

2-Week Tibial Fracture Recheck Examination

Patient name: _____

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

Pet Owner's Name: _____

Date: _____

Client history questionnaire:

- Which hind 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

Telemedicine appointment: please text or email (to your pet's surgeon) a photo of the incision and a video of your pet walking (dogs outdoors on grass; cats indoors only)