Tiptoe Test for Appendicitis

CLINICIAN'S INFORMATION

Name: _____ Title: _____

License Number: _____ Contact Information: _____

PATIENT'S INFORMATION

Age: _____ Date of Birth: _____ dd / mm / yyyy

Date of Test: _____ dd / mm / yyyy

INTRODUCTION

Brief description of the test

Purpose of the test

Instructions to the patient

ProcedurePositioning: Have the patient stand upright.Action: Instruct the patient to rise onto their tiptoes.Heel Drop: Ask the patient to drop suddenly onto their heels.Observation: Carefully observe and note any signs of discomfort or pain.

SCORING

Response to Heel Drop

◯ No increase in pain (Negative) ◯ Increase in pain (Positive)

Location of Pain

◯ No pain ◯ Pain localized to the right lower quadrant ◯ Pain elsewhere (Specify)

Clinician's Observations and Comments

CONCLUSION

Summary of findings

Recommendation for further evaluation (if applicable)

Clinician's Signature

Date: _____ dd / mm / yyyy