

## Foot Function Index

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Pain subscale: How severe is your foot pain:**

	no pain										worst pain imaginable
1. Foot pain at it's worse?	1	2	3	4	5	6	7	8	9	10	
2. Foot pain in the morning?	1	2	3	4	5	6	7	8	9	10	
3. Pain walking barefoot?	1	2	3	4	5	6	7	8	9	10	
4. Pain standing barefoot?	1	2	3	4	5	6	7	8	9	10	
5. Pain walking with shoes?	1	2	3	4	5	6	7	8	9	10	
6. Pain standing with shoes?	1	2	3	4	5	6	7	8	9	10	
7. Pain walking with orthotics?	1	2	3	4	5	6	7	8	9	10	
8. Pain standing with orthotics?	1	2	3	4	5	6	7	8	9	10	
9. Foot pain at end of day?	1	2	3	4	5	6	7	8	9	10	

**Disability Subscale: How much difficulty did you have:**

	no difficulty										unable
10. Difficulty walking in the house?	1	2	3	4	5	6	7	8	9	10	
11. Difficulty walking outside?	1	2	3	4	5	6	7	8	9	10	
12. Difficulty walking 4 blocks?	1	2	3	4	5	6	7	8	9	10	
13. Difficulty climbing stairs?	1	2	3	4	5	6	7	8	9	10	
14. Difficulty descending stairs?	1	2	3	4	5	6	7	8	9	10	
15. Difficulty standing tip toe?	1	2	3	4	5	6	7	8	9	10	
16. Difficulty getting up from chair?	1	2	3	4	5	6	7	8	9	10	
17. Difficulty climbing curbs?	1	2	3	4	5	6	7	8	9	10	
18. Difficulty walking fast?	1	2	3	4	5	6	7	8	9	10	

**Activity Limitation Subscale: How much of the time do you:**

	none of the time										all of the time
19. Stay inside all day because of feet?	1	2	3	4	5	6	7	8	9	10	
20. Stay in bed all day because of feet?	1	2	3	4	5	6	7	8	9	10	
21. Limit activities because of feet?	1	2	3	4	5	6	7	8	9	10	
22. Use assistive device indoors?	1	2	3	4	5	6	7	8	9	10	
23. Use assistive device outdoors?	1	2	3	4	5	6	7	8	9	10	

To be completed by physical therapist/provider

Score \_\_\_\_\_/170 x 100%

\_\_\_\_\_  
Signature of provider

\_\_\_\_\_  
Date

No pain ————— Pain as bad as possible

**HPI:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


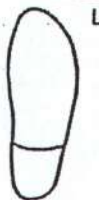
**STRUCTURE**

Overall: Normal Pronated Supinated Other: \_\_\_\_\_  
 Forefoot: Add Neutral Abd. Varus Valgus  
 Midfoot: Flat Normal Cavus  
 Hindfoot: Varus Neutral Valgus Equinus Calcaneus

**MOTION**

	5	4	2	0
	Normal	Slight	Marked	Ankylosed
Ankle D. flex				
P. flex				
Subtal Invers. Evers.				
Midft. Abduct. Abduct.				
MTP D. flex				
P. flex				

