

Visit 1: Screening Day -21 to 0	Subject Initials: _____ Subject #: _____ - _____	Date of Visit: ____/____/____ DD / MMM / YYYY
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AOFAS ANKLE-HINDFOOT SCALE

Pain

- None
- Mild, occasional
- Moderate, daily
- Severe, almost always present

Function

- Activity limitations, support requirements
 - No limitations, no support
 - No limitations of daily activities, limitation of recreational activities, no support
 - Limited daily and recreational activities, cane
 - Severe limitation of daily and recreational activities, walker, crutches, wheelchair, brace
- Maximum walking distance, blocks
 - Greater than 6
 - 4-6
 - 1-3
 - Less than 1
- Walking surfaces
 - No difficulty on any surface
 - Some difficulty on uneven terrain, stairs, inclines, ladders
 - Severe difficulty on uneven terrain, stairs, inclines, ladders
- Gait abnormality
 - None, slight
 - Obvious
 - Marked
- Sagittal motion (flexion plus extension)
 - Normal or mild restriction (30° or more)
 - Moderate restriction (15° - 29°)
 - Severe restriction (less than 15°)
- Hindfoot motion (inversion plus eversion)
 - Normal or mild restriction (75% - 100%)
 - Moderate restriction (25% - 74%)
 - Marked restriction (less than 25% normal)
- Ankle-hindfoot stability (anteroposterior, varus-valgus)
 - Stable
 - Definitely unstable

Alignment

- Good, plantigrade foot, ankle-hindfoot well aligned
- Fair, plantigrade foot, some degree of ankle-hindfoot malalignment observed, no symptoms
- Poor, nonplantigrade foot, severe malalignment, symptoms

_____ Investigator's Signature	____/____/____ Date (DD / MMM / YYYY)
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