

Hind Limb Lameness Examination

Date: _____

Patient name: _____

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

Pet owner's name: _____

Patient history (client's report): please check or fill out the following questions

1. Which limb is your pet limping on? Left hind Right hind Left fore Right fore
2. Does the lameness shift from limb to limb? No Yes Left hind Right hind Left fore Right fore
3. How long has the lameness been present? _____
4. Severity of lameness at home? Mild Moderate Severe Nonweight-bearing
5. Does the pet cry out in pain? No Yes If yes state when and how often: _____
6. Was there an injury that corresponded with the onset of initial lameness? No Yes
Describe injury: _____
7. What worsens the lameness? Nothing Exercise Rest Weather change
8. Is there any swelling of the affected limb? No Yes
9. Does your pet have trouble ascending or descending stairs? No Yes
10. Does the pet walk like he/she is drunk? No Yes
11. Is there any bruising on the body? No Yes
12. Is the affected limb sensitive or painful to touch? No Yes
13. Progression of lameness since it started: Static Improving Worsening
14. Vaccinations completed within the past 12 months? Yes No
15. Is the pet current on Heartworm test and prevention? Yes No
16. Does the pet receive any flea and/or tick medication? Yes No
17. Do you give your pet nutritional supplements? Yes No
List: _____
18. Has your pet received aspirin with the past week? No Yes
19. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? No Yes
List: _____
20. If given, how much did the NSAID improve the lameness? Not applicable 0%
 25% 50% 75% 100%
21. Other medications that your pet is receiving? _____
22. How is your pet's appetite? Normal Decreased
23. Has your pet's weight changed in the last 2 months? No Increased Decreased
Amount of weight change: _____ lbs
24. Does your pet have a skin rash? No Yes
25. Has your pet anesthetized previously? No Yes
26. Were there any problems during anesthesia previously? No Yes Not applicable
Describe: _____
27. Has your pet ever been outside of Michigan in his/her life time? No Yes Location: _____

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For Veterinary Staff Only

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds Body score: _____/9

Left hind limb evaluation:

Stifle:

- Indirect cranial drawer grade: _____
- Meniscal click: _____
- Medial buttress: _____
- Effusion: _____
- Patellar luxation grade: _____
- Direction of patellar luxation: _____
- Range of motion: _____
- Severity of Lameness: _____

Right hind limb evaluation:

Stifle:

- Indirect cranial drawer grade: _____
- Meniscal click: _____
- Medial buttress: _____
- Effusion: _____
- Patellar luxation grade: _____
- Direction of patellar luxation: _____
- Range of motion: _____
- Severity of Lameness: _____

Spinal pain: _____