**SHOES**

Type: \_\_\_\_\_  
 Wear: \_\_\_\_\_  
 R  L 

**VASCULAR**

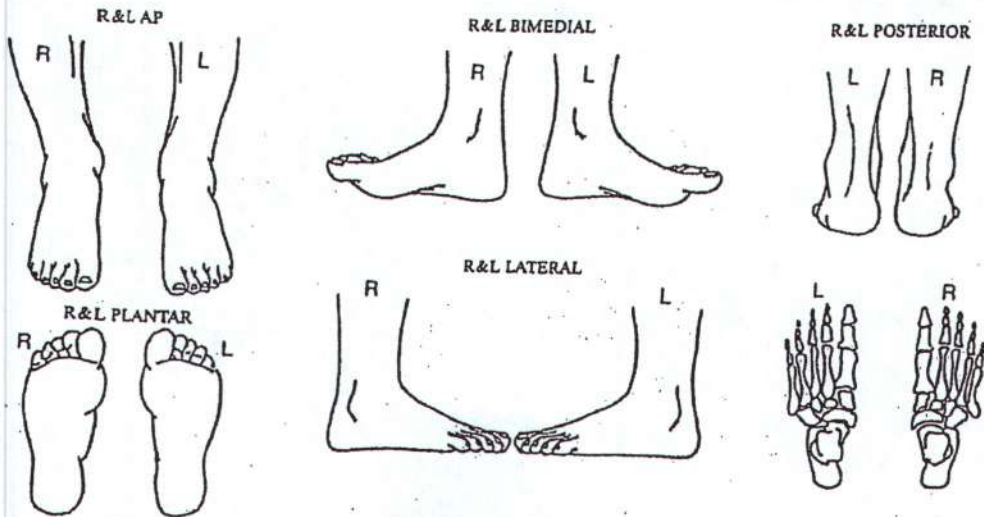
Pulses Refill Varicose Edema

**NEUROLOGIC**

Sensory Motor Reflexes Hypersensitive

**PREVIOUS STUDIES:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOOT DIAGRAMS**



**IMPRESSIONS:** \_\_\_\_\_

## AOFAS Ankle--Hindfoot Scale

Patient Name: \_\_\_\_\_

Patient #: \_\_\_\_\_

Date: \_\_\_\_\_

### **I. Pain (40 points)**

<input type="checkbox"/> None	+40
<input type="checkbox"/> Mild, occasional	+30
<input type="checkbox"/> Moderate, daily	+20
<input type="checkbox"/> Severe, almost always present	+0

### **II. Function (50 points)**

#### *Activity limitations, support requirements*

<input type="checkbox"/> No limitations, no support	+10
<input type="checkbox"/> No limitation of daily activities, limitations of recreational activities, no support	+7
<input type="checkbox"/> Limited daily and recreational activities, cane	+4
<input type="checkbox"/> Severe limitation of daily and recreational activities, walker, crutches, wheelchair, brace	+0

#### *Maximum walking distance, blocks*

<input type="checkbox"/> Greater than six	+5
<input type="checkbox"/> Four-six	+4
<input type="checkbox"/> One-three	+2
<input type="checkbox"/> Less than one	+0

#### *Walking surfaces*

<input type="checkbox"/> No difficulty on any surface	+5
<input type="checkbox"/> Some difficulty on uneven terrain, stairs, inclines, ladders	+3
<input type="checkbox"/> Severe difficulty on uneven terrain, stairs, inclines, ladders	+0

#### *Gait abnormality*

<input type="checkbox"/> None, slight	+8
<input type="checkbox"/> Obvious	+4
<input type="checkbox"/> Marked	+0

#### *Sagittal motion (flexion plus extension)*

<input type="checkbox"/> Normal or mild restriction (30° or more)	+8
<input type="checkbox"/> Moderate restriction (15° --- 29°)	+4
<input type="checkbox"/> Severe restriction (less than 15°)	+0

#### *Hindfoot motion (inversion plus eversion)*

<input type="checkbox"/> Normal or mild restriction (75% --- 100% normal)	+6
<input type="checkbox"/> Moderate restriction (25% --- 74% normal)	+3
<input type="checkbox"/> Marked restriction (less than 25% of normal)	+0

#### *Ankle-hindfoot stability (anteroposterior, varus-valgus)*

<input type="checkbox"/> Stable	+8
<input type="checkbox"/> Definitely unstable	+0

### **III. Alignment (10 points)**

<input type="checkbox"/> Good, plantigrade foot, ankle-hindfoot well aligned	+10
<input type="checkbox"/> Fair, plantigrade foot, some degree of ankle-hindfoot malalignment observed, no symptoms	+5
<input type="checkbox"/> Poor, nonplantigrade foot, severe malalignment, symptoms	+0

### **IV. Total Score (100 points):**

\_\_\_\_\_ Pain Points +  
 \_\_\_\_\_ Function Points +  
 \_\_\_\_\_ Alignment Points =

\_\_\_\_\_ Total Points/100 points

## AOFAS Midfoot Scale

Patient Name: \_\_\_\_\_

Patient #: \_\_\_\_\_

Date: \_\_\_\_\_

### **I. Pain (40 points)**

<input type="checkbox"/> None	+40
<input type="checkbox"/> Mild, occasional	+30
<input type="checkbox"/> Moderate, daily	+20
<input type="checkbox"/> Severe, almost always present	+0

### **II. Function (45 points)**

#### *Activity limitations, support requirements*

<input type="checkbox"/> No limitations, no support	+10
<input type="checkbox"/> No limitation of daily activities, limitations of recreational activities, no support	+7
<input type="checkbox"/> Limited daily and recreational activities, cane	+4
<input type="checkbox"/> Severe limitation of daily and recreational activities, walker, crutches, wheelchair	+0

#### *Footwear requirements*

<input type="checkbox"/> Fashionable, conventional shoes, no insert required	+5
<input type="checkbox"/> Comfort footwear, shoe insert	+3
<input type="checkbox"/> Modified shoes or brace	+0

#### *Maximum walking distance, blocks*

<input type="checkbox"/> Greater than six	+10
<input type="checkbox"/> Four-six	+7
<input type="checkbox"/> One-three	+4
<input type="checkbox"/> Less than one	+0

