

8-Week Metacarpal/Metatarsal 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 or casted? Left forelimb
 Right forelimb Left hind limb Right hind limb
2. When was the fracture stabilized with surgery? _____ weeks ago
3. What is the severity of lameness at home on fractured limb? Mild Moderate
 Severe Nonweight-bearing
4. Does your pet cry out in pain? No Yes If yes state when and how often and when:
5. Is there any swelling of the limbs? No Yes
6. Is the fractured limb sensitive or painful to touch? No Yes
7. Are there any issues associated with the cast/splint: None Licking/chewing cast
 Foul odor from cast Discharge staining cast Increased lameness noted
 Rub sore at top of cast Swelling at top of cast Cast is wet or soiled
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 limb: _____
Limb lameness on unoperated limb(s): _____
Incision if applicable: _____
Range of motion of carpus/elbow/hock/stifle 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 _____.