

<p>COMMENTS</p>	<p>-Affix label here-</p>
	<p>Clinical Center/ID: ____ - ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed: ____-____-____ (M/D/Y)</p> <p>Adjudicator Code: ____</p>	<p><i>To be completed by Outcomes Specialist:</i></p> <p>Staff person: ____</p> <p>Adjudication Case No.: ____</p>

Use a separate form for each fracture.

Yes ₁ No ₀

1. **Confirmed hip fracture:** Fracture of the proximal femur, including fractures of the femoral neck, intertrochanteric region, and greater trochanter

1.1. Date of Diagnosis: ____ - ____ - ____ (M/D/Y)

1.2. Fracture site: **(Mark the one that applies best.)**

₁ Neck of femur (transcervical, cervical) ₃ Greater trochanter

₂ Intertrochanteric fracture ₄ Unspecified part of proximal femur

1.3. Side of hip fracture: **(Mark the one that applies best.)**

₁ Right ₃ Both sides

₂ Left ₉ Unknown

1.4. Hip fracture based on: **(Mark the one category that applies best.)**

₁ Written radiology report that is read by a radiologist and identifies the presence of a new, acute, or healing fracture of the proximal femur (femoral neck, intertrochanteric region, or the greater trochanter region) and documented on a discharge summary

₂ Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)

₃ All of the following:

1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture;

2) equivocal written radiology report of the hip (e.g., "possible" or "probably" or "suspected" hip fracture); and,

3) a written radiologist's report of either a bone scan or MRI scan unequivocally stating that a new hip fracture or healing hip fracture is present

₄ Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist

₅ Uncertain radiology report of hip fracture without additional documentation

1.5. Pathologic hip fracture: fracture resulting from bone tumors or cysts, Paget's disease, bone or joint prostheses, or surgical manipulation. Osteoporotic fracture is not considered a pathologic fracture. **(Mark the one category that applies best.)**

₀ No ₂ Possible

₁ Yes

RV _____ KE _____

1.6. For UCSF Bone Density Center use only:
 Completed for uncertain hip fracture (i.e., box 3, 4 or 5 coded in Question 1.4).
 Hip fracture confirmed after UCSF Bone Density Center review of: 1) equivocal written report from a hip radiograph, or 2) radiology reports and other documentation not evaluated by a radiologist

₀ No ₁ Yes

Yes ₁ No ₀

2. **Documented fracture other than hip:** (All other radiographically-confirmed new or acute fractures of any bone.)

2.1. Date of Diagnosis: - - (M/D/Y)

2.2. Fracture site: **(Mark the one category that applies best.)**

Elbow:

- ₁ Lower end of humerus
- ₁₈ Upper radius and/or ulna
- ₂₀ Elbow, NOS

Foot (not toe):

- ₂ One or more tarsal and/or metatarsal bones, heel and/or calcaneus

Hand (not finger):

- ₃ One or more metacarpal bone(s)

Knee (patella):

- ₄ Patella
- ₁₉ Tibial plateau

Lower arm or wrist:

- ₅ Radius and/or ulna
- ₆ One or more carpal bone (wrist)

Lower leg or ankle:

- ₇ Tibia and/or fibula
- ₈ Ankle (very distal tibia/fibula and/or talus)

Pelvis:

- ₉ Pelvis

Spine or back (vertebra):

- ₁₀ Thoracic (dorsal) spine
- ₁₁ Lumbar spine

Tailbone:

- ₁₂ Sacrum and/or coccyx

Upper arm (humerus), shoulder, or clavicle:

- ₁₃ Humerus, upper end
- ₁₄ Humerus, shaft or unspecified part
- ₁₅ Clavicle
- ₁₆ Scapula

Upper leg (not hip):

- ₁₇ Shaft of femur, including subtrochanteric region and other femur

2.3. Side of fracture: **(Mark one.)**

₁ Right

₂ Left

₃ Both sides

₄ Not applicable (e.g., tailbone)

₉ Unknown

2.4. Fracture confirmed as follows: **(Mark the one category that applies best.)**

Non-Vertebral Fractures

₁ Written radiology report stating that a new or acute fracture of a bone is present

₂ Written radiology report available states that evidence of a healing fracture is present and no other documentation available

₃ Other written reports not by a radiologist, such as clinic notes, progress notes, ER notes, or operative reports, stating that a new, acute or healing fracture of a bone is present are acceptable if it is based on a review of a radiograph (podiatrist reading acceptable for foot fractures only)

₄ The initial radiology report is uncertain or equivocal and subsequent report based on follow-up radiograph or bone scan is clearly diagnostic of a fracture or healing fracture

Vertebral Fractures

₅ Vertebral fracture documented in radiology report based on AP or lateral thoracolumbar views

₆ Vertebral fracture documented in radiology report not based on AP or lateral thoracolumbar views

2.5. Pathologic fracture other than hip: (Fracture resulting from bone tumors or cysts, Paget's disease, bone and joint prostheses, or surgical manipulation. Osteoporotic fracture is not considered a pathologic fracture.): **(Mark one.)**

₀ No

₁ Yes

₂ Possible

Responsible Adjudicator Signature

NOTE: *If this is a hospitalized event, Form 125 - Summary of Hospitalization Diagnosis must be completed and any other WHI outcomes adjudicated.*