

<p><b>COMMENTS</b></p>	<p><b>-Affix label here-</b></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 <sub>1</sub>    No <sub>0</sub>

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.)**

<sub>1</sub> Neck of femur (transcervical, cervical)    <sub>3</sub> Greater trochanter

<sub>2</sub> Intertrochanteric fracture                      <sub>4</sub> Unspecified part of proximal femur

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

<sub>1</sub> Right    <sub>3</sub> Both sides

<sub>2</sub> Left    <sub>9</sub> Unknown

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

<sub>1</sub> 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

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

<sub>3</sub> 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

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

<sub>5</sub> 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.)**

<sub>0</sub> No    <sub>2</sub> Possible

<sub>1</sub> 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

<sub>0</sub> No                      <sub>1</sub> Yes

Yes <sub>1</sub>    No <sub>0</sub>

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:

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

Foot (not toe):

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

Hand (not finger):

- <sub>3</sub> One or more metacarpal bone(s)

Knee (patella):

- <sub>4</sub> Patella
- <sub>19</sub> Tibial plateau

Lower arm or wrist:

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

Lower leg or ankle:

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

Pelvis:

- <sub>9</sub> Pelvis

Spine or back (vertebra):

- <sub>10</sub> Thoracic (dorsal) spine
- <sub>11</sub> Lumbar spine

Tailbone:

- <sub>12</sub> Sacrum and/or coccyx

Upper arm (humerus), shoulder, or clavicle:

- <sub>13</sub> Humerus, upper end
- <sub>14</sub> Humerus, shaft or unspecified part
- <sub>15</sub> Clavicle
- <sub>16</sub> Scapula

Upper leg (not hip):

- <sub>17</sub> Shaft of femur, including subtrochanteric region and other femur

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

<sub>1</sub> Right

<sub>2</sub> Left

<sub>3</sub> Both sides

<sub>4</sub> Not applicable (e.g., tailbone)

<sub>9</sub> Unknown

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

**Non-Vertebral Fractures**

<sub>1</sub> Written radiology report stating that a new or acute fracture of a bone is present

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

<sub>3</sub> 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)

<sub>4</sub> 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**

<sub>5</sub> Vertebral fracture documented in radiology report based on AP or lateral thoracolumbar views

<sub>6</sub> 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.)**

<sub>0</sub> No

<sub>1</sub> Yes

<sub>2</sub> Possible

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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.*