Forefoot Surgery Assessment Form

(Pages 1 & 2 to be completed by surgeon. Pages 3-4 and SF36 to be completed by patient. Surgeon to calculate AOS score).

Name:_______________________________ **DOB:**___ **Sex:**____ *Patient Label*	**Date of Assessment:**

Height:________cms **Weight:**_______Kg **Smoker:** ❑ YES ❑ NO

Operation Side: ❑ Left ❑ Right

Operation:____________________

Pre-operative diagnosis:

<table>
<tr><td>HALLUX</td><td colspan="5">LESSER TOES</td></tr>
<tr><td rowspan="4">❑ Hallux valgus
❑ Hallux rigidus
    ❑ Post-traumatic OA
    ❑ Primary OA
❑ Rheumatoid Arthritis / Inflammatory Arthritis</td><td></td><td>II</td><td>III</td><td>IV</td><td>V</td></tr>
<tr><td>Claw/hammer/mallet</td><td>❑</td><td>❑</td><td>❑</td><td>❑</td></tr>
<tr><td>Metatarsalgia</td><td>❑</td><td>❑</td><td>❑</td><td>❑</td></tr>
<tr><td>Transfer lesion</td><td>❑</td><td>❑</td><td>❑</td><td>❑</td></tr>
</table>

Previous Operations on Foot:

❑ Forefoot (specify)
❑ Midfoot (specify)
❑ Hindfoot/Ankle (specify)

Other Joints involved:

❑ Subtalar arthrosis	Left	Right
❑ Subtalar arthrodesis	Left	Right
❑ Triple fusion	Left	Right
❑ Midfoot fusion	Left	Right
❑ Hip arthrodesis	Left	Right
❑ Knee arthrodesis	Left	Right
❑ Ankle arthrodesis	Left	Right

Past Medical History:

❑ Steroid treatment ❑ Immune suppression ❑ Diabetes ❑ DVT	❑ Ischaemic Heart Disease / Peripheral ❑ Vascular Disease ❑ COPD ❑ Other

OBJECTIVE ASSESSMENT FOR COMPLETION BY SURGEON

	Hallux	Lesser Toes
ROM		
MTP joint motion (doriflexion plus plantarflexion)		
Normal or mild restriction (75º or more)	❑	❑
Moderate restriction (30º - 74º)	❑	❑
Severe restriction (less than 30°)	❑	❑
IP joint motion (plantarflexion)		
No restriction	❑	❑
Severe restriction (less than 10º)	❑	❑
MTP-IP stability (all directions)		
Stable	❑	❑
Definitely unstable or able to dislocate	❑	❑
Callus related to MTP-IP		
No callus or asymptomatic callus	❑	❑
Callus, symptomatic	❑	❑
Alignment		
Good, hallux well aligned	❑	❑
Fair, some degree of hallux malalignment observed, no symptoms	❑	❑
Poor, obvious symptomatic malalignment	❑	❑

SUBJECTIVE ASSESSMENT FOR COMPLETION BY PATIENT

Pain

Please tick one square in each of the boxes below that best describes the pain relating to your *big toe*.

- ❑ None
- ❑ Mild, occasional
- ❑ Moderate, daily
- ❑ Severe, almost always present

Please tick one square in each of the boxes below that best describes the pain relating to your *small toes*.

- ❑ None
- ❑ Mild, occasional
- ❑ Moderate, daily
- ❑ Severe, almost always present

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

Footwear requirements

- ❑ Fashionable, conventional shoes, no insert required
- ❑ Comfort footwear, shoe insert
- ❑ Modified shoes or brace

AOS SCORE

PAIN

The line next to each item represents the amount of pain you typically had in each situation. On the far left is "No pain" and on the far right is "Worst pain imaginable". Place a mark on the line to indicate how bad your **forefoot pain** was in each of the following situations during the **past week**. If you were not involved in one or more of these situations, place an "X" in the column under the heading "N/A".

How severe was your forefoot pain:

					N/A
1	At its worst?	No pain	______	Worst pain imaginable	
2	Before you get up in the morning?	No pain	______	Worst pain imaginable	
3	When you walked barefoot?	No pain	______	Worst pain imaginable	
4	When you stood barefoot?	No pain	______	Worst pain imaginable	
5	When you walked wearing shoes?	No pain	______	Worst pain imaginable	
6	When you stood wearing shoes?	No pain	______	Worst pain imaginable	
7	When you walked wearing shoe inserts or braces?	No pain	______	Worst pain imaginable	
8	When you stood wearing shoe inserts or braces?	No pain	______	Worst pain imaginable	
9	At the end of the day?	No pain	______	Worst pain imaginable	

To be completed by Surgeon ______/______ = ____%

DISABILITY

The line next to each item represents the amount of difficulty you had in performing an activity. On the far left is "No difficulty" and on the far right is "So difficult unable". Place a mark on the line to indicate how much difficulty you had performing each activity because of your **forefoot** during the **past week**. If you did not perform an activity during the past week, place an "X" in the column under the heading "N/A".

How much difficulty did you have:

					N/A
1	Walking around the house?	No difficulty	______	So difficult unable	
2	Walking outside on uneven ground?	No difficulty	______	So difficult unable	
3	Walking four or more blocks?	No difficulty	______	So difficult unable	
4	Climbing stairs?	No difficulty	______	So difficult unable	
5	Descending stairs?	No difficulty	______	So difficult unable	
6	Standing on tip toes?	No difficulty	______	So difficult unable	
7	Getting out of a chair?	No difficulty	______	So difficult unable	
8	Climbing up or down curbs?	No difficulty	______	So difficult unable	
9	Walking fast or running?	No difficulty	______	So difficult unable	

To be completed by Surgeon _______/_______ = _____%