

Tiptoe Test for Appendicitis

Clinician's Information

Name:

Title:

License Number:

Contact Information:

Patient's Information

Name:

Age: Date of Birth:

Date of Test:

Introduction

Brief description of the test:

Purpose of the test:

Instructions to the patient:

Procedure

1. **Positioning:** Have the patient stand upright.
2. **Action:** Instruct the patient to rise onto their tiptoes.
3. **Heel Drop:** Ask the patient to drop suddenly onto their heels.
4. **Observation:** Carefully observe and note any signs of discomfort or pain.

Scoring

Response to Heel Drop

- No increase in pain (Negative)
- Increase in pain (Positive)

Location of Pain

- No pain
- Pain localized to the right lower quadrant
- Pain elsewhere:

Specify location: _____

Clinician's Observations and Comments**Conclusion****Summary of findings:****Recommendation for further evaluation (if applicable):**

Clinician's Signature:

Date: