

The Foot and Ankle Examination

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KEYWORDS

- Foot/Ankle physical examination • Structural abnormalities • Ottawa ankle rules
- Special tests

KEY POINTS

- Knowledge of common foot and ankle complaints can be diagnosed and managed effectively in the primary care setting.
- Foot and ankle disorders require a thorough and structured history and physical examination with attention to the patient as a whole.
- Knowledge of foot and ankle anatomy and biomechanics is key in successful clinical evaluation and therapeutic considerations.

INTRODUCTION

Foot and ankle disorders (FAD) are highly prevalent in the general population and are one of the leading motivations for primary care visits.^{1–4} Unfortunately, many physicians consider FAD diagnostically challenging and the management daunting.⁵ On initial approach, the goal is to establish a historical database to characterize the problem, infer the structures involved, and assess prognosis.⁶ A history should elucidate symptoms, chronicity, pathomechanics, and relevant past medical conditions (**Box 1**). Epidemiologic factors, such as age, gender, employment, and activities, are of great diagnostic value and help individualize the history, physical examination, and treatment.¹ Physical examination findings should be interpreted in the context of overall health, vital signs, and symptoms. A head-to-toe inspection is the first step. Failing to expose the lower extremities sufficiently is a mistake; patients should be in a gown with shoes and socks removed. Footwear patterns provide valuable information and shoes should be evaluated for appropriate fit.⁷ A thorough physical examination examines structural integrity through palpation, mobility, and strength testing. Many disorders mimic each other on initial presentation and provocative tests help

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Box 1**Suggested historical evaluation**

What are your goals regarding functional results after treatment?

Symptoms

Describe pain: Location, duration, radiation, intensity, and type

Describe swelling: chronicity, location, duration, color changes

Any new muscle weakness? Atrophy? Numbness, tingling, or burning?

Any foot or ankle instability? Feeling of giving way?

Have you tried rest, ice, compression, elevation, medications, hot packs?

What exacerbates symptoms?

How are the symptoms affected by physical activity? Rest?

Have you received any therapy for this injury? How much time passed since the onset before you sought treatment? Why seek treatment now?

What activities have you been able to do since onset? Affecting activities of daily living?

Mechanism of injury

What type of activity lead to this injury?

How often and for how long do you engage in this activity?

If traumatic, describe mechanism: trip, fall, twist ankle, etc

What do you think happened? Did you injure anything else?

Did you have any sensation of popping or cracking at the time?

Were you able to walk (even with a limp) immediately after the injury?

Chronicity

Onset: acute, gradual, traumatic versus nontraumatic? Is this a recurrence?

Describe symptom progression over time.

Symptom severity correlated with time? AM, PM, activity?

Social history

What do you do for work? Does it involve physical activity?

What type of regular exercise do you perform?

Have you had changes in your activity level over the past 6 months: duration, intensity, frequency, or equipment?

What type of shoes do you wear? How often do you change them?

Describe substance use: Tobacco/alcohol especially

Past medical history

Prior back, extremity injuries or disorders? When? Treatment?

History of diabetes/vascular disease? See a podiatrist?

Other endocrine, coagulation, vascular, systemic inflammatory, neuromuscular, nutritional, kidney, or arthritic disorders?

Current medications? For what conditions? Recent antibiotic use?

Any past imaging studies? X-ray, CT, MRI, US

Are you up-to-date on immunizations? Last tetanus shot?

Data from Boulton AJ, Armstrong DG, Albert SF, et al. Comprehensive foot examination and risk assessment: a report of the task force of the foot care interest group of the American Diabetes Association, with endorsement by the American Association of Clinical Endocrinologists. Diabetes Care 2008;31(8):1679–85.

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