#### *Walking surfaces*

<input type="checkbox"/> No difficulty on any surface	+10
<input type="checkbox"/> Some difficulty on uneven terrain, stairs, inclines, ladders	+5
<input type="checkbox"/> Severe difficulty on uneven terrain, stairs, inclines, ladders	+0

#### *Gait abnormality*

<input type="checkbox"/> None, slight	+10
<input type="checkbox"/> Obvious	+5
<input type="checkbox"/> Marked	+0

### **III. Alignment (15 points)**

<input type="checkbox"/> Good, plantigrade foot, midfoot well aligned	+15
<input type="checkbox"/> Fair, plantigrade foot, some degree of midfoot malalignment observed, no symptoms	+8
<input type="checkbox"/> Poor, nonplantigrade foot, severe malalignment, symptoms	+0

### **IV. Total Score (100 points):**

\_\_\_\_\_ Pain Points +

\_\_\_\_\_ Function Points +

\_\_\_\_\_ Alignment Points =

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\_\_\_\_\_ Total Points/100 points

**AOFAS Hallux Metatarsophalangeal--  
Interphalangeal Scale**

Patient Name: \_\_\_\_\_

Patient #: \_\_\_\_\_

Date: \_\_\_\_\_

**I. Pain (40 points)**

<input type="checkbox"/> None	+40
<input type="checkbox"/> Mild, occasional	+30
<input type="checkbox"/> Moderate, daily	+20
<input type="checkbox"/> Severe, almost always present	+0

**II. Function (45 points)**

*Activity limitations*

<input type="checkbox"/> No limitations	+10
<input type="checkbox"/> No limitation of daily activities, such as employment responsibilities, limitation of recreational activities	+7
<input type="checkbox"/> Limited daily and recreational activities	+4
<input type="checkbox"/> Severe limitation of daily and recreational activities	+0

*Footwear requirements*

<input type="checkbox"/> Fashionable, conventional shoes, no insert required	+10
<input type="checkbox"/> Comfort footwear, shoe insert	+5
<input type="checkbox"/> Modified shoes or brace	+0

*MTP joint motion (dorsiflexion plus plantarflexion)*

<input type="checkbox"/> Normal or mild restriction (75° or more)	+10
<input type="checkbox"/> Moderate restriction (30° --- 74°)	+5
<input type="checkbox"/> Severe restriction (less than 30°)	+0

*IP joint motion (plantarflexion)*

<input type="checkbox"/> No restriction	+5
<input type="checkbox"/> Severe restriction (less than 10°)	+0

*MTP--IP stability (all directions)*

<input type="checkbox"/> Stable	+5
<input type="checkbox"/> Definitely unstable or able to dislocate	+0

*Callus related to hallux MTP--IP*

<input type="checkbox"/> No callus or asymptomatic callus	+5
<input type="checkbox"/> Callus, symptomatic	+0

**III. Alignment (15 points)**

<input type="checkbox"/> Good, hallux well aligned	+15
<input type="checkbox"/> Fair, some degree of hallux malalignment observed, no symptoms	+8
<input type="checkbox"/> Poor, obvious symptomatic malalignment	+0

**IV. Total Score (100 points):**

\_\_\_\_\_ Pain Points +

\_\_\_\_\_ Function Points +

\_\_\_\_\_ Alignment Points =

\_\_\_\_\_ Total Points/100 points

**AOFAS Lesser Metatarsophalangeal--  
Interphalangeal Scale**

Patient Name: \_\_\_\_\_

Patient #: \_\_\_\_\_

Date: \_\_\_\_\_

**I. Pain (40 points)**

<input type="checkbox"/> None	+40
<input type="checkbox"/> Mild, occasional	+30
<input type="checkbox"/> Moderate, daily	+20
<input type="checkbox"/> Severe, almost always present	+0

**II. Function (45 points)**

*Activity limitations*

<input type="checkbox"/> No limitations	+10
<input type="checkbox"/> No limitation of daily activities, limitation of recreational activities	+7
<input type="checkbox"/> Limited daily and recreational activities	+4
<input type="checkbox"/> Severe limitation of daily and recreational activities	+0

*Footwear requirements*

<input type="checkbox"/> Fashionable, conventional shoes, no insert required	+10
<input type="checkbox"/> Comfort footwear, shoe insert	+5
<input type="checkbox"/> Modified shoes or brace	+0

*MTP joint motion (dorsiflexion plus plantarflexion)*

<input type="checkbox"/> Normal or mild restriction (75° or more)	+10
<input type="checkbox"/> Moderate restriction (30° -- 74°)	+5
<input type="checkbox"/> Severe restriction (less than 30°)	+0

*IP joint motion (plantarflexion)*

<input type="checkbox"/> No restriction	+5
<input type="checkbox"/> Severe restriction (less than 10°)	+0

*MTP--IP stability (all directions)*

<input type="checkbox"/> Stable	+5
<input type="checkbox"/> Definitely unstable or able to dislocate	+0

*Callus related to lesser MTP--IP*

<input type="checkbox"/> No callus or asymptomatic callus	+5
<input type="checkbox"/> Callus, symptomatic	+0

**III. Alignment (15 points)**

<input type="checkbox"/> Good, lesser toes well aligned	+15
<input type="checkbox"/> Fair, some degree of lesser toe malalignment observed, no symptoms	+8
<input type="checkbox"/> Poor, severe malalignment, symptoms	+0

**IV. Total Score (100 points):**

\_\_\_\_\_ Pain Points +

\_\_\_\_\_ Function Points +

\_\_\_\_\_ Alignment Points =

\_\_\_\_\_

\_\_\_\_\_ Total Points/100 points

## RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: \_\_\_\_\_

1. In general, would you say your health is: Excellent..... 1  
(Circle One Number) Very Good ..... 2  
Good ..... 3  
Fair..... 4  
Poor..... 5

2. Compared to one year ago, how would you rate your: Much better than one year ago ..... 1  
 general health right now? Somewhat better than one year ago ..... 2  
(Circle One Number) About the same ..... 3  
Somewhat worse now than one year ago 4  
Much worse now than one year ago ..... 5

The following items are about activities you might do during a typical day: Does your health now limit you in these activities? If so, how much? (Circle One Number on Each Line)	Yes, Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No, Not Limited <u>at All</u>
3. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.....	1	2	3
4. <b>Moderate activities</b> , such as moving a table pushing a vacuum cleaner, bowling or playing golf.....	1	2	3
5. Lifting or carrying groceries.....	1	2	3
6. Climbing <b>several</b> flights of stairs.....	1	2	3
7. Climbing <b>one</b> flight of stairs.....	1	2	3
8. Bending, kneeling or stooping.....	1	2	3
9. Walking <b>more than a mile</b> .....	1	2	3
10. Walking <b>several blocks</b> .....	1	2	3
11. Walking <b>one block</b> .....	1	2	3
12. Bathing or dressing yourself.....	1	2	3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?: (Circle One Number on Each Line)	<u>Yes</u>	<u>No</u>
13. Cut down the amount of time you spend on work or other activities.....	1	2
14. Accomplish less than you would like.....	1	2
15. Were limited in the kind of work or other activities.....	1	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	1	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems?: (depressed, anxious) (Circle One Number on Each Line)	<u>Yes</u>	<u>No</u>
17. Cut down the amount of time you spend on work or other activities.....	1	2
18. Accomplish less than you would like.....	1	2
19. Didn't do work or other activities as carefully as usual.....	1	2

20. During the past 4 weeks, to what extent has your physical health or emotional: Not at all..... 1  
 problems interfered with your normal social activities with family, friends,  
 neighbors or groups? Slightly ..... 2  
(Circle One Number) Moderate ..... 3  
Quite a bit..... 4  
Good..... 5

21. How much **bodily** pain have you had during the **past 4 weeks**:  
 (Circle One Number)
- None..... 1  
 Very Mild..... 2  
 Mild..... 3  
 Moderate ..... 4  
 Severe..... 5  
 Very Severe..... 6
22. During the **past 4 weeks**, how much did pain interfere with your normal work (including both work outside the home and housework ?  
 (Circle One Number)
- Not at all..... 1  
 Slightly ..... 2  
 Moderately ..... 3  
 Quite a bit..... 4  
 Extremely ..... 5

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks . . . (Circle One Number on Each Line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?.....	1	2	3	4	5	6
24. Have you been a very nervous person?.....	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up ?.....	1	2	3	4	5	6
26. Have you felt calm and peaceful?.....	1	2	3	4	5	6
27. Do you have a lot of energy?.....	1	2	3	4	5	6
28. Have you felt downhearted and blue?.....	1	2	3	4	5	6
29. Did you feel worn out?.....	1	2	3	4	5	6
30. Have you been a happy person?.....	1	2	3	4	5	6
31. Did you feel tired?.....	1	2	3	4	5	6

32. During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities like visiting with family, friends, relatives, etc.?  
 (Circle One Number)
- All of the time ..... 1  
 Most of the time ..... 2  
 Some of the time ..... 3  
 A little of the time ..... 4  
 None of the time..... 5

How TRUE or FALSE is each of the following statements for you? (Circle One Number on Each Line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Comments: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_