

Upper Limb Fracture Assessment Tool

Affix Patient Label Here

Date: _____ Time: _____

Bones Fractured: _____

Please Circle:

Proximal Mid-shaft Distal Intra-articular

Simple Comminuted

Closed Open

If open – describe wound (size/location/contamination)

Fracture pattern:

(Transverse/oblique/spiral/greenstick/buckle + degree of displacement etc)

Neurovascular Assessment

Radial Pulse Normal Weak Absent

Digital capillary refill time <2s Other _____

Normal Abnormal Absent 0 1 2 3 4 5

Radial Nerve	Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>(1st dorsal web space)</i>			<i>(extend wrist/fingers)</i>						

Median Nerve	Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>(Radial 3 ½ digits)</i>			<i>(Thumb abduction/FPB test)</i>						

Anterior Interosseous Nerve					Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<i>(Thumb and Index finger 'O' sign)</i>					

Ulnar Nerve	Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>(Ulnar 1 ½ digits)</i>			<i>(Spread digits against resistance)</i>						

MRC Grading: 0 – No movement, 1 – Flicker, 2 – gravity eliminated, 3 – against gravity, 4 – against resistance, 5 – normal power
(If any of the above abnormal or absent – discuss with a senior urgently)