

# VISA-A

**1. For how many minutes do you have stiffness in the Achilles region on first getting up?**

100 mins

--	--	--	--	--	--	--	--	--	--	--

0 mins

0 1 2 3 4 5 6 7 8 9 10

**2. Once you are warmed up for the day, do you have pain when stretching the Achilles tendon fully over the edge of a step? (keeping knee straight)**

Strong severe pain

--	--	--	--	--	--	--	--	--	--	--

No pain

0 1 2 3 4 5 6 7 8 9 10

**3. After walking on flat ground for 30 minutes, do you have pain within the next 2 hours?  
(If unable to walk on flat ground for 30 minutes because of pain, score 0 for this question).**

Strong severe pain

--	--	--	--	--	--	--	--	--	--	--

No pain

0 1 2 3 4 5 6 7 8 9 10

**4. Do you have pain walking downstairs with a normal gait cycle?**

Strong severe pain

--	--	--	--	--	--	--	--	--	--	--

No pain

0 1 2 3 4 5 6 7 8 9 10

**5. Do you have pain during or immediately after doing 10 (single leg) heel raises from a flat surface?**

Strong severe pain

--	--	--	--	--	--	--	--	--	--	--

No pain

0 1 2 3 4 5 6 7 8 9 10

**6. How many single leg hops can you do without pain?**

--	--	--	--	--	--	--	--	--	--	--

0 1 2 3 4 5 6 7 8 9 10

**7. Are you currently undertaking sport or other physical activity?**

0	Not at all
4	Modified training ± modified competition
7	Full training ± competition but not at same level as when symptoms began
10	Competing at the same or higher level as when symptoms began

**8. Com Please complete EITHER A, B or C in this question.**

**A. If you have no pain while undertaking Achilles tendon loading sports, for how long can you train/practise?**

Nil	1 à 10 mins	11 à 20 mins	21 à 30 mins	> 30 mins
0	7	14	21	30

**B. If you have some pain while undertaking Achilles tendon loading sport, but it does not stop you from completing your training/practice for how long can you train/practise?**

Nil	1 à 10 mins	11 à 20 mins	21 à 30 mins	> 30 mins
0	7	14	21	30

**C. If you have pain that stops you from completing your training/practice in Achilles tendon loading sport, for how long can you train/practise?**

Nil	1 à 10 mins	11 à 20 mins	21 à 30 mins	> 30 mins
0	7	14	21	30

**TOTAL SCORE (/100) :**

Patient last name: .....

Patient first name: .....

Date of birth: .... / .... / .....

Date: .... / .... / .....