

**GARDINER FAMILY CHIROPRACTIC
ANKLE GRADING SYSTEM**

Name _____ Date _____

The purpose of this questionnaire is to measure your perceived disability from your ankle. The selections you choose will give your doctor information about how your pain has affected your ability to manage in everyday life.

INSTRUCTIONS: In each section, mark with an "X" only *one* box which most closely applies to your *ankle*. Please answer every section.

PAIN

<input type="checkbox"/>	0	None, or patient ignores it
<input type="checkbox"/>	45	Slight, when going up or down stairs or walking long distances (no restriction on activities of daily living)
<input type="checkbox"/>	40	Moderate when going up or down stairs or walking long distances; none during level gait; occasional non-narcotic medication used
<input type="checkbox"/>	25	During level gait, with more pain on stairs; none at rest; daily medication used
<input type="checkbox"/>	10	At rest or at night in addition to during walking; narcotic medication required
<input type="checkbox"/>	0	Continuous, regardless of activity
<input type="checkbox"/>	0	Disabled because of pain

FUNCTION (Limp, Antalgic)

<input type="checkbox"/>	6	None
<input type="checkbox"/>	4	Slight
<input type="checkbox"/>	2	Moderate
<input type="checkbox"/>	0	Marked

DISTANCE (Walking)

<input type="checkbox"/>	6	Unlimited
<input type="checkbox"/>	4	4-6 blocks
<input type="checkbox"/>	2	1-3 blocks
<input type="checkbox"/>	1	Indoors only
<input type="checkbox"/>	0	Bed-chair bound
<input type="checkbox"/>	0	Unable to walk

SUPPORT REQUIRED WALKING

<input type="checkbox"/>	6	None
<input type="checkbox"/>	5	Cane, long walks only
<input type="checkbox"/>	3	Cane, full time
<input type="checkbox"/>	1	2 canes or crutches
<input type="checkbox"/>	0	Walker required or unable to walk

HILLS (Up)

<input type="checkbox"/>	3	Climbs normally
<input type="checkbox"/>	2	Climbs with foot externally rotated (turned out)
<input type="checkbox"/>	1	Climbs on toes or by side-stepping
<input type="checkbox"/>	0	Unable to climb hills

HILLS (Down)

<input type="checkbox"/>	3	Descends normally
<input type="checkbox"/>	2	Descends with foot externally rotated (turned out)
<input type="checkbox"/>	1	Descends on toes or by side-stepping
<input type="checkbox"/>	0	Unable to descend

STAIRS (Up)

<input type="checkbox"/>	3	Climbs normally
<input type="checkbox"/>	2	Needs banister
<input type="checkbox"/>	1	Steps up with normal foot only
<input type="checkbox"/>	0	Unable to climb stairs

STAIRS (Down)

<input type="checkbox"/>	3	Descends normally
<input type="checkbox"/>	2	Needs banister
<input type="checkbox"/>	1	Steps down with normal foot only
<input type="checkbox"/>	0	Unable to descend stairs

**ABILITY TO RISE
ON TOES (Stability)**

<input type="checkbox"/>	5	Able to rise on toes x 10 repetitions
<input type="checkbox"/>	3	Able to rise on toes x 5 repetitions
<input type="checkbox"/>	1	Able to rise on toes x 1 repetitions
<input type="checkbox"/>	0	Unable to rise on toes

RUNNING

<input type="checkbox"/>	5	Able to run as much as desired
<input type="checkbox"/>	3	Able to run but limited
<input type="checkbox"/>	0	Unable to run