Interpretation of the clinical examination of the lower leg, ankle and foot

Interpretation of the clinical examination of the ankle

Limited range

Capsular pattern

Arthritis

Limited range

Non-capsular patterns

Inert structures other than the capsule

Inert structures other than the capsule

Non-capsular patterns

Inert structures other than the capsule

Interpretation of the clinical examination of the ankle

Full (painful) range

Resisted movements are positive

Contractile structures

Capsular pattern

Arthritis

Haemarthrosis

Rheumatoid-type arthritis

Osteoarthrosis

Immobilizational stiffness

Loose body in the ankle joint

Sprain of talofibular ligament

Sprain of anterior tibiotalar ligament

Achilles bursitis

Dancer’s heel

Pinching os trigonum

Anterior periostitis

Sprain of posterior talofibular ligament

Jumper’s sprain

Tennis leg

Achilles tendinitis

Achilles tenovaginitis

Calcaneus apophysitis

(Peroneus lesion)

Flexor digitorum lesion

Tibialis posterior lesion

Flexor hallucis lesion

Achilles tendon rupture

S1 root lesion

Tibialis anterior lesion

Extensor hallucis lesion

Extensor digitorum lesion

Tenosynovitis of dorsiflexors

Myosynovitis of tibialis anterior

Tight fascial compartment syndrome

L4 root lesion

Tibialis anterior tendinitis

Tibialis posterior tendinitis

‘Shin splint’

Rupture of tibialis posterior

L4 (L5) root lesions

Peroneal nerve lesion

Tibial nerve lesion

Peroneal tendinitis

L5, S1 root lesions

Peroneal nerve lesions

Resisted plantarflexion is positive

Weakness

Pain

Resisted dorsiflexion is positive

Weakness

Pain

Resisted inversion is positive

Weakness

Pain

Resisted eversion is positive

Weakness

Pain

Resisted movements are negative

Contractile structures

Non-capsular patterns

Inert structures other than the capsule

Sprain of talofibular ligament

Sprain of anterior tibiotalar ligament

Achilles bursitis

Dancer’s heel

Pinching os trigonum

Anterior periostitis

Sprain of posterior talofibular ligament

Jumper’s sprain

Tennis leg

Achilles tendinitis

Achilles tenovaginitis

Calcaneus apophysitis

(Peroneus lesion)

Flexor digitorum lesion

Tibialis posterior lesion

Flexor hallucis lesion

Achilles tendon rupture

S1 root lesion

Tibialis anterior lesion

Extensor hallucis lesion

Extensor digitorum lesion

Tenosynovitis of dorsiflexors

Myosynovitis of tibialis anterior

Tight fascial compartment syndrome

L4 root lesion

Tibialis anterior tendinitis

Tibialis posterior tendinitis

‘Shin splint’

Rupture of tibialis posterior

L4 (L5) root lesions

Peroneal nerve lesion

Tibial nerve lesion

Peroneal tendinitis

L5, S1 root lesions

Peroneal nerve lesions
Interpretation of the clinical examination of the subtalar joint

- Full (painful) range
  - Resisted movements are positive
  - Contractile structures
  - Tibiofibular ligament
    - Deltoid ligament
    - Jumper’s sprain
  - Capsular pattern
  - Arthritis
    - Rheumatoid disorders
      - Subacute traumatic arthritis
      - Arthrosis
    - Immobilizational stiffness
      - Loose body
      - Psychoneurosis
    - Non-capsular patterns
      - Planar fasciitis
      - Planar fascial tear
      - Heel pad syndrome
      - Haglund’s disease
      - Subcutaneous bursitis
      - Instability

- Limited range
  - Capsular pattern
  - Arthritis
    - Late stage of midtarsal strain
      - Midtarsal ligamentous contracture
      - Aseptic necrosis of navicular bone
      - Navicular stress fracture
      - Cuboid rotation
    - Inert structures other than the capsule
      - Ligamentous lesions
        - Midtarsal strain
        - Periostitis
      - Midtarsal strain

- Non-capsular patterns

- Negative clinical examination
  - Excessive range
    - Inert structures other than the capsule
      - Subacute arthritis in adolescence
      - Subacute arthritis in middle age
      - Rheumatoid-type arthritis
      - Late stage of midtarsal strain
        - Midtarsal ligamentous contracture
        - Aseptic necrosis of navicular bone
        - Navicular stress fracture
        - Cuboid rotation
      - Ligamentous lesions
        - Midtarsal strain
        - Periostitis
      - Midtarsal strain

- Full range
  - Inert structures other than the capsule
    - Subacute arthritis in adolescence
      - Subacute arthritis in middle age
      - Rheumatoid-type arthritis
    - Late stage of midtarsal strain
      - Midtarsal ligamentous contracture
      - Aseptic necrosis of navicular bone
      - Navicular stress fracture
      - Cuboid rotation
    - Ligamentous lesions
      - Midtarsal strain
      - Periostitis
    - Midtarsal strain

- Interpretation of the clinical examination of the midtarsal joints

- Limited range
  - Capsular pattern
  - Arthritis
    - Subacute arthritis in adolescence
      - Subacute arthritis in middle age
      - Rheumatoid-type arthritis
    - Late stage of midtarsal strain
      - Midtarsal ligamentous contracture
      - Aseptic necrosis of navicular bone
      - Navicular stress fracture
      - Cuboid rotation
    - Ligamentous lesions
      - Midtarsal strain
      - Periostitis
    - Midtarsal strain

- Non-capsular patterns

- Excessive range
  - Inert structures other than the capsule
    - Subacute arthritis in adolescence
      - Subacute arthritis in middle age
      - Rheumatoid-type arthritis
    - Late stage of midtarsal strain
      - Midtarsal ligamentous contracture
      - Aseptic necrosis of navicular bone
      - Navicular stress fracture
      - Cuboid rotation
    - Ligamentous lesions
      - Midtarsal strain
      - Periostitis
    - Midtarsal strain

- Full range
  - Inert structures other than the capsule
    - Subacute arthritis in adolescence
      - Subacute arthritis in middle age
      - Rheumatoid-type arthritis
    - Late stage of midtarsal strain
      - Midtarsal ligamentous contracture
      - Aseptic necrosis of navicular bone
      - Navicular stress fracture
      - Cuboid rotation
    - Ligamentous lesions
      - Midtarsal strain
      - Periostitis
    - Midtarsal strain