



ACP Academy



Ankle and Foot Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and wear appropriate PPE.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners here.”
3. Confirm the patient’s name and date of birth.
4. Explain the examination: “I’m going to examine your ankle and foot to check for any swelling, tenderness or movement issues. Let me know if you feel any discomfort.”
5. Gain verbal consent.
6. Ask if the patient has any current ankle or foot pain.
7. Expose the lower legs fully – ideally knees to toes.
8. Position the patient standing for gait inspection, then seated or lying flat for the remainder.

INITIAL OBSERVATION

9. Observe the patient walking – assess gait pattern, weight-bearing, heel strike, toe-off and any limp.
10. Ask the patient to walk on tiptoes and heels to assess balance and ankle strength.
11. With the patient seated or lying down, inspect both ankles and feet.
12. Look for swelling, deformities, bruising, scars, or skin changes (e.g. ulcers, calluses, fungal nails).
13. Assess for foot posture: flat foot (pes planus) or high arches (pes cavus).
14. Look between the toes and under the foot for skin integrity and signs of infection.

PALPATION

15. Check for temperature differences using the back of your hands.
16. Gently palpate the following landmarks for tenderness or deformity:
 - Medial and lateral malleoli
 - Achilles tendon
 - Base of the 5th metatarsal

- Navicular bone
 - Tarsal and metatarsal joints
 - Plantar fascia and heel pad
17. Check for swelling, warmth, crepitus or abnormal bony prominences.

RANGE OF MOVEMENT

18. Ask the patient to actively move their ankle:
- Dorsiflexion (toes up)
 - Plantarflexion (toes down)
 - Inversion (sole inwards)
 - Eversion (sole outwards)
19. If limited, gently repeat the movements passively.
20. Assess toe flexion and extension if relevant.

SPECIAL TESTS

21. Thompson Test – Squeeze the calf and look for plantarflexion to assess Achilles tendon rupture.
22. Anterior Drawer Test – Assess stability of the anterior talofibular ligament.
23. Talar Tilt Test – Evaluate lateral ankle ligament integrity.
24. Consider the Ottawa Ankle Rules to guide need for imaging in trauma cases.

NEUROVASCULAR ASSESSMENT

25. Palpate the dorsalis pedis and posterior tibial pulses.
26. Check capillary refill time in the toes.
27. Assess sensation over the dorsum and sole of the foot using light touch or pinprick.
28. Consider testing for proprioception or vibration sense in neuropathy cases.

CLOSING THE EXAM

29. Thank the patient and assist with redressing if needed.
30. Perform hand hygiene.
31. Summarise your findings and suggest next steps – e.g. imaging, specialist referral, or conservative care.

Thorough ankle and foot assessment builds confidence in your MSK examination skills, and most importantly, it ensures safe and targeted treatment decisions.