

FOOT/ANKLE CHECK OUT FORM

MRI: L R B ANKLE FOOT W/CONTRAST W/O CONTRAST W & W/O CONTRAST

ASSESS FOR: OA/DJD OCD STRESS FRACTURE TENDON/LIGAMENT TEAR: _____ NEUROMA – 2ND 3RD
SOFT TISSUE MASS OTHER: _____

CT SCAN: L R B ANKLE FOOT W/CONTRAST W/O CONTRAST W & W/O CONTRAST

ASSESS FOR: FRACTURE FUSION HEALING FRACTURE HEALING OA/DJD SURGICAL PLANNING
OTHER: _____

ULTRASOUND: EVAL ONLY EVAL & CORTISONE INJXN EVAL & DIAGNOSTIC INJXN **PAIN DIARY:** Y N

L R B ANKLE FOOT **ASSESS FOR:** _____

XR GUIDED MARCAINE/CORTISONE INJXN: L R B ANKLE STJ TN CC TMT - 1 2 3 4 5 1ST MTP

XR GUIDED DIAGNOSTIC INJXN ONLY: L R B ANKLE STJ TN CC TMT – 1 2 3 1ST MTP **PAIN DIARY:** Y N
OTHER: _____

CONSULTS: PAIN CLINIC NEUROLOGY PHYSIATRY NON-INVASIVE VASC STUDIES HEMATOLOGY WOUND CLINIC

OTHER: _____

REASON: _____

PHYSICAL THERAPY: **PROTOCOL:** _____ **HAND-WRITTEN**

PATIENT HANDOUT: _____

BRACING/ORTHOTICS: L R B **DX:** _____

FULL LENGTH SEMI-RIGID ORTHOTICS W/MET HEAD PADS W/MORTON'S EXT W/SESAMOID RELIEF

CARBON FIBER FOOT PLATE CARBON FIBER MORTON'S EXT ARIZONA AFO SOLID AFO CARBON FIBER ALLARD AFO

RITCHIE UCBL ARTICULATING AFO OTHER: _____

XR AT NEXT APPT: L R B WB NWB 3 VIEWS ANKLE FOOT AXIAL HEEL SESAMOID HF ALIGNMENT

OOP IN CAST IN SPLINT OTHER : _____

ADDITIONAL SCHEDULING: OR PRP BSSC 2nd OPINION

F/U : MD PA **WKS:** 1 2 3 4 5 6 7 8 9 10 11 12
MO: 3 4 4.5 6 9 12 (1 yr) PRN