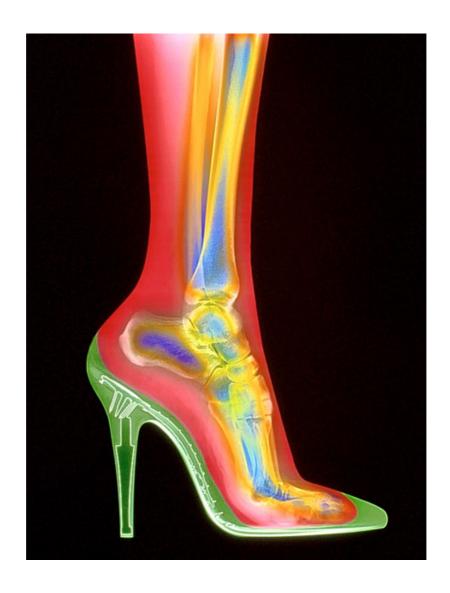


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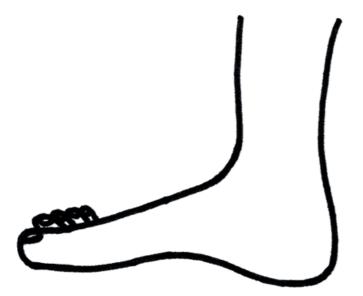
Foot Pain Questionnaire



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Patient Name: _	 	
Date of Birth:	-	
Date:		

- 1. What is the main issue that brought you in today (circle all that are appropriate)?
- Pain
- · Uncomfortable shoe wear
- Instability
- Deformity
- Sprain
- Failed surgery
- Bunion
- Recent injury
- Second opinion
- 2. How long has 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 (), or both ()?
- 6. Is the problem improving (), worsening (), or staying the same ()?
- 7. Does this problem occur with shoes (), without shoes (), or both ()?

8. Wh	at $\%$ of sitting $___$ and standing $___$ do you have at work?	
9. Wh	at activity are you unable to enjoy as a result of this condition	on?
10. Ci	rcle 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	
•	Is your problem related to an injury?kind?	If yes, what
•	Where is your pain? Great toe, lesser toe, midfoot, hindfoot ankle?	,
•	How long have you had your pain?	
•	Is your pain worse in the morning, evening, or all day?	
•	What improves your pain?	
•	What worsens your pain?	
•	Do you wear orthotics?	
•	Do you have a personal history or family history of Diabetes insulin or medication by mouth?	
•	Has your foot size or shape changed recently?explain	_ If so, please

Physical Examination

•	Age Ht Wt Pulse R e g / 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:				
•	Right Left				
•	Palpation: 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:				
•	Foot -				
•	Meds:				
•	Dx: All:				
•	Plan: Soc: Smoke / Alc / Drugs				
•	DME:				