# Achilles Tendon Total Rupture Score (ATRS)

Name: _____ Date: _____

All questions refer to your limitations/difficulties related to your injured Achilles tendon. Answer every question by grading your limitations/symptoms from 0-10. Remember (0 = Major limitations and 10 = No limitations). Please circle the number that matches your level of limitation.

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

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

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

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

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

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

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

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

**5.** Are you limited during activities of daily living?

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

**6.** Are you limited when walking on uneven surfaces?

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

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

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

**8.** Are you limited during activities that include running?

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

**9.** Are you limited during activities that include jumping?

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

**10.** Are you limited in performing hard physical labour?

| | |
|---|---|
| [ ] 0 (major limitations) | 0 |
| [ ] 1 | 1 |
| [ ] 2 | 2 |
| [ ] 3 | 3 |
| [ ] 4 | 4 |
| [ ] 5 | 5 |
| [ ] 6 | 6 |
| [ ] 7 | 7 |
| [ ] 8 | 8 |
| [ ] 9 | 9 |
| [ ] 10 (no limitations) | 10 |

**Scoring**

Sum of the 10 item scores, each 0 to 10. No weighting, no reverse scoring.

ATRS score: _____ / 100

Source: Nilsson-Helander, K., Thomee, R., Silbernagel, K. G., Thomee, P., Faxen, E., Eriksson, B. I., & Karlsson, J. (2007). The Achilles tendon Total Rupture Score (ATRS): Development and validation. American Journal of Sports Medicine, 35(3), 421-426.

Online calculator and more: physiotutors.com/questionnaires