Kaikkonen functional scale / Kaikkonenschaal

1. Do you have any of the following symptoms during activity? Pain, swelling, stiffness, tenderness, or giving way?	No symptoms of any kind	15
	Mild symptoms (only one of these symptoms is present)	10
	Moderate symptoms (two or three of these symptoms are present)	5
	Severe symptoms (four or more of these symptoms are present)	0
2. Can you walk normally?	Yes	15
	No	0
3. Can you run normally?	Yes	10
	No	0
4. Walking down the stairs [a]	Under 13,5 seconds	10
	13.5-15 seconds	5
	Over 15 seconds	0
5. Rising on heels with the injured leg [b]	Over 40 times	10
	30-39 times	5
	Under 30 times	0
6. Rising on toes with the injured leg [b]	Over 40 times	10
	30-39 times	5
	Under 30 times	0
7. Single limbed stance with the injured leg [c]	Over 55 seconds	10
	50-55 seconds	5
	Under 50 seconds	0
8. Laxity of the ankle joint (Clinical Anterior Drawer Sign [ADS])	Stable (< or = 5 mm)	10
	Moderate instability (6-10 ram)	5
	Severe instability (10 mm)	0
9. Dorsiflexion range of motion (non-weight bearing with a goniometer)	> or = 10 degrees	10
	5-9 degrees	5
	<5 degrees	0

(a) Kaikkonen et al (1994) suggested that a staircase of 44 steps should be walked down and the performance timed by a stopwatch and recorded. Each step in the study by Kaikkonen et al (1994) was 18cm in height and 22 cm in depth. Walking down the stairs was performed one step at a time with the sole of the foot having full contact with the stair. Kaikkonen et al (1994) found that the patient with an ankle that was functioning well could walk the stairs in less than 18 seconds; the ankle that demonstrated average function performed this activity in 18-20 seconds; and the patient with a poorly functioning ankle took more than 20 seconds to complete the stair walking exercise. Due to the environs of the practice at which the present study was performed, a staircase with 33 steps, each of 17 cm height and 28 cm depth, was used. Hence the rating scale times were proportionally modified to less than 13.5 for the well functioning ankle, 13.5-15 for the average ankle, and over 15 seconds for the poor ankle.

(b) Rising on the heel and then the toes of the injured leg was performed at a rate of 60 times per minute using a metronome. A minimum of 1 cm of free movement was required to be measured as a rise.
(c) The single limb stance with the injured leg is a balance test which is performed on a square beam in one-legged stance, weight on the forefoot with the knee of the opposite side flexed and the hands behind the back.

Referentie:

- Kaikkonen A, Kannus P, Jarvinen M. A performance test protocol and scoring scale for the evaluation of ankle injuries. Am J Sports Med 1994 Jul;22(4):462-9.
- O'Brien T, Vicenzino B. A study of the effects of Mulligan's mobilization with movement treatment of lateral ankle pain using a case study design. Manual Therapy. 1998;3(2):78-84.