

____ Week Fracture Recheck Examination

Patient name: _____

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

Pet Owner's Name: _____

Date: _____

Client history questionnaire:

1. Which limb previously had the broken bone?
 Left hind Right hind Left fore Right fore
2. When was the fracture stabilized (surgically or with a cast/splint)? _____ weeks
3. What is the severity of lameness at home on fractured limb? Mild Moderate
 Severe Nonweight-bearing
4. Does the pet cry out in pain? No Yes If yes state when and how often and when:
5. Is there any swelling of the fractured limb? No Yes
6. Is the fractured limb sensitive or painful to touch? No Yes
7. Has your pet been urinating normally? No Yes
8. Are your pet's bowel movements normal? No Yes List issues if present:
9. Do you give your pet nutritional supplements? No Yes List:
10. 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):
11. Other medications that your pet is receiving? No Yes - List (medication, dose and when last dose given, adverse effects):
12. How has your pet's appetite been? Normal Decreased
13. Has your pet been licking the fractured limb/surgical site? No Yes
14. Has your pet been wearing an Elizabethan collar? No Yes
15. Are you doing range of motion of the joints above and below the fractured bone?
 No Yes
16. Is your pet's activity restricted? Yes No - explain:
17. Has your pet's weight changed since surgery/or fracture casting? 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

History:

Limb(s) operated: _____

Bone fractured: _____

Fracture was repaired with: _____

Operated limb supported with: _____

Lameness at home: _____

Medications previously prescribed: _____

Response and side effects to medications: _____

Physical examination:

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

Lameness on operated limb: _____

Incision: _____

Range of motion of _____ joint: _____

Stability of fracture site: _____

Pain with palpation of fracture site: _____

Other findings: _____

Diagnostics: radiographs demonstrated _____

Diagnosis: **Animal Surgical**

Instructions to client: **Center of MI**

Medication recommended: _____

Supplements: _____

Diet: _____

Glycosaminoglycan: _____

Exercise: should be limited; no running, jumping or climbing stairs

External coaptation: not needed

A recheck exam with radiographs is recommended in 6 weeks.