

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE **Physical Therapy Re-Evaluation Form** Ankle Problem

OTSG APPROVED (Date)

- Is Physical Therapy helping to increase your ability to function or decrease your pain/symptoms? Yes No
- Symptoms are? Increasing Unchanged Decreasing
- Symptoms are? Constant Come/Go Only with Activity
- Medication Use? Increasing Decreasing Not Helping Not taking

Mark an "X" on the lines below that best describes your response.

1. What activity causes the most pain / have most trouble performing?

Function: Rate your ability to perform the *above* activity.

0	1	2	3	4	5	6	7	8	9	10
									No restrictions	

2. Pain at WORST: Rate your highest level of pain in past 72 hrs.

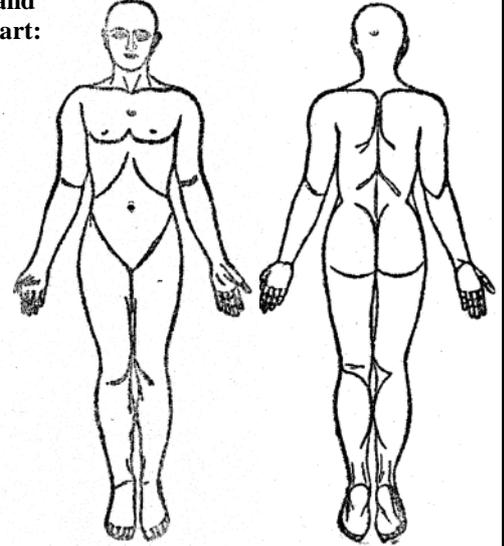
0	1	2	3	4	5	6	7	8	9	10
									Worst pain Imaginable	

3. Pain at BEST: Rate you lowest level of pain in past 72 hrs.

0	1	2	3	4	5	6	7	8	9	10
									Worst pain Imaginable	

Indicate the location and type of pain on the chart:

- Key:
 Ache/Dull: ^ ^ ^ ^
 Sharp/Stabbing: x x x x
 Numb / Tingling:
 Burning: = = = =
 Throbbing: / / / /
 Other Pain: - - - -



PATIENT SIGNATURE / PREPARED BY:

DATE

Provider Notes:

- See digital PT progress note in CHCS
- Patient ed. Completed. Patient verbalizes understanding and concurs with revised plan of care.

REVIEWED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC
 LRMC Physical Therapy
 APO AE 09180 486-8263

DATE

PATIENTS IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; hospital or medical facility)

NAME (Last, First MI):

FMP / SSN (Sponsor): /

GRADE or RANK:

DOB:
 (Patients, dd-mmm-yyyy)

- | | |
|---|--|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input checked="" type="checkbox"/> OTHER/EXAMINATION
OR EXAMINATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

DA FORM 4700
 1 MAY 78

MCEUH OP 370-R, APR 96(Rev)
 DA 4700 Medical Hx Follow Up Form - PFI update 7.doc, Updated 13-May-11

Ankle Joint Functional Assessment Tool (AJFAT)

Section 1: To be completed by patient

_____ AD _____ Non-Active Duty

Name: _____

Age: _____

Date: _____

Occupation: _____

How long have you had ankle problems: _____

Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your ankle problems have affected your functional ability. Please answer every question by placing a check on the line that best describes your injured ankle compared with the non-injured side. Check only 1 answer for each question, choosing the answer that best describes your injured ankle. We realize you may feel that two of the statements may describe your condition, but **please check only the line which most closely describes your current condition.**

1. How would you describe the level of pain you experience in your ankle?

- _____ Much less than the other ankle
- _____ Slightly less than the other ankle
- _____ Equal in amount to the other ankle
- _____ Slightly more than the other ankle
- _____ Much more than the other ankle

2. How would you describe any swelling in your ankle?

- _____ Much less than the other ankle
- _____ Slightly less than the other ankle
- _____ Equal in amount to the other ankle
- _____ Slightly more than the other ankle
- _____ Much more than the other ankle

3. How would you describe the ability of your ankle when walking on uneven surfaces?

- _____ Much less than the other ankle
- _____ Slightly less than the other ankle
- _____ Equal in ability to the other ankle
- _____ Slightly more than the other ankle
- _____ Much more than the other ankle

4. How would you describe the overall feeling of stability of your ankle?

- _____ Much less stable than the other ankle
- _____ Slightly less stable than the other ankle
- _____ Equal in stability to the other ankle
- _____ Slightly more stable than the other ankle
- _____ Much more stable than the other ankle

5. How would you describe the overall feeling of strength of your ankle?

- _____ Much less strong than the other ankle
- _____ Slightly less strong than the other ankle
- _____ Equal in strength to the other ankle
- _____ Slightly stronger than the other ankle
- _____ Much stronger than the other ankle

6. How would you describe your ankle's ability when you descend stairs?

- _____ Much less than the other ankle
- _____ Slightly less than the other ankle
- _____ Equal in amount to the other ankle
- _____ Slightly more than the other ankle
- _____ Much more than the other ankle

Ankle Joint Functional Assessment Tool, p. 2

Section 2 (con't): To be completed by patient

7. How would you describe your ankle's ability when you jog?

- Much less than the other ankle
- Slightly less than the other ankle
- Equal in amount to the other ankle
- Slightly more than the other ankle
- Much more than the other ankle

8. How would you describe your ankle's ability to "cut," or change directions, when running?

- Much less than the other ankle
- Slightly less than the other ankle
- Equal in amount to the other ankle
- Slightly more than the other ankle
- Much more than the other ankle

9. How would you describe the overall activity level of your ankle?

- Much less than the other ankle
- Slightly less than the other ankle
- Equal in amount to the other ankle
- Slightly more than the other ankle
- Much more than the other ankle

10. Which statement best describes your ability to sense your ankle beginning to "roll over"?

- Much later than the other ankle
- Slightly later than the other ankle
- At the same time as the other ankle
- Slightly sooner than the other ankle
- Much sooner than the other ankle

11. Compared with the other ankle, which statement best describes your ability to respond to your ankle beginning to "roll over"?

- Much later than the other ankle
- Slightly later than the other ankle
- At the same time as the other ankle
- Slightly sooner than the other ankle
- Much sooner than the other ankle

12. Following a typical incident of your ankle "rolling," which statement best describes the time required to return to activity?

- More than 2 days
- 1 to 2 days
- More than 1 hour and less than 1 day
- 15 minutes to 1 hour
- Almost immediately

Section 3: To be completed by physical therapist/provider

SCORE: _____ out of 48 possible points (higher better) **Initial** **2 weeks** **Discharge**

Number of treatment sessions: _____ **Gender:** Male Female

Diagnosis/ICD-9 Code: _____

¹ Adapted from: Rozzi SL, et al. Balance Training for Persons With Functionally Unstable Ankles. JOSPT 1999; 29 (8): 478-486 [Prepared July 1999]