

# Ankle Fractures: Lateral vs. Antigliding Plating

## Clinical Follow-up Evaluation

To be completed by the PHYSICIAN

Patient Study Number: _____	Completed By: _____ Clinic: _____
Visit Date (MM/DD/YY) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	Visit Schedule (check appropriate box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 2 weeks  <input type="checkbox"/> 12 weeks  <input type="checkbox"/> 52 weeks             </div> <div> <input type="checkbox"/> 6 weeks  <input type="checkbox"/> 26 weeks             </div> </div>

**Directions:** Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information. **Mark only one answer for each question, unless otherwise instructed. Shade circles like this: ●**

### 01. Complete the grid below

	Dorsiflexion°		Plantarflexion°	
	Active	Passive	Active	Passive
Normal				
Fractured				

### 02. Lateral wound sensitivity

- ☐ No irritation
- ☐ Sensitive to touch
- ☐ Bothersome (occasionally)
- ☐ Bothersome (significant/daily)

### 03. Lateral wound complications

- ☐ None
- ☐ Partial necrosis
- ☐ Dehiscence
- ☐ Deep infection

### 04. Hardware

- ☐ Not palpable
- ☐ Palpable, no pain
- ☐ Palpable, shoe wear restrictions
- ☐ Palpable, activity restrictions
- ☐ Requires removal or was removed

### 05. Peroneal tendons

- ☐ Normal
- ☐ Tender to palpation
- ☐ Diminished function (weak)
- ☐ Irritation with ADL'S

### 06. Weight bearing past week

- ☐ No weight bearing
- ☐ Foot flat
- ☐ Partial weight bearing \_\_\_\_ lbs
- ☐ Full weight bearing

### 07. Weight bearing starting this week

- ☐ No weight bearing
- ☐ Foot flat
- ☐ Partial weight bearing \_\_\_\_ lbs
- ☐ Full weight bearing

### 08. Assistive device

- ☐ None
- ☐ Cane
- ☐ Crutches
- ☐ Walker

### 09. Immobilization

- ☐ None
- ☐ Stirrup
- ☐ Boot
- ☐ Cast