Plantar Fascia Rupture Test

PLANTAR FASCIA RUPTURE TEST

Patient's full name: _____ **Date assessed:** _____ dd / mm / yyyy

Patient's date of birth: _____ dd / mm / yyyy **Clinician's name:** _____

Things to do:

Check the patient's medical history for any Plantar Fascia-related problems or if they've had a history of having flat feet.

Comments

Conduct the Windlass Test. Please write down the results of the test below.

Comments

Examine their affected foot for the following:

Tenderness in the Plantar Fascia area, especially the medial side

◯ Yes ◯ No

Bruising in the Plantar Fascia area

◯ Yes ◯ No

Swelling in the Plantar Fascia area

◯ Yes ◯ No

Tightness in the calf muscle (this predisposes Plantar Fascia Rupture

◯ Yes ◯ No

Please tick each box after examining them.

Comments

Conduct an imaging test. Indicate what type of imaging test you conducted, what the results are, and what you're planning for your patient.