Foot-Ankle Consultation & Examination

NOTE: Per AMA Guides 6th Ed., Foot-Ankle is defined as the region from below the mid-tibia to the toes, including all the bone, joint, ligamentous and soft-tissue structures encompassing the joints. This form applies to □ Left □ Right.

Describe how your foot-ankle injury is affecting your job performance ____________________________________________  
______________________________________________________________________________________________

Describe how your foot-ankle injury is affecting your personal life ____________________________________________  
______________________________________________________________________________________________

What alleviates (relieves) your foot-ankle symptoms or function? ________________________________________  
______________________________________________________________________________________________

What aggravates (worsens) your foot-ankle symptoms or function? ________________________________________  
______________________________________________________________________________________________

How Severe are your foot-ankle symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your foot-ankle symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which foot-ankle symptoms do you have? □ Numb □ Tingle □ Pain □ Weak □ Unstable

During the past 30 days, are your foot-ankle symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of _____________________________

Patient has paresthesias of □ L4 □ L5 □ S1 □ Sappenous (L4-5) □ Sural (S1-2) □ Lat. Plantar (L4-5) □ Medial Plantar (L4-5) □ Deep Peroneal (L4-5) □ Superficial Peroneal (L4-S1) □ Lat.Sural (L4-S2)

Patient’s pain is □ Vague/non-localized □ Specifically in _____________________________

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Ligt/Bone/Joint □ □ □ □ □ □

Doctor’s Opinions

Foot-ankle injury caused by ____________________________ Apportionment? □ Yes □ No Date of other injury ____________________________

Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today □ % Foot-ankle area is MMI today? □ Yes □ No Other Areas Examined Today? □ No □ Yes Minutes

© www.HBTInstitute.com

Signature of Doctor