

8-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:

1. Which limb had the angular limb deformity correction?
 Left Right
2. When was the surgery performed? _____ weeks ago
3. What is the severity of lameness at home on operated side? Mild Moderate
 Severe Nonweight-bearing
4. Does your pet knuckle paw of the forelimb(s) when walking or standing (applicable if not in a cast)? No Yes If so which limb: _____
5. Does your pet cry out in pain? No Yes If yes state when and how often and when:
6. Is there any swelling of the limbs? No Yes
7. Is the fractured limb sensitive or painful to touch? No Yes
8. Has your pet been urinating normally? No Yes
9. Are your pet's bowel movements normal? No Yes List issues if present:
10. Do you give your pet nutritional supplements? No Yes List:
11. 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):
12. Other medications that your pet is receiving? No Yes - List (medication, dose and when last dose given, adverse effects):
13. How has your pet's appetite been? Normal Decreased
14. Has your pet been licking the surgical site? No Yes
15. Has your pet been wearing an Elizabethan collar? No Yes
16. Are you doing range of motion of joints of the forelimb? No Yes
17. Is your pet's activity restricted? Yes No - explain:
18. Has your pet's weight changed since surgery? No Increased Decreased
Amount of weight change: _____ lbs

To be completed by veterinary staff:

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 _____.