

2-Week Angular Limb Deformity Surgery Recheck Examination

Patient name: _____

Breed: _____ Age: _____ yrs Sex: M F NM FS

Pet Owner's Name: _____

Date: _____

Client history questionnaire:

- Which forelimb received the surgery for angular limb deformity corection?
 Left Right
- When was the surgery? _____ weeks ago
- What is the severity of lameness at home on operated side? Mild Moderate
 Severe Nonweight-bearing
- Does your pet knuckle paw of the operated forelimb when walking or standing (if still in a cast this question is not applicable)? No Yes
- Does your pet cry out in pain? No Yes If yes state when and how often and when:
- Is there any swelling of the limbs? No Yes
- Is the operated limb sensitive or painful to touch? No Yes
- Has your pet been urinating normally? No Yes
- Are your pet's bowel movements normal? No Yes List issues if present:
- Do you give your pet nutritional supplements? No Yes List:
- Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? No Yes - List (medication, dose and when last dose given, adverse effects):
- Other medications that your pet is receiving? No Yes - List (medication, dose and when last dose given, adverse effects):
- How has your pet's appetite been? Normal Decreased
- Has your pet been licking the surgical site? No Yes
- Has your pet been wearing an Elizabethan collar? No Yes
- Are you doing range of motion of joints of the forelimb? No Yes
- Is your pet's activity restricted? Yes No - explain:
- Has your pet's weight changed since surgery? No Increased Decreased
Amount of weight change: _____ lbs

Telemedicine appointment: please text or email (to your pet's surgeon) a photo of the incision and a video of your pet walking (dogs outdoors on grass; cats indoors only)

Note: if your dog has a cast, you need to schedule a virtual appointment with the surgeon.

Physical examination:

Temperature: _____ Pulse: _____

Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds Body score: _____/9

Body weight: _____ lb/_____ kg Body score: _____/9

Limb lameness on operated limb: _____

Limb lameness on unoperated limb(s): _____
Incision: _____
Range of motion of carpus/elbow joints: _____
Stability of osteotomy site: _____
Pain with palpation of osteotomy site: _____
Degree of valgus: _____
Degree of procurvatum: _____
Degree of torsion (external rotation): _____
Other findings: _____

Diagnostics: none performed today

Diagnosis: _____

Instructions to client:

Medication recommended: _____

Supplements: _____

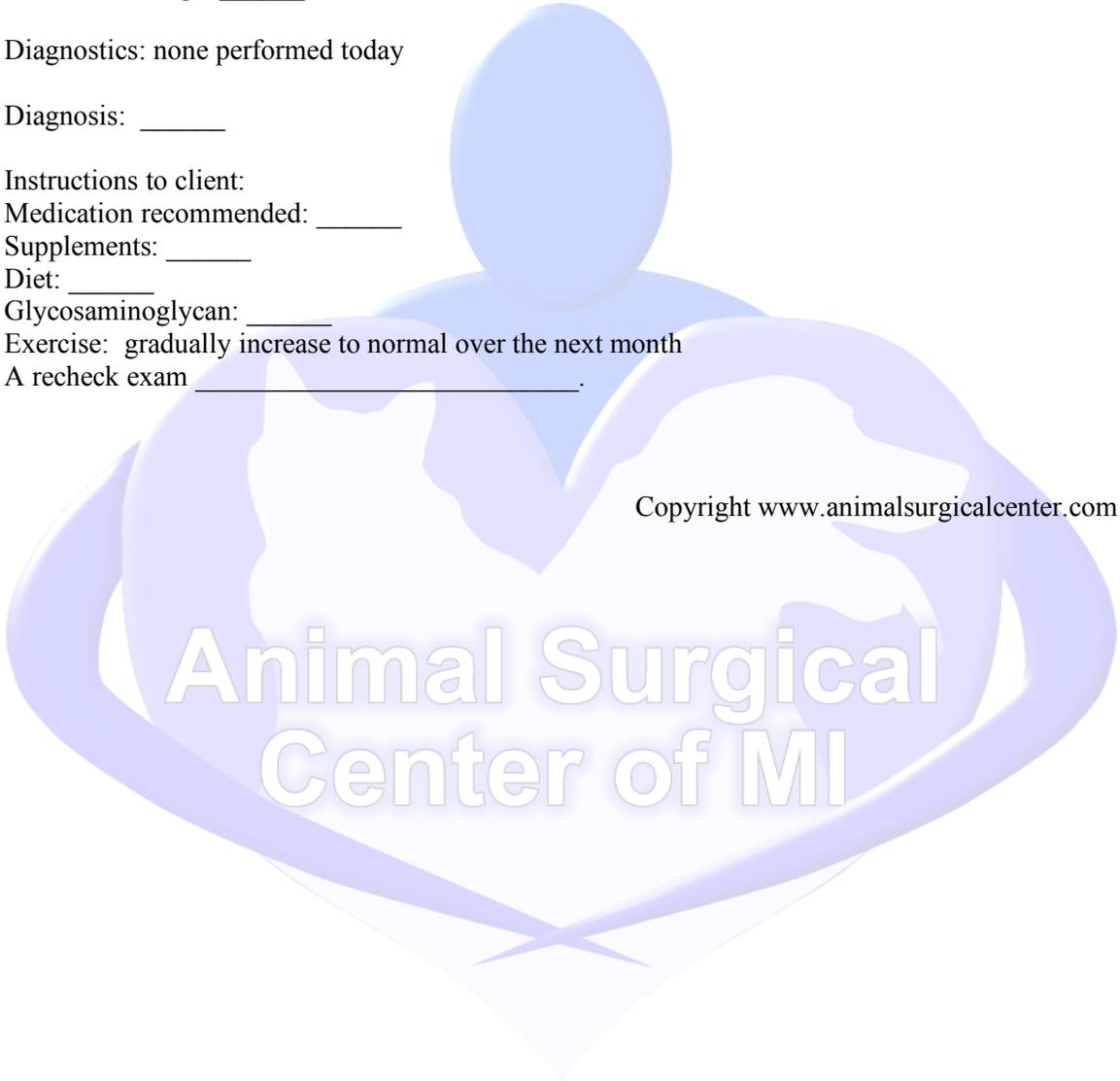
Diet: _____

Glycosaminoglycan: _____

Exercise: gradually increase to normal over the next month

A recheck exam _____.

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