gait)</p>	

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### **Ottawa Ankle CPR to rule in/out radiography of the ankle after trauma**

Ages 2-55: Order radiograph if one or more of the following is met:

- Tender over posterior distal tip of the medial or lateral malleolus
- Tenderness over base of the 5<sup>th</sup> metatarsal or navicular bone
- Inability to bear weight (4 steps) both immediately and in the emergency room

### **Ottawa Foot CPR to rule in/out radiography of the foot after trauma**

Order x-ray if:

- Pain in the midfoot zone and any one of the following:
  - Tenderness over the navicular or base of the 5<sup>th</sup> metatarsal
  - Unable to bear weight for 4 steps immediately after injury and during exam

JSS