

ATRS

(Achilles Tendon Total Rupture Score)

Today's Date: ___/___/_____

Date of Birth ___/___/_____

Name: _____

All questions refer to your limitations/difficulties related to your injured Achilles tendon.
Answer every question by grading your limitations/symptoms from 0-10.
Remember (0= Major limitations and 10= No limitations).

Please circle the number that matches your level of limitation

1. Are you limited due to decreased strength in the calf/Achilles tendon/foot?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

2. Are you limited due to fatigue in the calf/Achilles tendon/foot?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

3. Are you limited due to stiffness in the calf/Achilles tendon/foot?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

4. Are you limited due to pain in the calf/Achilles tendon/foot?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

5. Are you limited during activities of daily living?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

6. Are you limited when walking on uneven surfaces?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

7. Are you limited when walking quickly up the stairs or up a hill?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

8. Are you limited during activities that include running?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

9. Are you limited during activities that include jumping?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

10. Are you limited in performing hard physical labour?

0 1 2 3 4 5 6 7 8 9 10 (No limitations)

Thank you very much for completing all the questions in this questionnaire.