**Orthopaedic and Sports Injuries Services "OASIS"**

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# Examination of Foot and Ankle Joint My Way

I enjoy the stimulus of teaching I believe it benefits the tutor as well as the student I consider it an integral and vital part of my own continuing education.

There are numerous ways to examine the foot and ankle.

The following method is my way of doing a systematic, thorough but efficient examination, I have tried to keep it simple so it can reproduced without a hitch. I do not claim it is a complete process but certainly one that will give a lot of information.

## Introduction

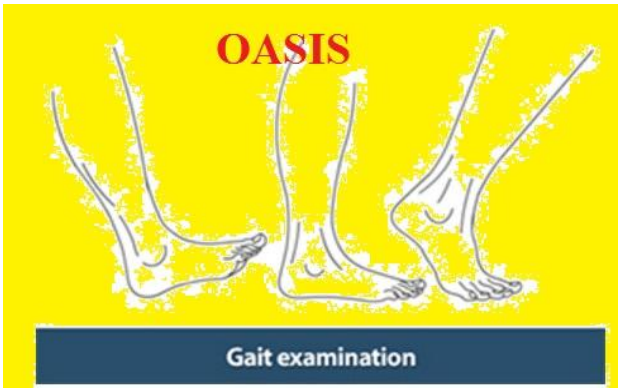
As always, wash your hands, explain the examination and gain informed consent. Always let the patient know what you are about to do, show them what you want them to do repeat instructions and respect their individuality.

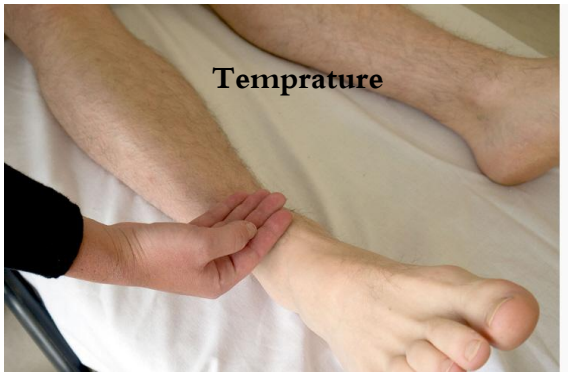
Follow the old age algorithm, Look, Feel Move.

This examination starts, as ever, with observing the joint. Watch the patient walk, observing for a normal heel strike, toe-off gait. Also look at the alignment of the toes for any valgus or varus deformities. You should also check the foot arches checking for pes cavus (high arches) or pes planus (flat feet). Whilst the patient is stood, feel the Achilles tendon for any thickening or swelling. Finally you should look at the patient's shoes, note any uneven wear on either sole and the presence of any insoles.

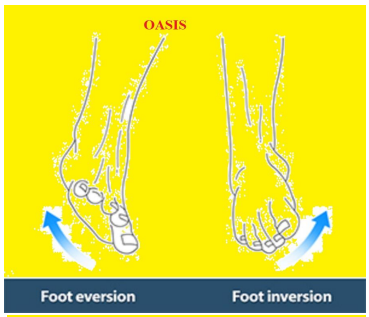
Next, with the patient lying on the bed, you should make a general inspection. Check the symmetry, nails, skin, toe alignment, look for toe clawing, joint swelling and plantar and dorsal calluses.

Feel each foot for temperature, comparing it to the temperature of the rest of the leg. Feel for distal pulses, squeeze over the Metatarsophalangeal joints observing the patient's face for any pain and also palpate over the midfoot, ankle and subtalar joint lines for any tenderness.



