

## 8-Week Tibial Fracture Recheck Examination

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

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

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

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

### Client history questionnaire:

- Which limb was the fracture surgically stabilized?  
 Left  Right
- When was the fracture stabilized with 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 hind limb(s) when walking or standing?  No  
 Yes If so which limb: \_\_\_\_\_
- 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 fractured 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 hind limb?  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

**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 \_\_\_\_\_.