

Achilles tendon Total Rupture Score - ATRS

All questions refer to your limitations/difficulties related to your injured Achilles tendon

Mark with an X in the box which matches your level of limitation!

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

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

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

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

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

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

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

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

5. Are you limited during activities of daily living?

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

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6. Are you limited when walking on uneven surfaces?

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

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

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

8. Are you limited during activities that include running?

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

9. Are you limited during activities that include jumping?

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points

10. Are you limited in performing hard physical labour?

very limited

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10

not at all limited

Points