OSCE - Foot & Ankle Examination



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Color Code:

Slides 431 team work Sessions' Notes Arabic Words Team Notes Books' notes **Important Other Sources** 

**Orthopedics** OSCE

## Foot & Ankle Examination

## **Objectives:**

To be able to perform examination of the foot & ankle, and to distinguish and identify an abnormal finding that suggests pathology.

#### **Examination:**

#### **WIPE:**

W: wash hands

I: introduce yourself & take consent

**P:** Privacy+ Position: Standing position, supine position

"Remember: during the examination you will ask the patient to walk to check gait, & prone position for Thompson test"

**E**: Proper bilateral exposure, at least form mid leg & below.

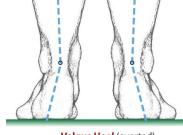
**General examination** (you can say: I would do general examination at the end)

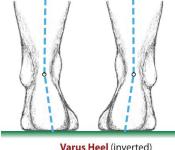
#### **1- Look:**

## **Standing position:**

Inspect from the front, sides and back of the patient & compare right and left foot & ankle.

- ✓ Alignment.
  - Hind foot: alignment of the ankle joint from behind





Valgus Heel (everted)

Varus Heel (inverted)

• Mid foot: alignment of the arch







• Forefoot: alignment of the first metatarsophalangeal joint







Normal

Hallux valgus

Hallux varus

- ✓ Deformity
  - **Hind foot:** varus or valgus
  - Mid foot: cavus, flat foot
  - Forefoot: Hallux Valgus
- √ Skin changes (e.g. callosities\*, scars)
- ✓ Swelling or mass
- ✓ Muscle wasting (leg) e.g. calf muscle.
- ✓ Gait: Examples of abnormal gaits:

\* Callosities on the plantar aspect indicate where there is high pressure or friction

Abnormal gait	description	Video
Antalgic gait	The patient moves quickly off the painful side.	https://www.youtube.com/watc h?v=be7l9xp3kas https://www.youtube.com/watc h?v=W-S8Pk63YRE
High-stepping gait	Foot drop when the ankle dorsiflexors are weak, causing a slapping foot strike. The leg may be lifted higher than usual so the foot can clear the ground (a high-stepping gait).	https://www.youtube.com/watc h?v=SWvEU8FYMFc

**2-Feel:** \*\*before palpation ask if there is any **pain**, if there is pain leave it to the last\*\*

# **Supine position:**

A. Soft tissue: skin temperature, tenderness, Achilles tendon and planter fascia, medial and lateral collateral ligaments.

<sup>&</sup>quot;Always look at the patient's face for tenderness"

B. Bony prominences: first metatarsal head (Osteoarthritis Bunion), fifth metatarsal base (tenderness-avulsion fracture), medial and lateral malleoli and calcaneal tuberosity

C. Joint line anteriorly

#### 3-Move:

-Active **ankle** range of motion (ROM):

Ask the patient to do **dorsiflexion** and **plantarflexion** 

-Passive **ankle** range of motion (ROM) Hold the heel in the left hand and the midfoot in the right hand. Assess plantar flexion (0–40°) and dorsiflexion (usually 0–15°).

-Passive **subtalar** ROM

Ankle to neutral, and stabilized then apply

- Inversion (usually 0-30°)
- Eversion (usually 0–15°)

N.B: note if painful or painless

The subtalar joint is distal to theankle joint. It is the articulationbetween the talus & the calcaneum.

### Mentioned by Dr. Awwad in revision:

- If the patient is unable to do dorsiflexion: Ask him to do it when the knee is **flexed.** 
  - 1- **Able** to do it: the patient has gastrocnemeus muscle tightness.
  - 2- **Unable** to do it: either <u>soleus tightness</u> or <u>mechanical joint problem</u>.
- If the patient can't do dorsiflexion at all → do dorsiflexion passively.

# **4-Special Tests:**

**A.** Anterior drawer test with ankle plantarflexion to evaluate <u>anterior talofibular ligament</u> "part of lateral collateral ligament", which is frequently injured during an inversion ankle sprain.

Stabilize the lower extremity with one hand and grab the heel with the other→ then pull the talus anteriorly. (8mm difference is positive).



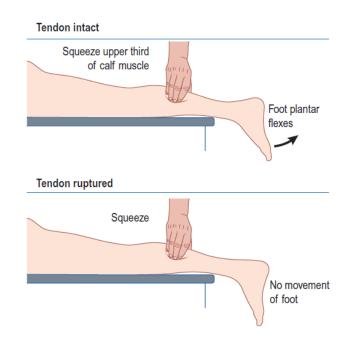
#### B. Achilles tendon test: Thompson test.

The patient should be in prone position  $\rightarrow$  squeeze the calf muscle and look at the Achilles tendon  $\rightarrow$  check for plantar flexion.

**Normal:** there will be plantar flexion.

**Ruptured Achilles:** No plantar flexion.

Don't confuse Thompson test with Thomastest which is done in hip examination.



**C.** If patient has flat foot: you will ask the patient to stand on the tip of toes to check if it is flexible or rigid flatfoot, you have to observe if the heel will correct from valgus to varus or not as well as mid foot arch reconstitution.





D. How to differentiate between Achilles tightness or only gastrocnemius tightness? By dorsal flexion of ankle while the knee extended then flexed will help for spine session but not for ankle and foot itself.

### **5-Neurovascular examination**

## 6-Examine the knee joint and the hip joint.

#### **Examination checklist:**

# Foot & Ankle examination

Wash hands

Introduce yourself

Take consent

Insure privacy & stand on the right side of the patient

**Position:** (standing for inspection, walking for gait, supine for feel & move, prone for Thompson test)

Exposure: bilateral exposure, at least form mid leg & below.

#### Look (standing)

Alignment (hind foot, mid foot, forefoot)

deformity

Skin changes

Swelling or mass

Muscle wasting (leg)

Gait

#### Feel (Supine) "ask about pain"

Soft tissue: skin temperature, tenderness, Achilles tendon and planter fascia, medial and lateral collateral ligaments.

Bony prominences: first metatarsal head (Osteoarthritis Bunion), fifth metatarsal base (tenderness-avulsion fracture), medial and lateral malleoli and calcaneal tuberosity

Joint line anteriorly

#### Move

Active & passive **ankle** range of motion (ROM): dorsiflexion & plantar flexion

Passive **subtalar** ROM: inversion & eversion.

## **Special Tests**

Anterior drawer test to evaluate anterior talofibular ligament

Achilles tendon test: Thompson test.

Assess flexibility of flat foot.

# To complete the examination

Neurovascular examination & Examine the knee & hip joint.

## **Helpful videos:**

- 1- Anatomy of the foot & ankle: https://www.youtube.com/watch?v=c7QewW3Up50
- 2- Gait Cycle: <a href="https://www.youtube.com/watch?v=5j4YRHf6lyo">https://www.youtube.com/watch?v=5j4YRHf6lyo</a>
- 3- Assessing Subtalar joint: https://www.youtube.com/watch?time\_continue=168&v=\_Y\_qGYYIW7c
- 4- Anterior drawer test: https://www.youtube.com/watch?v=sIWuEtbHEQ4

https://www.youtube.com/watch?v=a94Z3kBN5Mo

- 5- Thompson test: <a href="https://www.youtube.com/watch?v=AmDi08rlR31">https://www.youtube.com/watch?v=AmDi08rlR31</a>
- 6- Assessing foot flexibility: <a href="https://www.youtube.com/watch?time">https://www.youtube.com/watch?time</a> continue=28&v=eK3AakEYmr8