

Ankle Surgery Assessment Form

(PLEASE NOTE: Pages 1 & 2 to be completed by surgeon. Pages 3 and SF36 to be completed by patient)

Name: _____	DOB: _____	Date of Assessment:
Sex: _____		
<i>Patient Label</i>		

Height: _____ cms Weight: _____ Kg Smoker: YES NO

Operation Side: Left Right

Proposed Operation: _____

Pre-operative diagnosis:

<input type="checkbox"/> Primary OA <input type="checkbox"/> Post-traumatic OA <input type="checkbox"/> Rheumatoid Arthritis / Inflammatory Arthritis <input type="checkbox"/> Talar avascular necrosis <input type="checkbox"/> Other (specify e.g. haemochromatosis, sickle)	<input type="checkbox"/> Unstable ankle <input type="checkbox"/> Anterolateral impingement <input type="checkbox"/> Posterior impingement/ Os Trigonum <input type="checkbox"/> Chondral injury / Inversion-type injury <input type="checkbox"/> Other (specify)
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Previous Operations on Ankle:

- Fracture (Internal Fixation)
- Arthrodesis
- Synovectomy
- Arthroscopic Surgery
- Chondral implant
- Other

Other Joints Replaced:

- | | | |
|--------------------------------|------|-------|
| <input type="checkbox"/> Hip | Left | Right |
| <input type="checkbox"/> Knee | Left | Right |
| <input type="checkbox"/> Ankle | Left | Right |

Other Joints involved:

- | | | |
|---|------|-------|
| <input type="checkbox"/> Subtalar arthrosis | Left | Right |
| <input type="checkbox"/> Subtalar arthrodesis | Left | Right |
| <input type="checkbox"/> Triple fusion | Left | Right |
| <input type="checkbox"/> Midfoot fusion | Left | Right |
| <input type="checkbox"/> Hip arthrodesis | Left | Right |
| <input type="checkbox"/> Knee arthrodesis | Left | Right |
| <input type="checkbox"/> Ankle arthrodesis | Left | Right |

Past Medical History:

<input type="checkbox"/> Steroid treatment <input type="checkbox"/> Immune suppression <input type="checkbox"/> Diabetes <input type="checkbox"/> DVT	<input type="checkbox"/> Ischaemic Heart Disease / Peripheral <input type="checkbox"/> Vascular Disease <input type="checkbox"/> COPD <input type="checkbox"/> Other
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OBJECTIVE ASSESSMENT FOR COMPLETION BY SURGEON

Gait abnormality

- None, slight
- Obvious
- Marked

ROM

- | | |
|--|--|
| <input type="checkbox"/> Extension $\geq 10^\circ$ | <input type="checkbox"/> Flexion $\geq 30^\circ$ |
| <input type="checkbox"/> Extension 5-9° | <input type="checkbox"/> Flexion 15-29° |
| <input type="checkbox"/> Extension $< 5^\circ$ | <input type="checkbox"/> Flexion $< 15^\circ$ |

Hindfoot motion (inversion plus eversion)

- Normal or mild restriction (75%-100% normal)
- Moderate restriction (25%-74% normal)
- Marked restriction (less than 25% normal)

Alignment

- Good, plantigrade foot, ankle-hindfoot well aligned
- Fair, plantigrade foot, some degree of ankle-hindfoot malalignment observed, no symptoms
- Poor, nonplantigrade foot, severe malalignment, symptoms

- | | |
|---|---|
| <input type="checkbox"/> Valgus during loading $< 5^\circ$ | <input type="checkbox"/> Varus during loading $< 3^\circ$ |
| <input type="checkbox"/> Valgus during loading 5-10° | <input type="checkbox"/> Varus during loading 4-7° |
| <input type="checkbox"/> Valgus during loading $> 10^\circ$ | <input type="checkbox"/> Varus during loading $> 7^\circ$ |

Function

- | | | |
|---|------------------------------|-----------------------------|
| Able to toe-walk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to heel-walk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Normal cadance during staircase walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walking aids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Orthopaedic footwear | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to stand on one leg | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SUBJECTIVE ASSESSMENT FOR COMPLETION BY PATIENT

Please tick one square in each of the boxes below that best describes the pain and function relating to your ankle.

Pain (If you have no pain in your ankle tick “None” and proceed to the Function section.)

None

or:

- Mild, occasional
- Moderate, daily
- Severe, almost always present

- Pain only on starting-up
- Pain only when walking on uneven surfaces
- Pain occasionally when walking on any surface
- Pain always when walking
- Pain at rest or spontaneously

Function

Activity limitations and support requirement (eg walking stick)

- No limitations, no support
- No limitation of daily activities, limited recreational activities, no support
- Limited daily and recreational activities, cane
- Severe limitation of daily and recreational activities, walker, crutches, wheelchair, brace

Maximum walking distance, blocks (1 block~150 metres)

- Greater than 6
- 4-6
- 1-3
- Less than 1

Walking surfaces

- No difficulty on any surface
- Some difficulty on uneven terrain, stairs, inclines, ladders
- Severe difficulty on uneven terrain, stairs, inclines, ladders