ANKLE EVALUATION FORM

Date:
Pt Name: Pt Number:
Diagnosis:
Referred by:
Visit #:
Time in: Time out: Billable units:

Patient Information:

Patient Profile:

Chief Complaint:

Account of Current Condition:
  History of present injury:
  Current Symptoms:
    Location:
    Onset:
    Character:
    Intensity:
    Duration:
    Aggravating Factors:
    Alleviating Factors:
    24 hour behavior:

PMH:
  Medication/Allergies:

Current Function %:
  Standardized Functional Questionnaire:
    DASH:
    Modified Oswestry:
    NDI:
    LEFS:

Personal and Environmental Factors:
  Activity:
  Occupation:

Patient Goals:

Systems Review:

Cardiopulmonary:
Neuromuscular:
Integumentary:
Musculoskeletal:

Tests and Measures:

Observation:
  Joint Clearing:
**University of Utah Department of Physical Therapy**

**Student-Run Pro Bono Clinic**

**ROM:**

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**Resisted Tests:**

**Flexibility:**

**Neurologic Screen:**

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<th>Sensation</th>
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**Special Tests:**

- Subtalar Joint Neutral:
- Navicular Drop Test:
- Coleman Block Test:
- Tibial Torsion Test:
- Anterior Drawer Sign:
- Talar Tilt:
- ER Stress Test:
- Squeeze Test:
- Homan’s Sign:
- Thompson Test:
- Tinel’s Sign:
- Windlass Test:
- Impingement Sign:

**Joint Mobility:**

**Palpation:**

**Functional Tests:**

**Today’s Intervention:**

**Evaluation:**

**Summary:**

- Impairments:
- Functional Limitations:
- Response to today’s intervention:

**Plan of Care:**

**Outcomes:**

- STG:
- LTG:

**Prognosis:**

**Intervention Plan:**

**Informed Consent:**
(☐ Patient or ☐ Guardian) has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outlined, including the given HEP.

Sign: 

Date: