

Knee Injury

Date: Time: A+E No.

Patient Name: DOB:

History: Occupation:

P.C.

Relevant Hx

Weight Bearing? Y / N

Examination:

Effusion: Pre Patella Post Patella Poplatiel

Tenderness: Proximal Limb Extensor Mechanism
Patella Tibial Tuberosity
Medial Lateral
Poplatiel Joint Line (M / L)
Distal limb Head of Fibula

Movement: Straight Leg Flexion _____°

Laxity:

Co-lateral Ligaments: MCL LCL

Cruciate Ligaments: ACL PCL

Specific Testing: McMurrays Lachmans

Knee Injury

Examination Cont:

C. S. M.

Ottawa Knee Rule

1. Patients > 55 (Pathological #)
2. Tenderness at head fibula
3. Isolated patella tenderness
4. Inability to flex knee to 90 degrees
5. Inability to WT. bear (4 steps)

X-ray: Y / N

Findings:

Diagnosis:

Tx:

Disposal: Discharge Admit Physio

Minor injuries A+E Clinic # Clinic

Name: Signed:

Date: Time:

Shoulder Injury

Date:

Time:

A&E No.:

Patient Name:

DOB:

History:

Occupation:

P.C.:

Relevant Hx:

Dominant Hand:

Mechanism of Injury:

Examination:

Tenderness / Deformity:

SCJ

Clavicle

AC Joint

Scapula

Head of Humerus

Humeral Shaft

Pectoralis

Biceps

Triceps

Deltoid

Rotator Cuff

Abduction

Initial

Full

External Rotation

Internal Rotation

Movement:

Flexion ____

Extension ____

Abduction ____

I.R. ____

E.R. ____

If limited - Degrees of Movement

Shoulder Injury

Examination Cont:

Neuro-vascular compromise: Y / N

X-ray: Y / N

Findings:

Diagnosis:

Tx:

Disposal: Discharge Refer Physio

Fracture Clinic A&E Clinic

Name: Signed:

Date: Time:

Wrist Injury

Date:

Time:

A+E No.

Patient Name:

DOB:

History:

P.C.

Relevant Hx

Dominant Hand

Occupation

Examination:

Deformity?

Y / N

Proximal

Shoulder

Elbow

Radial Head

Radius

Radial Styloid

ASB

Ulna

Ulna Styloid

Distal

Scaphoid:

ASB Tenderness

Telescoping

Palpation

FDP

FDS

Extensors

Thumb

Radial Nerve

Median Nerve

Ulna Nerve

CSM

Wrist Injury

Examination Cont:

Tetanus Status

X-ray: Y / N

Findings:

Diagnosis:

Tx:

Disposal:	Discharge	Admit	Physio
	Minor injuries	A+E Clinic	# Clinic

Name: Signed:

Date: Time:

Ankle /Foot Worksheet

Date:

Time:

A+E No.

Patient Name:

DOB:

History:

Mechanism

- Inversion
- Eversion
- Other - Specify

Presenting Complaint:

Weight Bearing? Y / N

Relevant Hx:

Examination:

Swelling: Lat Mal Med Mal Base of 5th MT

Bruising: Lat Mal Med Mal Base of 5th MT

Deformity: Y / N

Tender: Head of Fib Achilles ATF Deltoid

Lat Mal Med Mal Base of 5th Navicular

C. S. M:

Ankle /Foot Worksheet

Ottawa Ankle Rule:

Ankle X-ray is required only if there is any pain or tenderness to posterior borders or tips of medial or lateral malleoli.

Or there is inability to weight-bear immediately following injury or in the department.

Foot X-ray is required only if there is pain or tenderness to base of 5th Metatarsal or Navicular, or inability to weight-bear immediately following injury or in the department.

X-ray?	Y / N	Ankle	Foot
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X-ray Findings:

Diagnosis:

Treatment:

Disposal:	Discharge	Admit	Physio
	Minor injuries	A+E Clinic	# Clinic

Name:	Signed:
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Date:	Time:
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Elbow Injury

Date:

Time:

A+E No.

Patient Name:

DOB:

History:

P.C.

Relevant Hx

Dominant Hand

Occupation

Examination

Mechanism of Injury:

Obvious Deformity

Y / N

Proximal / Distal Limb?

Tenderness

Olecranon

Medial Condyle

Lateral Condyle

Radial Head

Movement

Flexion_____° Extension

Pronation

Supination

Radial Nerve

Median Nerve

Ulna Nerve

C. S. M.

Elbow Injury

Examination Cont:

Impression:

X-ray: Y / N

Findings:

Diagnosis:

Tx:

Disposal:	Discharge	Admit	Physio
	Minor injuries	A+E Clinic	# Clinic

Name: Signed:

Date: Time:

Lt Hand Injury

Date:

Time:

A+E No.

Patient Name:

DOB:

History:

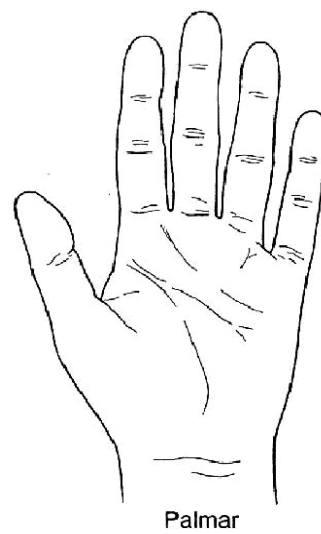
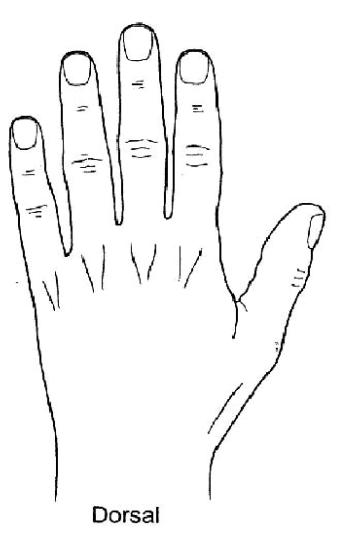
P.C.

Relevant Hx

Dominant Hand

Occupation

Examination:



FDP

FDS

Extensors

Thumb

Radial Nerve

Median Nerve

Ulna Nerve

Lt Hand Injury

Examination Cont:

Tetanus Status

X-ray: Y / N

Findings:

Diagnosis:

Tx:

Disposal:	Discharge	Admit	Physio
	Minor injuries	A+E Clinic	# Clinic

Name: _____ Signed: _____

Date: _____ Time: _____

Rt Hand Injury

Date:

Time:

A+E No.

Patient Name:

DOB:

History:

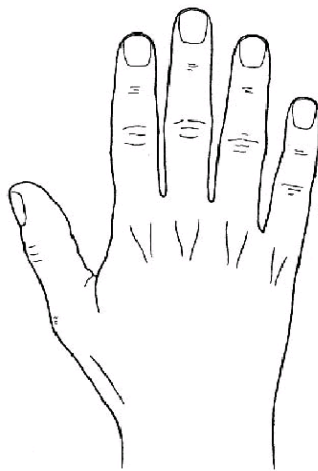
P.C.

Relevant Hx

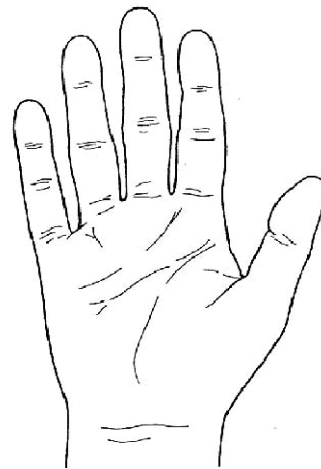
Dominant Hand

Occupation

Examination:



Dorsal



Palmar

FDP

FDS

Extensors

Thumb

Radial Nerve

Median Nerve

Ulna Nerve

Rt Hand Injury

Examination Cont:

Tetanus Status

X-ray: Y / N

Findings:

Diagnosis:

Tx:

Disposal: Discharge Admit Physio

Minor injuries	A+E Clinic	# Clinic
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Name: _____ Signed: _____

Date: _____ Time: _____

NASAL INJURY

Date:

Time :

Chi No:

Patient Name:

DOB:

PC:

HPC:

Relevant History:

Examination:

Epistaxis? Y/N

Rhinorrhoea ? Y/N

Septal Haematoma ? Y/N

Septal Deviation ? Y/N



Tetanus Status:

Diagnosis:

Tx:

Disposal

Name:

Signed:

Date:

Time :