# OSCE Checklist: Ankle & Foot Examination

## Introduction
1. Wash your hands and don PPE if appropriate
2. Introduce yourself to the patient including your name and role
3. Confirm the patient’s name and date of birth
4. Briefly explain what the examination will involve using patient-friendly language
5. Gain consent to proceed with the examination
6. Adequately expose the patient’s legs from the knee down
7. Position the patient standing for initial inspection of the ankles and feet
8. Ask the patient if they have any pain before proceeding with the clinical examination

## Look
9. Perform a brief general inspection of the patient, looking for clinical signs suggestive of underlying pathology
10. Assess the patient’s gait
11. Inspect both lower limbs with the patient standing (anterior/lateral/posterior)

## Feel
12. Ask the patient to lay on the clinical examination couch and assess joint temperature
13. Palpate the posterior tibial and dorsalis pedis pulses
14. Gently squeeze across the metatarsophalangeal (MTP) joints and observe for verbal and non-verbal signs of discomfort
15. Palpate the ankle joints and the various joints/bones of each foot, noting any swelling, irregularity or tenderness
16. Palpate the gastrocnemius muscle and the Achilles tendon

## Move
17. Assess active foot plantarflexion
18. Assess active foot dorsiflexion
19. Assess active toe flexion
20. Assess active toe extension
21. Assess active ankle/foot inversion
22. Assess active ankle/foot eversion
23. Repeat assessments of the above movements passively
24. Assess the subtalar joint and midtarsal joint passively

## Special tests
25. Perform Simmonds’ test
<table>
<thead>
<tr>
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<th>To complete the examination...</th>
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<tbody>
<tr>
<td>26</td>
<td>Explain to the patient that the examination is now finished</td>
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<tr>
<td>27</td>
<td>Thank the patient for their time</td>
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<tr>
<td>28</td>
<td>Dispose of PPE appropriately and wash your hands</td>
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<tr>
<td>29</td>
<td>Summarise your findings</td>
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<tr>
<td>30</td>
<td>Suggest further assessments and investigations (e.g. neurovascular examination of both lower limbs, examination of the knee and hip joint and further imaging)</td>
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