

## 8-Week Humeral Fracture Recheck Examination

Patient name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ yrs Sex: M F NM FS

Pet Owner's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Client history questionnaire:

1. Which limb was the fracture surgically stabilized?  
 Left  Right
2. When was the fracture stabilized with surgery? \_\_\_\_\_ 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 hind limb(s) when walking or standing?  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

**History:**

Limb(s) operated: \_\_\_\_\_

Bone fractured: \_\_\_\_\_

Fracture was repaired with: \_\_\_\_\_

Lameness at home: \_\_\_\_\_

Medications previously prescribed: \_\_\_\_\_

Response and side effects to medications: \_\_\_\_\_

**Physical examination:**

Body weight: \_\_\_\_\_ lb/ \_\_\_\_\_ kg Body score: \_\_\_\_\_/9

Limb lameness on operated side of pelvis: \_\_\_\_\_

Limb lameness on unoperated side of pelvis: \_\_\_\_\_

Incision: \_\_\_\_\_

Range of motion of hip joints: \_\_\_\_\_

Stability of fracture site: \_\_\_\_\_

Pain with palpation of fracture site: \_\_\_\_\_

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 \_\_\_\_\_.