

UPPER LIMB FRACTURE ASSESSTMENT FORM

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Demographic Data:

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| Name : |
| Age: |
| Gender: |
| IP Number: |
| Occupation: |
| Address: |

History relevant to present condition:

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| Mode of injury: |
| orthopedics management: |
| surgical management: |

Investigation:

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| Lab reports |
| Radiology |

Co-Morbidities:

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| Diabetes mellitus |
| Hypertension |

Observation:

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| Position of comfort adapted by patient (if any): |
| Extent of cast/external fixator |
| Drain(if any) |

Palpation:

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| Edema/Swelling |
| Capillary refill |
| Muscle spasm/guarding (if relevant) |
| Pulse |

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Testing:

Sensory Examination:

*In area below the fracture (Present/Absent)

Pain Examination:

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| pain in area other than the fracture area (if relevant) |
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| Screening of other limbs |
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Motor Examination:

Muscle Girth:

| | Right | Left |
|---------|-------|------|
| Thigh | | |
| Leg | | |
| Arm | | |
| Forearm | | |
| Hand | | |

Range of motion:

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| ROM of Joint proximal and distal to the fracture site |
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| Active range |
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Muscle strength:

-Manual Muscle Testing of joints proximal and distal to fracture site.

Functional Evaluation:

Hand Function Evaluation

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| Wrist Extension range |
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| MCP range |
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| IP range |
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| Web space |
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Pinch grip

Kapandji opposite score

Expected Function (Prognosis)

Hand function

Proximal and distal joint mobility

Plan of Care: Pre-operative/Post-Operative

SMART GOALS

Treatment Plan:

*Treatment based on recent evidence /guidelines

Progress Note:

Functional range with assistance/without assistance

Basic hand function

Discharge Goals:

No swelling in ankle

Normal Scapular kinematics

Full ROM of Shoulder Joint (except in case of lateral 1/3rd of clavicle fracture. fracture of proximal head of shoulder)

Home –exercise Program:

| Exercise | diagram | No. of sets | Repetition | Do's | Don't |
|----------|---------|-------------|------------|------|-------|
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Follow-Up:

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Clinical Reasoning

| | Clinical relevance / contributing factors / Hypothesis / Reasoning | Important Information | Special attention |
|--|---|--|--------------------------|
| Age | Healing / degenerative changes / osteoporosis/ strength / mobility | | |
| Surgical history and co-morbidities | Reason for surgery Surgical History – Incision / type of implant Relevant medical conditions Presenting complaints (list) Relevant Past history (Body Function status/ Activity Status) / contributing factors that may influence the exercise planning) | HT/IHD/DM/ osteoporosis / previous trauma Previous Functional status Activity Status Assisted devices used for supports, transfers and mobility | |
| Lab investigation | To correlate with the present condition of the patient | To get information on the level infection, inflammation and to test the level of calcium precursors | |
| Radiology | To identify the type ,extent of fracture | | |
| Observation | Surgical Incision, Swelling, Presence of drain tubes | Healing (stages-inflammatory/ remodelling etc.) Scar (grading) | |
| | Position of comfort adapted by patient (if any): | To understand which position relieves pain and also it would help in | |

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| | | educating them regarding the position of limb | |
| | Extent of cast/external fixator/ Surgical Incision | To understand the mobility and stability of proximal and distal joint | |
| Palpation | Edema/Swelling | Sign of inflammation/Pain | |
| | Capillary refill | To understand peripheral perfusion(normal/decrease) | |
| Examination | Sensory | To understand if there is any nerve involment | |
| | pain | To identify flags, relate to surgical history,healing,mediction | If pain intensity is more then other motor examination should not be performed. Discuss with nurse in charge regarding pain medication and patient need to be followed up after pain reduction. |
| | Girth measurement (differentiate between swelling / wasting) - Limb Oedema (identify possible causes | Relate with observation | |
| | Active Range of Motion of joints proximal and distal to | Movement pattern, quantity, muscle activity, kinematics, protective | Perform on plinth not on bed in |

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| | fracture site. | mechanism) Identify - Lag - Muscle inhibition - Muscle power | supine and sitting to evaluate the muscle activity (torque) |
| | Strength (MMT) | Strength of muscles proximal and distal to fracture site. | |
| | Functional Status | Total assist/ max/mod/min assist / Independent | |

PT Plan of care

Pre- op / Prehabilitation

| Mode | Reasoning |
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| Exercise counselling | To Gain confidence |
| Unaffected limb exercise | To train mobility and strength |
| Affected limb exercise | -Finger movements -Isometrics exercise |

Post operative

| Treatment | Reasoning / Progression | Progress note |
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| Gain confidence | Exercise education | |
| Decrease Pain - Cryotherapy - Positioning - Muscle activation (active exercise / isometric exercises) | Understand the underlying causes of pain - Inflammatory - Chronic - Structural - Muscle guarding - Cryotherapy (once in every 6 hours till 6 th) | Pain rating (VAS / NPRS), quality and compliance at each visit. |

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| | post op day) | |
| Oedema control | <ul style="list-style-type: none"> - Compression - Elevation - ST mobilization (If required) | <ul style="list-style-type: none"> - Active exercises with elevation - Activity modification (elevation in between with active exercises) |
| <p>Restore ROM</p> <ul style="list-style-type: none"> -Active exercises -Isometrics exercises <p>Hand Function</p> <ul style="list-style-type: none"> -Wrist extension exercise - MCP,IP ROM exercise -grip strengthening exercises | <ul style="list-style-type: none"> -Maintain Range of motion in joints proximal and distal to fracture site -to active the muscles around fracture site -to restore the hand function | <p>Slowly progress to</p> <ul style="list-style-type: none"> - Resisted exercises |
| Safe transfers and ambulation | No weight bearing on affected side while transfer or ambulation | |
| Home exercise program (HEP) | | |

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| Note | If goals are NOT achieved and patient is maximally dependent for ADL then refer to Physical Medicine and Rehabilitation centre (PMRC) -JSSH for further evaluation and rehabilitation. |
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| | If Patient is moderately dependent for ADL refer to Physiotherapy OPD |
| | If patient is not stable with co-morbidities and not willing to stay inPMR/visit OPD, refer Home care physiotherapy |
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