

# 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:**