MULTI-JOINT FORM
(Elbow, Wrist, Ankle)

Australian Orthopaedic Association
National Joint Replacement Registry

SIDE 1

Place **PATIENT DETAILS** label here

and/or

if any patient details are not available on the hospital label please complete below

Surname: ..... Female: ☐ Male: ☐

First Name: ..... Middle Initial: .....

Address: .....

..... Post Code: .....

Hospital Patient No: ..... DOB: ...../...../.....

Medicare No: ..... DVA No. .....
(If applicable)

Name of Hospital: ..... State: .....

Consultant Surgeon Code: .....

Weight (kg) ..... Height (cm) ..... ASA .....

PLEASE COMPLETE THIS SECTION IN FULL

(IF BILATERAL USE **TWO** FORMS)

OPERATION DATE ...../...../..... **L** ☐ **R** ☐

ELBOW ☐ **WRIST** ☐ **ANKLE** ☐

PRIMARY ☐

Osteoarthritis..... ☐
Post Traumatic Arthritis ..... ☐
Rheumatoid Arthritis..... ☐
Other Inflammatory Arthritis..... ☐
Fracture *specify* ..... ☐
Osteonecrosis/Avascular Necrosis..... ☐
Dislocation ..... ☐
Instability..... ☐
Tumour *specify* ..... ☐
Other *specify*..... ☐

REVISION/RE-OPERATION ☐

(includes removal, exchange or addition of one or more components)

Loosening ..... ☐
Lysis ..... ☐
Infection..... ☐
Implant Breakage *specify* ..... ☐
Instability ..... ☐
Dislocation..... ☐
Component Dissociation..... ☐
Fracture *specify* ..... ☐
Other *specify* ..... ☐

PROXIMAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

NONE ☐ ELBOW/Humeral ☐
WRIST/Radial/Ulnar ☐ ANKLE/Tibial ☐

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Please return form to **Locked Bag 2, Hutt St Post Office, ADELAIDE SA 5000**

Please complete Side 2

DISTAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

NONE ☐ ELBOW/Ulnar/Radial ☐

WRIST/Carpal ☐ ANKLE/Talar ☐

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

CEMENT

PROXIMAL **NO** ☐ **YES** ☐

ELBOW/Humeral WRIST/Radial/Ulnar ANKLE/Tibial

DISTAL **NO** ☐ **YES** ☐

ELBOW/Ulnar WRIST/Carpal ANKLE/Talar

CEMENT NAME .....

(Use company label or complete details: if more than one mix is used, use only 1 label)

ADDITIONAL COMPONENTS

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

RE-OPERATION

This is an additional operation on a joint that has previously received a prosthesis. A re-operation however, is not a revision. (i.e) IT DOES NOT involve removal, exchange or addition of one or more components. It is usually an isolated soft tissue and/or bony procedure.

Re-operation performed .....

Reason for re-operation .....

Comments (If required)

TECHNOLOGY ASSISTED *tick all that apply*

Computer Navigated ..... **NO** ☐ **YES** ☐
System used: .....

Image Derived Instrumentation (IDI)..... **NO** ☐ **YES** ☐
System used: .....

Robotic Assisted ..... **NO** ☐ **YES** ☐
System used: .....

Other ..... **NO** ☐ **YES** ☐
System used: .....

Affix label here if available:

ADDITIONAL COMMENTS (or Extra Labels)

ALL SECTIONS of this form MUST be COMPLETED