|  |
| --- |
| Has the patient reached MMI: |
| * Yes |
| * No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Ankle**

Scar (s)

1. Where:
2. Measured length:
3. Photos

|  |  |  |
| --- | --- | --- |
| Gaits | Swelling | Movements |
| * Normal | * Yes | * Normal |
| * Limp | * No | * Restricted |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Flexion | Extension | Eversion | Inversion |
| Left |  |  |  |  |
| Right |  |  |  |  |

1. Sensation
   * Normal
   * Reduced

Monofilaments test

1. Muscle wasting
   * Yes
   * No

Calf measurement

* Left
* Right

1. Power

|  |  |  |  |
| --- | --- | --- | --- |
| Flexion | * Normal | * Weak | Grade /5 |
| Extension | * Normal | * Weak | Grade /5 |

1. Length discrepancy
   * Yes
   * No