

# Musculoskeletal – Foot and Ankle – Physical Exam Checklist

Learnpediatrics.com – Written by Dr. R. Acedillo

EXAMINATION	OSCE ITEMS
STANDING	<p><b>Inspection</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Midfoot and hindfoot posture</li><li><input type="checkbox"/> “Too many toes” sign</li><li><input type="checkbox"/> Forefoot alignment (hallux valgus), hammer toes (DIP), claws (PIP)</li><li><input type="checkbox"/> Knee alignment</li><li><input type="checkbox"/> Bulk of calf muscles</li><li><input type="checkbox"/> Splaying of toes (between 2 toes)</li></ul> <p><b>Gait</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Heel strike (lateral border) → Foot flattening (pronation) → First MTP weight bearing</li><li><input type="checkbox"/> Symmetric toe-off</li></ul> <p><b>Special Tests</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Single heel raise (lift one foot off ground, heel raise with other, look for valgus → varus)</li><li><input type="checkbox"/> Torso rotation (with both feet on ground, look for arch flattening while other gets higher)</li></ul>
SITTING	<p><b>Inspection (Colour, lesions, odor)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Skin and nail changes (diabetic ulcers)</li><li><input type="checkbox"/> Calluses on plantar surface (esp 2<sup>nd</sup> and 3<sup>rd</sup> MTP's, pay attention in diabetics)</li></ul> <p><b>Passive ROM (Symmetry, pain, etc)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Ankle (invert foot to lock subtalar, extend 20°, flex 50°)</li><li><input type="checkbox"/> Subtalar (extend ankle to look foot, inversion 20°, eversion 15°)</li><li><input type="checkbox"/> Midtarsal (hold heel to stabilize subtalar, pronate and supinate forefoot [10-15°])</li><li><input type="checkbox"/> First MTP (Extension 70°, flexion 45°).</li></ul> <p><b>Special Tests</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Anterior drawer test (grasp heel, pull ankle forward)</li><li><input type="checkbox"/> Windlass test (palpate plantar fascia on medial side, extend toe)</li><li><input type="checkbox"/> Thompson test (patient <b>prone</b>, feet hanging off edge of bed, squeeze gastrosoleus, look for foot flexion)</li></ul> <p><b>Palpation</b></p> <p><b>Ankle Sprain</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Deltoid ligament</li><li><input type="checkbox"/> Anterior talofibular ligament</li><li><input type="checkbox"/> Calcaneofibular</li></ul> <p><b>Ankle Fracture</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Medial malleolus</li><li><input type="checkbox"/> Lateral malleolus</li><li><input type="checkbox"/> Calcaneous and Achilles tendon</li></ul> <p><b>Inflammatory</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Anterior ankle joint (septic arthritis)</li><li><input type="checkbox"/> Medial distal border of calcaneus (plantar fasciitis)</li><li><input type="checkbox"/> Calcaneus and Achilles tendon (tendonitis)</li></ul> <p><b>Other</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Sinus tarsi (talus fracture)</li><li><input type="checkbox"/> Lis Franc's joint (tarsometatarsal joint) (fracture/sprain)</li><li><input type="checkbox"/> Base 5<sup>th</sup> Metatarsal (Jone's fracture common with inversion ankle injuries)</li><li><input type="checkbox"/> Interspaces between metatarsal heads (Morton's neuroma – especially between 3<sup>rd</sup> and 4<sup>th</sup> toes)</li></ul> <p><b>Shoes</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Inspect for symmetric wear of the shoes</li></ul> <p><b>Neurological – Lower Extremity</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Sensory, strength, reflexes</li></ul> <p><b>Vascular</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Dorsalis pedis and posterior tibialis</li></ul>