

**Ankle injury
(age 16 years or over)**

History

Mechanism of injury _____

Date and time of injury _____

Location of pain _____

Ability to walk: unable/with pain/
 minimal pain/no pain

Previous injuries Y/N

Any pain or injury elsewhere Y/N

Attach patient sticker

PMH

Drugs

Allergies

Contraindications to NSAIDs Y/N

Examination

R or L



Bruising
Swelling
Pain
Tenderness



Anterior drawer test: positive/painful/negative

Talar tilt test: positive/painful/negative

Proximal fibula tender: Y/N

Achilles tendon intact: Y/N

Circulation:

Cap refill time =

Sensation in foot =

Weight bearing/partial weight bearing/non-weight bearing

Investigation

Radiography of ankle/foot: Y/N

Indication of radiography if not as in adjacent box:

Indicators for radiography:

Tenderness at posterior or tip of either malleolus

Unable to weight bear (at evaluation and at time of accident)

Tender 5th metatarsal

Tender navicular

Age over 60 years and pain

Management (Radiograph normal or fragment \leq 2 mm)

- Relative rest for 2 days
- Ice
- Elevation
- Advice leaflet
- Exercises explained
- Analgesia (specify) _____
- Other (specify) _____

If non-weight bearing } review clinic*
or minimal bearing } crutches

Chronic instability and weight bearing → Physiotherapy referral

Radiograph findings:

Management if radiograph abnormal

(note: exclude # fragments < 2 mm)

Consult local guidelines

- POP
- Fracture clinic
- On call orthopaedic team

Other reason for orthopaedic referral:

Diagnosis _____

***Appropriate for ankle trial?** Yes No **If 'Yes', trial information and invite given?** Yes No

(Check inclusion/exclusion criteria)

Record reasons here if patient declines ankle trial: _____