**MULTI-JOINT FORM**  
(Elbow, Wrist, Ankle)

**Australian Orthopaedic Association**  
**National Joint Replacement Registry**

### PROXIMAL COMPONENTS

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

<table>
<thead>
<tr>
<th>Company</th>
<th>Prosthesis Name</th>
<th>Cat/Ref No.</th>
<th>Lot No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>ELBOW/Humeral</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>WRI$$/$Radial/Ulnar</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>ANKLE/Tibial</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Name of Hospital: ………………………………………………………………  
State: ……………

### OPERATION DATE

L ☐  
R ☐

### ELBOW ☐  
WRI$$/$Radial/Ulnar ☐  
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

### PLEASE COMPLETE THIS SECTION IN FULL

(IF BILATERAL USE TWO FORMS)

- Operation Date: …./…./…………
- Primary ☐  
- Revision/Re-Operation ☐

### PATIENT DETAILS

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

| Surname: | Female: ☐  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Male: ☐</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>
### DISTAL COMPONENTS
(Mark relevant box, place company labels on coloured areas or complete details by hand)

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### ADDITIONAL COMPONENTS

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

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

### CEMENT

- **PROXIMAL**
  - ELBOW/Humeral
  - WRIST/Radial/Ulnar
  - ANKLE/Tibial
  - **NO ☐** **YES ☐**

- **DISTAL**
  - ELBOW/Ulnar
  - WRIST/Carpal
  - ANKLE/Talar
  - **NO ☐** **YES ☐**

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

### 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
(Click all that apply)

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

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

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

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

Affix label here if available:

### ADDITIONAL COMMENTS (or Extra Labels)

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