

# Navicular Stress Fracture Test

Healthcare Provider Information
Name:
Specialization:
Contact Information:
Patient Information
Name:
Age:
Gender:
Date of Examination:
Medical History
1. Relevant Medical History:
2. Previous Foot/Ankle Injuries:
3. Activity Level (e.g., sedentary, active, athlete):
4. Onset of Symptoms:
Symptom Checklist
Mark all that apply to the patient:
<input type="checkbox"/> Pain in the midfoot area
<input type="checkbox"/> Swelling in the navicular region
<input type="checkbox"/> Bruising (rare)
<input type="checkbox"/> Pain exacerbated by activity
<input type="checkbox"/> Pain decreases with rest

## Physical Examination

1. Observation (e.g., swelling, discoloration):

2. Palpation:

Location of Tenderness:

3. Range of Motion (e.g., restricted, normal):

4. Functional Tests (e.g., hop test, single-leg stance):

5. Results:

## Diagnostic Tests

X-Ray

MRI

CT Scan

Bone Scan

Findings:

## Assessment

Clinical Impression:

Risk Factors Identified:

## Plan

1. Immediate Actions (e.g., immobilization, rest):

2. Referral (e.g., orthopedic specialist, imaging):

3. Treatment Recommendations:

Pain Management:

Rehabilitation Exercises:

Activity Modification:

4. Follow-Up:

**Provider's Notes**

Additional Observations:

Patient Instructions:

**Next Appointment**

Date:

Time: