

SPINE & SPORT PHYSICAL THERAPY

The Foot and Ankle Disability Index (FADI) Score and Sports Module

Patient Name: _____ Date: _____

Please answer every question with one response that most closely describes your condition within the past week by marking the appropriate number in the box. If the activity in question is limited by something other than your foot or ankle, mark N/A.

- 4 = Unable to do 2 = Moderate difficulty 0 = No difficulty
3 = Extreme difficulty 1 = Slight difficulty

Standing		Walking up hills	
Walking on even ground		Walking down hills	
Walking on even ground without shoes		Going up stairs	
Walking on uneven ground		Going down stairs	
Stepping up and down curves		Squatting	
Sleeping		Coming up to your toes	
Walking initially		Walking 5 minutes or less	
Walking approximately 10 minutes		Walking 15 minutes or greater	
Home responsibilities		Activities of Daily Living	
Personal Care		Light to moderate work (standing, walking)	
Heavy work (push/pulling, climbing, carrying)		Recreational activities	

Sports Module:

Running		Jumping	
Landing		Squatting and stopping quickly	
Cutting, lateral movements		Low-impact activities	
Ability to perform activity with your normal technique		Ability to participate in your desired sports as long as you would like	

Pain related to the foot and ankle:

- 4 = Unbearable 2 = Moderate Pain 0 = No Pain
3 = Severe Pain 1 = Mild Pain

General level of pain		Pain at rest	
Pain during your normal activity		Pain first thing in the morning	

Office Use Only: Score: ____/136 points (FADI 104 points & SPORTS 32 points; No Disability = 0/136)

Number of PT Sessions: _____ Gender: M F Age: _____
ICD-10 Code: _____ PT Initials: _____