

Pirani Score

PIRANI SCORE

Please indicate a right and left score for each of the following items:

MIDFOOT

A Curve lat border: _____ B Medial crease: _____

C Talar head: _____ Midfoot score: _____

HINDFOOT

D Post crease: _____ Equinus rigidity: _____

Empty heel: _____ Hindfoot: _____

Total score: _____

ENTRY 1

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

ENTRY 2

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

- ☐ Manipulate
- ☐ Cast
- ☐ Tenotomy
- ☐ Braces
- ☐ Other

ENTRY 3

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

- ☐ Manipulate
- ☐ Cast
- ☐ Tenotomy
- ☐ Braces
- ☐ Other

ENTRY 4

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

- ☐ Manipulate
- ☐ Cast
- ☐ Tenotomy
- ☐ Braces
- ☐ Other

ENTRY 5

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

ENTRY 6

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

ENTRY 7

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

ENTRY 8

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

ENTRY 9

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

ENTRY 10

Date: _____ dd / mm / yyyy

Scores:

Complications:

☐ Yes ☐ No

Treatment:

☐ Manipulate

☐ Cast

☐ Tenotomy

☐ Braces

☐ Other

COMPLICATIONS

If any additional comments:

TREATMENT

If any additional comments:

CLINICAL EXAMINATION

Head and neck:

☐ Normal ☐ Abnormal

If abnormal, please describe:

Upper limbs:

☐ Normal ☐ Abnormal

If abnormal, please describe:

Spine:

☐ Normal ☐ Abnormal

If abnormal, please describe:

Lower limbs:

☐ Normal ☐ Abnormal

If abnormal, please describe:

CONSENT

Was consent given?

☐ Yes ☐ No

DIAGNOSIS

Check all that apply:

- ☐ CTEV
- ☐ Syndromic TEC
- ☐ Positional talipes
- ☐ Other