Scaphoid Fracture Test

Patient Information	
Name: Jonathan Doe	Date of Birth: 04/18/2024
Referring Physician: Dr. Sarah Lee	Date of Assessment: 04/18/2024
Consent for Evaluation	
I, Jonathan Doe, hereby give consent to undergo the Scaphoid Fracture Test as part of my diagnostic evaluation for wrist pain. I understand the procedures involved and agree to cooperate fully.	
Patient's Signature: J.Doe	Date: 04/18/2024
Physical Examination	
Anatomical Snuffbox Tenderness:	◉ Yes ○ No
Scaphoid Tubercle Tenderness:	○ Yes ◉ No
Ulnar Deviation Pain:	◉ Yes ○ No
Comments:	
Patient reports sharp pain during ulnar deviation and tenderness localized in the anatomical snuffbox region.	
Imaging Tests	
1. X-ray	
Date: 04/18/2024	
Findings:	
No visible fractures on the initial X-ray.	
Observations:	
Recommend follow-up imaging given clinical suspicion	

2. MRI (if indicated)

Date: 04/18/2024

Findings:

Hairline fracture on the scaphoid.

Observations:

Fracture visible on MRI not seen on initial X-ray.

3. CT Scan (if necessary)

Date:

Findings:

N/A

Observations:

N/A

4. Ultrasound (optional)

Date:

Findings:

N/A

Observations:

N/A

Diagnosis

Preliminary Diagnosis:

(●) Suspected Scaphoid Fracture ( ) No Fracture Detected

Type of Scaphoid Fracture (if any):

(●) Non-Displaced ( ) Displaced ( ) Acute ( ) Occult

Specific Location:

( ) Proximal Pole (●) Waist ( ) Distal Pole

Treatment Recommendations

☑ Cast Immobilization

Duration: 6 weeks

☐ Surgical Intervention

Type of Surgery: N/A

☑ Follow-Up MRI / CT

Scheduled Date: 04/18/2024

Additional Notes:

Advised patient to avoid any strenuous activities that may exacerbate the injury. Regular check-ups scheduled to monitor healing progress.

Physician's Signature

Name: Dr. Sarah Lee

Signature: Dr. Lee

Date: 04/18/2024

Patient Acknowledgement

I acknowledge the receipt of the above diagnosis and understand the recommended treatment plan. I agree to follow up as advised and understand the importance of adhering to the treatment regimen for optimal recovery.

Patient's / Guardian's Signature: J.Doe

Date: 04/18/2024

This template is intended to guide healthcare providers through the systematic evaluation and management of suspected scaphoid fractures, ensuring a comprehensive approach to diagnosis and treatment.