MULTI-JOINT FORM
(Elbow, Wrist, Ankle)

Australian Orthopaedic Association
National Joint Replacement Registry

Place **PATIENT DETAILS** label here

and/or

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

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Female: ☐  Male: ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Middle Initial:</td>
</tr>
<tr>
<td>Address:</td>
<td>Post Code:</td>
</tr>
<tr>
<td>Hospital Patient No:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Medicare No:</td>
<td>DVA No:</td>
</tr>
</tbody>
</table>

Name of Hospital: 

Consultant Surgeon Code: 

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

**PLEASE COMPLETE THIS SECTION IN FULL**

(IF BILATERAL USE TWO FORMS)

<table>
<thead>
<tr>
<th>OPERATION DATE</th>
<th>L ☐</th>
<th>R ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELBOW ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRIST ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANKLE ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROXIMAL COMPONENTS**

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

<table>
<thead>
<tr>
<th>NONE</th>
<th>ELBOW/Humeral</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRIST/Radial/Ulnar</td>
<td>ANKLE/Tibial</td>
</tr>
</tbody>
</table>

- **Company**: 
- **Prosthesis Name**: 
- **Cat/Ref No.**: 
- **Lot No.**: 

Name of Hospital: 

Consultant Surgeon Code: 

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**OPERATION DATE** 

**PRIMARY ☐**

**REVISION/RE-OPERATION ☐**

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

- Loosening ☐
- Lysis ☐
- Infection ☐
- Implant Breakage specify ☐
- Instability ☐
- Dislocation ☐
- Component Dissociation ☐
- Fracture specify ☐
- Other specify ☐
**DISTAL COMPONENTS**

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

- **NONE** ☐
- **WRIST/Carpal** ☐
- **ELBOW/Ulnar/Radial** ☐
- **ANKLE/Talar** ☐

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**CEMENT**

- **PROXIMAL**
  - **ELBOW/Humeral** ☐
  - **WRIST/Radial/Ulnar** ☐
  - **ANKLE/Tibial** ☐

- **DISTAL**
  - **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)

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**ADDITIONAL COMPONENTS**

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**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** ☐ ☐
  - System used: ……………… ……………… ……………… ………………
- **Image Derived Instrumentation (IDI)** ☐ ☐
  - System used: ……………… ……………… ……………… ………………
- **Robotic Assisted** ☐ ☐
  - System used: ……………… ……………… ……………… ………………
- **Other** ☐ ☐
  - System used: ……………… ……………… ……………… ………………

Affix label here if available:

---

**ADDITIONAL COMMENTS (or Extra Labels)**

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**ALL SECTIONS** of this form MUST be COMPLETED

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Thank you for completing this form - For further information contact (08) 8128 4280

Completed by ………………………………………… Date ……/……/……

SIDE 2