

REPORT ON FRACTURES—LONG BONES

Army Serial No. Claim No.

Name Age Rank Co. Organ. Army—Navy.

Permanent Address

Date of Discharge Date of Injury Date of Report

Bone, Name of R.—L.—Head—Neck—Up.—Mid.—Low.—Third—Int.—Ext.—Cond.—Mall.—Involv.—Joint.

Form of fracture: Simple—Compound—Comminuted. Wound: Soft parts healed: Yes—No.

Union: Firm—Fascly—None. Bone Graft: Yes—No. Bone Plate: Yes—No. Date inserted Date removed

Osteomyelitis: Yes—No. Healed: Yes—No. Deformity: Bowing—Ant.—Post.—Outward—Inward.

Nerve involvement: Yes—No—Which Shortening: Inches.....

Atrophy: Yes—No. Extensive loss of muscle: Yes—No. Functions of joints: Free—None—Limited. Degree of limitation.....

Wrist-drop: Yes—No. Foot-drop: Yes—No. Ankylosis: Fibrous—Bony. Angle: Favorable—Unfavorable.

Using crutch? Brace? Cast? (Shoulder—Wrist—Elbow—Hip—Knee—Ankle.)

Occupation before the war Will he be fully able to do his former work? Yes—No.

What occupation is he best suited for? REMARKS:

Is he mentally and physically capable of being trained therefor? Yes—No.

Date of last X ray

Disability— Permanent— Temporary— Partial— Total—

District reporting Examiner reporting

INSTRUCTIONS.—Draw a line through terms not applicable. One card to be made for each bone injury. Card to be attached to Report of Physical Examination and forwarded to Medical Adviser, Veterans' Bureau, Washington, D. C., through the District Supervisor.