

Cuboid Syndrome Test

Patient information

Name:

Age:

Patient ID:

Date of assessment:

History of ankle injuries

Review the patient's medical history for past ankle injuries or sprains: Yes No

Additional notes on medical history:

Gait analysis

Observe the patient walking a short distance. Pay close attention to gait abnormalities like limping, altered foot biomechanics, altered foot placement, or pain. Analyze how the patient places their foot on the ground and their compensatory movements.

Gait abnormalities: Yes No

Notes on gait:

Peroneal muscle strength test

Place the patient seated with their legs hanging off the examination table. Ask them to invert and evert their foot actively. Apply gentle resistance as they evert their foot. While this test was originally designed to assess the strength of the peroneus longus and brevis muscles, this modified version of the test can provoke pain in the cuboid.

Findings

Pain/discomfort: Yes No

Palpation test

Position the patient in a supine position. Locate the cuboid bone on the lateral side of the foot using anatomical landmarks. Gently press on the cuboid bone and the surrounding structures.

Findings

Tenderness: Yes No

Pain/discomfort: Yes No

Rate pain: 1 (Lowest) 2 3 4 5 6 7 8 9 10 (Highest)

Localized inflammation: Yes No

Patient feedback:

Midtarsal joint motion test (combinedmidtarsal adduction,midtarsal supination, and cuboid translation tests)

With the patient seated or lying down with the foot hanging off the edge, stabilize the calcaneus and the subtalar joint. Then, grasp the foot by themidtarsal joint. Move the foot in the transverse plane to induce adduction. Then, move the foot on the sagittal plane to create plantar flexion and dorsiflexion, and then add inversion by moving it in the frontal plane. Assess if pain is reproduced and if range is limited, especially with the cuboid dorsal and plantar translation.

Findings

Pain/discomfort: Yes No

Rate pain: 1 (Lowest) 2 3 4 5 6 7 8 9 10 (Highest)

Limited range of movement: Yes No

Patient feedback:

Additional notes

Healthcare provider's signature

Name:

Signature:

Date: