

Ankle Special Test Assessment Form

Patient Information:

Field	Details
Name:	
Age:	
Gender:	
Date of Birth:	
Contact Number:	
Address:	

Medical History:

Field	Details
Previous Ankle Injuries:	
Surgery (if any):	
Current Medications:	
Allergies:	
Other Relevant History:	

Questions:

Question	Response
Any recent trauma to the ankle?	
Duration of pain or discomfort?	
Any clicking or locking sensations?	
Difficulty in walking or weight-bearing?	
Noticeable swelling or bruising?	

Tests:

Test Name	Findings	Positive/Negative
Anterior Drawer Test (for ATFL integrity)		
Talar Tilt Test (for CFL integrity)		
Thompson's Test (for Achilles tendon)		
Homan's Sign (for DVT)		
Bump Test (for fractures)		

Interpretation of Findings (if needed):

Anterior Drawer Test:

Bump Test:

Overall Interpretation: