DANBURY ORTHOPEDICS
Exceptional Care. Real Results.

# DR. SEALEY'S FOOT & ANKLE QUESTIONNAIRE

Name: _____

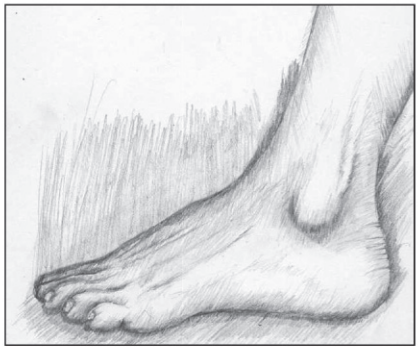
1. What is the main issure that brought you in today (check all that are appropriate):

| | | |
|---|---|---|
| ❑ Pain | ❑ Second opinion | ❑ Uncomfortable shoe wear |
| ❑ Instability | ❑ Deformity | ❑ Sprain |
| ❑ Failed surgery | ❑ Bunion | ❑ Recent Injury |

2. How long as the current problem been going on?

_____

3. Which side is involved? ❑ Right ❑ Left ❑ Both
If pain is the concern, please use an arrow to indicate the area on the diagram that hurts the most . If more than one area of pain exists, please rank the sites from most to least painful (ie #1, #2, etc). If both sides are involved label the areas L (left) and R (right)



4. On a scale of 0 to 10 what is the level of pain?_____

5. Does this affect you mainly while: ❑ standing ❑ sitting ❑ both

6. Is the problem: ❑ improving ❑ worsening ❑ staying the same

7. Does this problem occur: ❑ with shoes ❑ without shoes ❑ both

8. What % of sitting _____ and standing _____do you have at work?

9. What activity are you unable to enjoy as a result of this condition?

10. Circle the treatments that you have tried until this point?

| | | |
|---|---|---|
| ❑ Brace | ❑ Physical Therapy | ❑ Change of Job |
| ❑ Rest | ❑ Prolotherapy | ❑ New shoes |
| ❑ Ice | ❑ Massage | ❑ Elevation |
| ❑ Injection | ❑ Chiropractor | ❑ Surgery |
| ❑ Anti-inflammatory | ❑ Orthotic | |

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Age_____ Ht _____ Wt _____ Pulse _____ Reg / Irreg

UPPER EXTREMITIES: Normal / (Hyperlaxity Y N )

STANDING: Arch ( Flat / Normal / High) Hindfoot ( Varus / Neutral / Valgus)

GAIT: Normal / Antalgic ( L R ) / Slow / Unable

SINGLE HEEL RAISE: Normal / Painful ( L R) / Unable ( L R)

ROM: R ( A / H / TT / MTP / )
L ( A / H / TT / MTP / )

ANKLE STABILITY: Drawer R ___ L ___ Passive Inv R ___ L ___

SKIN:

PALPATION: Right Left

Hindfoot –

Midfoot –

Forefoot –

SENSORY: DPN/SPN/Sur/Saph/Tib MOTOR: TA/EDL/PTT/FDL/ FHL/PL/PB/GS

PULSE: ____ + DP, ____ +PT

XRAY: Ankle – PMHx: DM/RA/PVD

PSHx:

Meds:

Foot – All:

Dx: Soc: Smoke / Alc / Drugs

Plan:

DME: