Patient Name: _____ **Date:** _____

Foot and Ankle Ability Measure (FAAM) Sports Subscale

Because of your foot and ankle how much difficulty do you have with:

	(4) No Difficulty at all	(3) Slight Difficulty	(2) Moderate Difficulty	(1) Extreme Difficulty	(0) Unable to do	N/A
Running	☐	☐	☐	☐	☐	☐
Jumping	☐	☐	☐	☐	☐	☐
Landing	☐	☐	☐	☐	☐	☐
Starting and stopping quickly	☐	☐	☐	☐	☐	☐
Cutting/lateral Movements	☐	☐	☐	☐	☐	☐
Ability to perform Activity with your Normal technique	☐	☐	☐	☐	☐	☐
Ability to participate In your desired sport As long as you like	☐	☐	☐	☐	☐	☐

How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities?

___ ___ ___ . 0%

MEDICARE PATIENTS ONLY
100% - _____% Function = _____% Impairment

Overall, how would you rate your current level of function?

☐ Normal   ☐ Nearly Normal   ☐ Abnormal   ☐ Severely Abnormal

Martin, R; Irrgang, J; Burdett, R; Conti, S; VanSwearingen, J: Evidence of Validity for the Foot and Ankle Ability Measure. Foot and Ankle International. Vol.26, No.11: 968-983, 2005.

Scoring: $\dfrac{\text{total patient score}}{\text{total number complete x 4}}$ **x 100 =** | _____ **% physical function** |

Patient Signature: _____ **Date** _____

Therapist Signature: _____ **Date** _____