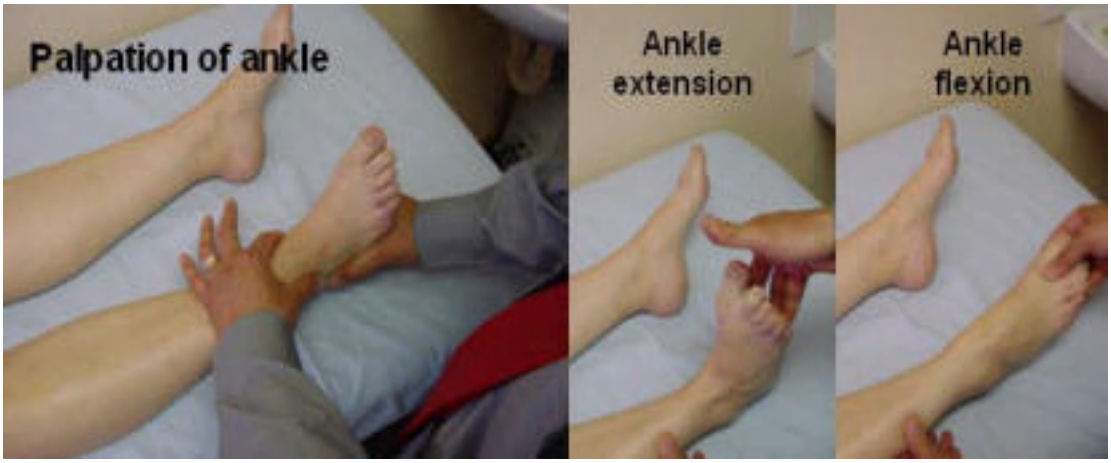




Next you should assess all active movements of the foot. These movements are inversion, eversion, dorsiflexion and plantar flexion of the great toe as well as of the ankle.





Next these movements should be tested passively. Also test the midtarsal joints, which are tested by fixing the ankle with one hand and inverting and everting the forefoot with the other.





Windlass Test

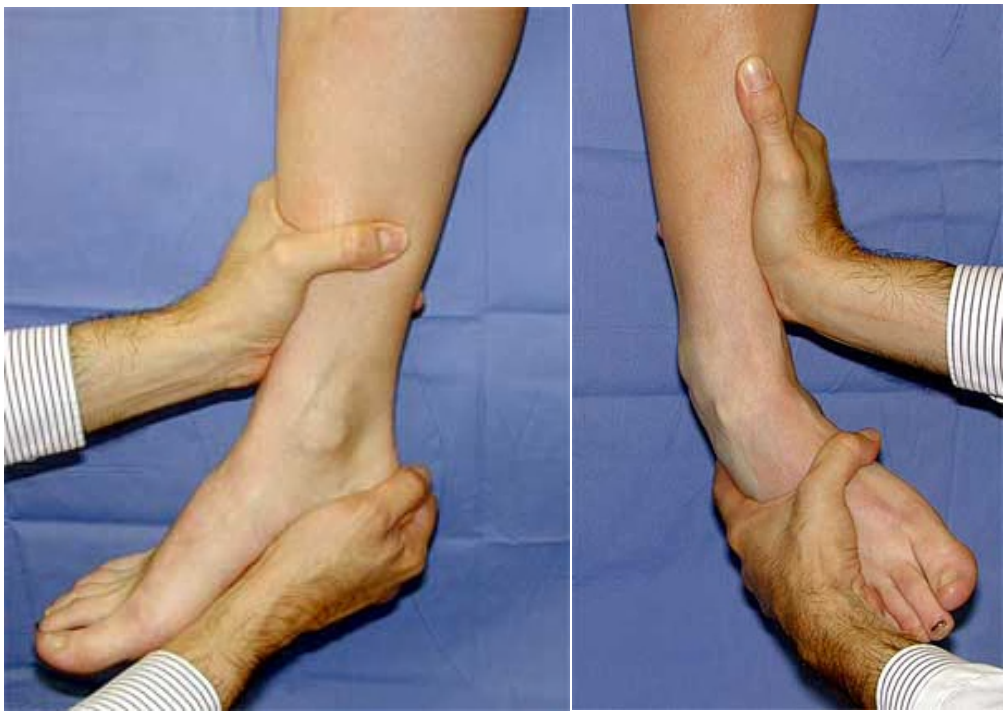

## Achilles tendon Injury

Tender at site and squeezing calf in prone causes no foot movement.

Simmonds Test

## Ankle instability

The anterior drawers test assess anterior talofibular ligament by holding the heel and pulling it forward on a flexed knee and stable distal tibia, which is also assessed by talar tilt test.

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