

# Tiptoe Test for Appendicitis

## CLINICIAN'S INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Contact Information: \_\_\_\_\_

## PATIENT'S INFORMATION

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ dd / mm / yyyy  
 Date of Test: \_\_\_\_\_ dd / mm / yyyy

## INTRODUCTION

Brief description of the test

Purpose of the test

Instructions to the patient

**Procedure** Positioning: Have the patient stand upright. Action: Instruct the patient to rise onto their tiptoes. Heel Drop: Ask the patient to drop suddenly onto their heels. 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)

Clinician's Observations and Comments

## CONCLUSION

Summary of findings

Recommendation for further evaluation (if applicable)

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Clinician's Signature

Date: \_\_\_\_\_ dd / mm / yyyy